# 114.3 CMR 40.00: RATES FOR SERVICES UNDER M.G.L. c. 152, WORKER'S COMPENSATION ACT

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## 40.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 40.00 shall govern the rates of payment by all purchasers of health care services under M.G.L. c. 152, the Worker's Compensation Act, effective September 1, 2004. 114.3 CMR 40.00 is not authorization for or approval of the substantive services for which rates are determined pursuant to 114.3 CMR 40.00. Program policies relating to medical necessity and clinical appropriateness shall be determined pursuant to M.G.L. c. 152 and 452 CMR 6.00 thereunder.

(2) Coding Updates and Corrections. The Division may publish code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:
   (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
   (b) deleted codes for which there are no corresponding new codes; and
   (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(3) Administrative Information Bulletins. The Division may, from time to time, issue administrative information bulletins to clarify provisions of 114.3 CMR 40.00.

(4) Authority. 114.3 CMR 40.00 is adopted pursuant to M.G.L. c. 118G and M.G.L. c. 152, § 13.

## 40.02: General Definitions.

(1) Meaning of Terms. Terms used in 114.3 CMR 40.00 shall have the meanings set forth in 114.3 CMR 40.00:

Administrative Costs. A provider's costs for administration including but not limited to facility costs, overhead and costs of doing business are included in the rates set forth in this fee schedule, unless stated otherwise.

At Invoice Cost (AI). The price paid by the provider net of any manufacturer discounts received. Documentation of AI cost must be supplied to purchaser for payment upon request.

Centers for Medicare & Medicaid Services (CMS). A division of the U.S. Department of Health and Human Services (HHS) formerly referred to as Health Care Financing Administration (HCFA) that oversees and publishes rules and guidelines of the Medicaid and Medicare programs.

Codes. 114.3 CMR 40.00 utilizes codes, for which fees are set as defined below:
CPT Codes. Level I coding system of five-digit numeric CPT-4 codes from the Physicians' *Current Procedural Terminology* (CPT) developed and maintained by the American Medical Association. Procedures set forth under 114.3 CMR 40.00 conform to *CPT 2004* codes and descriptors.
HCPCS National Codes. Level II coding system of alpha-numeric codes published and annually updated by the) Centers for Medicare and Medicaid Services (CMS) to supplement CPT codes for medical services and supplies. All D codes are copyrighted by the American Dental Association. Services and items set forth under 114.3 CMR 40.00 utilize *HCPCS 2004* codes and descriptors.

Consultation. A type of service (CPT codes 99241-99275) provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services.

The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

A consultation initiated by a patient and/or family, and not requested by a physician, is not reported using the initial consultation codes but may be reported using the codes for confirmatory consultation or office visits, as appropriate.

Any procedure that can be identified with a specific CPT code performed on or subsequent to the date of the initial consultation should be reported separately.
If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

Department of Industrial Accidents (DIA). A department of the Commonwealth of Massachusetts Department of Labor and Workforce Development that oversees the Workers' Compensation system pursuant to M.G.L. c. 152 and other applicable laws and waivers.

Department of Public Health (DPH). A department of the Commonwealth of Massachusetts as established under M.G.L.c.17, § 1 that oversees and licenses healthcare facility standards and operations in addition to administering public health programs for all Massachusetts residents.

Description. A description of the medical procedure or item assigned to the Code based upon Current Procedural Terminology (CPT) or Health Care Common Procedure Coding System (HCPCS) which may include certain stipulations relevant to Massachusetts under M.G.L.c.152.

Division. The Division of Health Care Finance and Policy (DHCFP) Policy is a Division of the Commonwealth of Massachusetts Executive Office of Health and Human Services established under M.G.L.c.118G, formerly the Rate Setting Commission.

Eligible Provider. A provider as defined under 114.3 CMR 40.05, who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit or purchaser under M.G.L. c. 152. Out-of-state providers shall meet the comparable conditions of licensure and participation required by the state in which they practice.

Established Patient. A patient who has received professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years. Under 114.3 CMR 40.00 the definition shall be applied to a single work related injury or episode of illness.

Fee. The payment value for the medical procedure or item contained in 114.3 CMR 40.06 and identified by a Code. Fees may be listed as Professional Component Fee ("PC Fee"), Technical Component Fee ("TC Fee") and Global Fee ("GL Fee") when a professional, technical or global fee applies. Single payment rates are listed as "Fees". See definitions of (GL), (PC) and (TC) below.

Global Fee (GL). The Global Fee is the sum of the PC Fee and TC Fee. See definitions of (PC) and (TC) below.

Governmental Unit. A governmental unit is defined as any division, department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth or the Commonwealth in its entirety.

Levels of Evaluation/Management (E/M) Services. The Evaluation/Management section (CPT codes 99201-99499) is divided into broad categories such as office visits, hospital visits and consultations. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians and nurses as specified in 114.3 CMR 40.05(10) and 114.3 CMR 40.05(15). In addition, an array of E/M services codes and fees are included for certain eligible providers as listed in sections within 114.3 CMR 40.06.

Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management CPT codes (99361-99373). For a full discussion of the levels of E/M services, refer to the CPT "Guidelines" issued annually by the CPT Editorial Panel of the American Medical Association (AMA).

Modifiers. There are CPT and HCPCS modifiers for each level of codes maintained and updated on an annual basis by the AMA. Two digit numeric or character modifiers should be used to identify circumstances that alter or enhance the description of a service or supply. 114.3 CMR 40.07(1) Appendix A lists a limited number of the common modifiers and certain reimbursement provisions associated with their use. However providers, suppliers and carriers may utilize any current CPT Level I and HCPCS Level II National Modifiers as necessary. A full list of modifiers is contained in CPT "Guidelines" issued annually by the CPT Editorial Panel of the American Medical Association (AMA).

Professional Component (PC). Certain procedures are a combination of a physician, or professional component and a technical component. When the modifier –26 is added to an appropriate code a PC allowable amount shall be paid.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. These services are generally reported as "unlisted services or procedures" and designated by digits '99' after the first three beginning code numbers. Pertinent information should include, but not be limited to, an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items which can be included are: complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Technical Component (TC). The TC component reflects the technical portion of the radiology, laboratory, medical, or surgical procedure code. When the technical component is provided by a health care provider other than the physician providing the professional component, the health care provider bills for the technical component by adding Modifier –TC to the applicable code. The TC rate is payment for the facility's cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and all other overhead expenses.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 40.06. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service. A "Special Report" may be required when billing codes for unlisted procedures.

(2) Copyright Notice. For more detail on CPT refer to the Physicians' *Current Procedural Terminology*, copyright 2003 American Medical Association, and any later updates. These CPT publications contain the complete and most current listings of CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

(3) Other Service Providers Not Covered by this Regulation. Worker's Compensation Utilization Review as required by 452 CMR 6.00 authorizes healthcare treatment measures from time to time performed by practitioners of alternative or complementary care, such as massage therapists, who are not governed by 114.3 CMR 40.00. In such a case, the insurer, the employer and the health care service provider must agree upon the appropriate method of billing for treatment, e.g. the code, and the payment rate for such services.

(4) Services and Rates Covered by other Regulations.

(a) Other Services.

1. It is the policy of the Division of Health Care Finance and Policy to utilize the rules and reimbursement rates for governmental purchasers for certain healthcare services. These services and the regulations governing their rates of payment are the following:

| **Regulation Title** | **Regulation Number** |
|---|---|
| Abortion and Sterilization | 114.3 CMR 13.00 |
| Adult Day Health Services | 114.3 CMR 10.00 |
| Ambulance Services | 114.3 CMR 27.00 |
| Chronic Maintenance Dialysis Treatment and Home Dialysis Supplies | 114.3 CMR 37.00 |
| Hearing Aid Dispensers | 114.3 CMR 23.00 |
| Home Health Services (includes private duty nursing referred to as continuous skilled nursing care) | 114.3 CMR 50.00 |
| Hospice Services | 114.3 CMR 43.00 |
| Independent Living Services for the Personal Care Attendant Program | 114.3 CMR 9.00 |
| Outpatient Tuberculosis Control Services | 114.3 CMR 8.00 |
| Prescribed Drugs | 114.3 CMR 31.00 |
| Psychiatric Day Treatment Center Services | 114.3 CMR 7.00 |
| Rates for Community Health Centers | 114.3 CMR 4.00 |
| Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers | 114.3 CMR 6.00 |
| Rest Homes | 114.2 CMR 4.00 |
| Skilled Nursing Facilities and Transitional Care Units | 114.2 CMR 6.00 |
| Substance Abuse | 114.3 CMR 46.00 |
| Vision Care and Ophthalmic Materials | 114.3 CMR 15.00 |

2. Rate List Updates. Updates to rates affected by amendments to regulations cited in 114.3 CMR 40.02(4)(a)(1) will be posted on the Division web site. However, rates for Rest Homes pursuant to 114.3 CMR 4.00 and Skilled Nursing Facilities and Transitional Care Units pursuant to 114.3 CMR 6.00 must be obtained by calling DHCFP Provider Assistance.

(b) Hospitals. Workers' Compensation reimbursement within DPH licensed Massachusetts hospitals and out-of-state hospitals, when applicable, is governed by DHCFP regulation 114.1 CMR 41.00, Rates of Payment for Services Provided to Industrial Accident Patients by Hospitals. However, under chapter 398 of the Acts of 1991, the Division is required to establish rates for comparable services "regardless of the setting" in which they are provided. Therefore, 114.1 CMR 41.00 contains many references to regulation 114.3 CMR 40.00 for most services delivered in hospital outpatient settings. When such hospital services or procedures are unlisted and/or priced at individual consideration (I.C.) under 114.3 CMR 40.00, the hospital specific payment on account factor (PAF), or, if one is unavailable, the out-of-state PAF applied to charges will be used to determine the facility reimbursement rate.

40.03: Notification Process.

(1). Notices of Revision.

(a) Notification of planned updates to 114.3 CMR 40.00 is published in a Notice of Public Hearing after changes are officially proposed at the Division. Interested parties are given an opportunity to express their comments during the public hearing both in person and/or in writing at any time during the public comment period. The Notice of Public Hearing is published in two daily newspapers and in the Massachusetts Register at least twenty-one days prior to a public hearing. Copies of Notice(s) of Public Hearing are available in each county court law library in the Commonwealth. Information regarding revisions to 114.3

CMR 40.00 relevant regulations and workers' compensation rates is available through the Division's electronic subscription service. Notice(s) of Public Hearing are mailed to Division Document Service subscribers and posted on the Division web site.

(b) Promulgated copies of 114.3 CMR 40.00 can be obtained by contacting DHCFP, Office of Public Information, or at the State House bookstore. Final amendments will be posted on the Division's web site after adoption.

40.04 Provisions Affecting All Providers

(1) Eligible Providers. In addition to meeting licensure and other requirements applicable to the provider industry as specified under 114.3 CMR 40.05, an eligible provider must also meet such conditions of participation as may be required by a governmental unit or by a purchaser under M.G.L. c. 152.

(2) Rate Determination. The rates of payment set forth in 114.3 CMR 40.06 shall constitute full payment for services provided under M.G.L. c. 152 §13, as well as any related administrative or overhead costs. However, the insurer, the employer and the health care service provider may agree upon an alternative rate of payment for any service contained in this fee schedule. In no event shall an employee be liable for the compensation of health care services under M.G.L. c. 152 §13.

(3) Out-of-State Providers. Rates of payment for out-of-state providers are determined in accordance with 114.3 CMR 40.04(2), except where otherwise specifically noted herein.

(4) Individual Consideration (I.C.). Services that are authorized but are unlisted or designated "I.C." are individually considered items. The purchaser under M.G.L. c. 152 shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate service or procedure category. Unless otherwise stated in sections under 114.3 CMR 40.05, Policies for Individual Service Types, determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

(a) The amount of time required to perform the procedure,
(b) The degree of skill required in care rendered,
(c) The severity or complexity of the patient's disease, disorder or disability,
(e) The policies, procedures and practices of other third party insurers,
(f) A copy of the current invoice from the supplier.

(5) Special Codes and Modifiers for Industrial Accident Treatment Providers. Certain direct care providers may utilize Modifier -32 Mandated Services to enhance payment rates as listed within provider sections 114.3 CMR40.05. Use of this modifier will indicate the additional work required under 452 CMR 1.13(1) performed for comprehensive initial visits and visits that determine changes in work capability. Codes 99371-99373 are also provided within 114.3 CMR 40.06 for required telephone consult as reimbursable expense for consultation between providers and employers, insurers, utilization reviewers or agents.

(6) Utilization Standard. Treatment guidelines pertaining to work place injury and illness are published and updated periodically by the Department of Industrial Accidents, Healthcare Services Board. These guidelines are used to define appropriate care deemed medically necessary.

40.05: Policies for Individual Service Types

(1) Acupuncture

(a) Eligible Providers. Any person licensed by the Board of Registration in Acupuncture under M.G.L. c. 112, §§ 148 to162, inclusive, to practice acupuncture.

(b) Definition. Acupuncture is the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of electric current, and with or without the application of heat to the needles, skin or both, in an attempt to relieve pain or improve bodily function. Acupuncture is based upon traditional oriental medical theories. Services include examinations, Evaluation and Management services (E/M), acupuncture treatments and supportive services. The acupuncture treatment codes include a patient assessment. Additional E/M services may be reported separately using the modifier '-25', if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the procedure.

(c) Fees. Rates of payment for acupuncture services are contained in 114.3 CMR 40.06 (1).

(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of

medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(e) Modalities and Supportive Procedures. A charge may be assessed for modalities only in conjunction with an acupuncture treatment performed during the course of the same visit.

(f) Nutritional Supplements. The rate of payment for nutritional supplements shall be equal to the at invoice cost, plus the dispensing fee of $3.00.

(2) Anesthesia Services

(a) Eligible Providers.

1. A licensed medical doctor or licensed osteopath, other than an intern or resident, who is authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L.c.112.
2. A certified registered nurse anesthetist (CRNA) who is licensed and subject to the rules and requirements in accordance with the provisions of M.G.L.c.112 and 244 CMR 4.00 to practice as a CRNA. The CRNA is limited to those procedures within the scope of CRNA services and subject to the rules of physician relationship for reimbursement defined by the Commonwealth's Nurse Practice Act. The CRNA is a full-time employee of the eligible physician provider and not salaried by the hospital. Availability by telephone shall not constitute direct supervision; however, the physician need not be in the room where the services are being performed.

(b) Anesthesia Services. Services involving administration of anesthesia are reported by the use of the anesthesia five-digit CPT code (00100 to 01999) plus modifier codes. Services include but are not limited to general, regional, supplementation to local anesthesia, or other supportive services for optimal anesthesia care to the patient. These services include the anesthesia care during the procedure, the administration of fluids and/or blood and the usual monitoring services, (e.g. ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). However, these services do not include preoperative and postoperative services or pain management services, which may be separately billable. Unusual forms of monitoring beyond the basic anesthesia service (e.g. intra-arterial, central venous, and Swan-Ganz) are not included and will be reimbursed separately based on the appropriate medical or surgical fee schedule.

(c) Fees. Rate of payment for anesthesia services is contained in 114.3 CMR 40.05(2)(g) for use with base units contained in 114.3 CMR 40.06 (2). Fees for supplies and materials provided by the physician (e.g. sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately using code 99070.

(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(e) Payments for Qualified CRNAs. Utilize the appropriate 2 digit modifier listed in 114.3 CMR 40.07 Appendix A to denote services rendered by a non-physician provider. Payments to employer's billing for eligible CRNAs as specified in 114.3 CMR 40.05(2)(a)2 are:

1. 50% of the fees specified in 114.3 CMR 40.05(2)c. for CRNA services with medical direction of 2, 3 or 4 concurrent procedures by a physician, or
2. 100% of the allowable fee specified in 114.3 CMR 40.05(2)c. for CRNA services with medical direction of one CRNA or without direction by a physician.

(f) Time Reporting. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room (or its equivalent area) and ends when the anesthesiologist is no longer in personal attendance, i.e. when the patient is placed in postoperative supervision.

(g) Qualifying Circumstances. Many anesthesia services are provided under particularly difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative conditions, and/or unusual risk factors. List CPT codes 99100 to 99140 as additional procedure numbers qualifying an anesthesia procedure or service.

| Qualifying Circumstances in CPT | Description | Unit Value |
|---|---|---|
| 99100 | Anesthesia for a patient of extreme age, under one year and over seventy | 1 |
| 99116 | Anesthesia complicated by utilization of total body hypothermia | 5 |
| 99135 | Anesthesia complicated by utilization of controlled hypotension | 5 |
| 99140 | Anesthesia complicated by emergency conditions (an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.) | 2 |

(h) Determining Payment for Anesthesia Services. Anesthesia codes must be used and the time reported in minutes on the claim form to ensure proper payment. Reimbursement will be determined by the addition of base units, time units and modifying units (if any) and multiplying this sum by a rate per unit. Each time unit equals 15 minutes.

| PAYMENT *EQUALS* : | (TIME UNITS + BASE UNITS + MODIFYING UNITS) |
|---|---|
| | *TIMES* $19.86 (Rate per UNIT) |

(i) Special Coding Situations.

1. Multiple Procedures. When multiple surgical procedures are performed during a single anesthetic administration, report only the anesthesia procedure with the highest unit value. The time reported should be the combined total for all procedures performed.
2. Anesthesia Modifiers. Physical status and common CPT modifiers used in conjunction with anesthesia codes can be found in 114.3 CMR 40.07(1) Appendix A.
3. Postoperative Pain Management. Postoperative pain management are payable as additional procedures and are reported as follows:

   Epidural or subarachnoid pain management is reported with procedure codes 62310-62319 for placement of the epidural or subarachnoid catheter that includes the initial day of pain management.

   Subsequent management is reported with 01996 and is reported per day.

   Patient-controlled anesthesia is reported with 01997 on a per day basis.

(3) Chiropractic Services

(a) Eligible Providers. An individual licensed by the Board of Registration of Chiropractors in accordance with the provisions of M.G.L.c.112.

(b) Chiropractic Services. Services include examinations, Evaluation and Management services (E/M), Chiropractic Manipulative Treatment (CMT), therapeutic (supportive) procedures and modalities. The chiropractic manipulative treatment codes include a pre-manipulation patient assessment. Additional E/M services may be reported separately using the modifier '-25', if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the procedure.

For purposes of CMT, the five spinal regions referred to are: cervical region (includes atlanto-occipital joint); thoracic region (includes costovertebral and costotransverse joints); lumbar region; sacral region; and pelvic (includes sacro-iliac joint) region. The five extraspinal regions referred to are: head (including temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities, rib cage (excluding costotransverse and costovertebral joints) and abdomen.

When an extraspinal manipulation (code 98943) is performed in conjunction with CMT codes 98940 through 98942, the Multiple Procedure modifier -51 must be added to code 98943 indicating payment at 50% of the allowable fee contained in 114.3 CMR 40.06.

(c) Fees. Rates of payment for chiropractic services are contained in 114.3 CMR 40.06 (3).
(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.]
(e) Modalities and Supportive Procedures. A charge may be assessed for modalities (97010-97039) only in conjunction with a chiropractic treatment performed during the course of the same visit. Service provisions pertaining to physical medicine are contained in 114.3 CMR 40.05(13) and rates of payment for supportive procedures are listed in 114.3 CMR 40.06(12).
(f) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) . Rates of payment for durable medical equipment, prosthetic/ orthotics and supplies are listed in 114.3 CMR 40.06(6) and subject to the provisions and guidelines contained in 114.3 CMR 40.05 (6).
(g) Nutritional Supplements. The rate of payment for nutritional supplements shall be equal to the invoice cost, plus the dispensing fee of $3.00.
(h) Radiology. Rates of payment for radiological services are listed in 114.3 CMR 40.06(7) subject to the provisions and guidelines contained in 114.3 CMR 40.05(12)

(4) Clinical Laboratory Services
(a) Eligible Providers. An independent licensed clinical diagnostic laboratory, a diagnostic laboratory in a physician's office or a hospital laboratory maintained for its outpatient services. Payment for clinical laboratory tests subject to 114.3 CMR 40.06(4) shall apply to the person or entity performing or supervising the performance of the tests.
(b) Clinical Laboratory Services. Microbiological, chemical, hematological, biophysical, cytological, immunohematological, or pathological examinations performed in a laboratory on materials derived from the human body to provide information for the diagnosis, prevention, or treatment of a disease or assessment of a medical condition.
(c) Fees. Rates of payment for clinical laboratory services are contained in 114.3 CMR 40.06 (4). Rates for physician laboratory services, i.e. anatomic and surgical pathology (CPT codes 88000-88099 and 88300-88399) are contained under Surgery in 114.3 CMR 40.06 (8).
(d) When the physician's administration of the supplies and drugs includes items over and above the usual service rendered (e.g. sterile trays, drugs, supplies and materials), list separately using code 99070. To report physician attendance and monitoring during the testing, use the appropriate evaluation and management code, including the prolonged physician care codes if required. Prolonged physician care codes are not separately reported when evocative/suppression testing involves prolonged descriptors where reference is made to a particular analyte (e.g., Cortisol (82533 X 2)) the "x 2" refers to the number of times the test for that particular analyte is performed.
(e) Consultations (Clinical Pathology). A clinical pathology consultation (CPT codes 80500-80502) is a service, including a written report, rendered by the pathologist in response to a request from an attending physician in relation to a test result(s) requiring additional medical interpretive judgment.
(f) Chemistry. When an analyte is measured in multiple specimens from different sources, or in specimens that are obtained at different times, the analyte is reported separately for each source and for each specimen. The examination is quantitative, unless otherwise specified. When a code describes a method where

measurement of multiple analytes may require one or several procedures, each procedure is coded separately (e.g., 82491-82492, 82541-82544). Clinical information derived from the results of laboratory data that is mathematically calculated (e.g., free thyroxine index (T7)) is considered part of the test procedure and is not a separately reportable service.

(g) Immunology. CPT codes 86000-86849 are qualitative or semiquantitative immunoassays performed by multiple step methods for the detection of antibodies to infectious agents. For immunoassays by single step method use code 86318. Procedures for the identification of antibodies should be coded as precisely as possible. For example, an antibody to a virus could be coded with increasing specificity for virus, family, genus, species, or type. In some cases, further precision may be added to codes by specifying the class of immunoglobulin being detected. When multiple tests are done to detect antibodies to organisms classified more precisely than the specificity allowed by available codes, it is appropriate to code each as a separate service.

(h) Microbiology. CPT codes 87001-87999 include bacteriology, mycology, parasitology, and virology. Presumptive identification of microorganisms is defined as identification by colony morphology, growth on selective media, Gram stains, or up to three tests (e.g., catalase, oxidase, indole, urease). Definitive identification of microorganisms is defined as identification to the genus or species level that requires additional tests (e.g., biochemical panels, slide cultures). If additional studies involve molecular probes, chromatography, or immunologic techniques, these should be separately coded in addition to definitive identification codes (CPT codes 87140-87158). For multiple specimens/sites use modifier '–59'. For repeat laboratory tests performed on the same day, use modifier '-91'.

(i) Pricing of Automated Tests. The total number of actual tests will determine the fee payable for automated tests whether billed individually or as part of a panel test. For example, if the total of 3 automated tests are performed on one blood draw from a patient the total allowed for these tests will be $9.29, the pricing equivalent for 3 tests.

(5) Dental Services

(a) Eligible Providers.

1. A dentist registered by the Board of Registration in Dentistry in accordance with the provisions of M.G.L. c.112; or
2. Authorized governmental, nonprofit or charitably incorporated dental clinics not involved with teaching dental students; or
3. Authorized dental clinics that wholly or partially derive support from Title V Funds under the Social Security Act; or
4. Teaching dental clinics operated by dental education institutions.

(b) Dental Services. Dental services include, but are not limited to, diagnostic, consultative and evaluative oral examinations, X-rays, preventive, restorative, endodontic, periodontic, prosthodontic, surgical, exodontic and orthodontic procedures and appliances.

(c) Fees. Rates of payment for dental services are contained in 114.3 CMR 40.06 (5).

(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to a clinical oral evaluation or emergency treatment code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of dental complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(e) Surgery. Rates of payment for surgical dental services are listed in 114.3 CMR 40.06(8) and subject to the provisions and guidelines contained in 114.3 CMR 40.05 (14).

(f) Codes and Descriptions. All codes and descriptions are copyrighted by the American Dental Association's Current Dental Terminology, (CDT-4).

(6) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS).

(a) Eligible Providers and Exclusions.

1. Eligible Providers.

a. Any person, partnership, corporation, or other entity which is authorized by the Commonwealth of Massachusetts to engage in the business of furnishing:

Durable Medical Equipment (DME),
Medical and surgical supplies,
Customized equipment,
Oxygen or respiratory therapy equipment,
Mobility systems,
Intravenous and enteral therapy equipment,
And related supplies and services.

b. Certain providers may be authorized under 114.3 CMR 40.05 to provide equipment or supplies relative to their specialty in an office setting.

c. An eligible prostheses provider certified by the American Board for Certification in Prosthetics and Orthotics (P&O) with experience and knowledge of upper and lower extremity prostheses, cosmetic restoration and devices for traumatic or congenital deformities, their design, fabrication and fitting.

d. Any person, partnership, corporation or other entity that is authorized by the Commonwealth of Massachusetts to engage in the business of furnishing orthotic devices. In addition, at the discretion of the purchasing agency, a provider of certain orthotic devices must be a certified orthotist who has experience in and knowledge of upper and lower extremity bracing, torso, and spinal bracing, devices for congenital deformities, their design, fabrication and fitting.

2. Exclusions. 114.3 CMR 40.00 and the rates of payment contained herein shall not apply to the following services:

a. Respiratory therapy services rendered by a qualified respiratory therapist;

b. Any oxygen provided to a nursing home which is reimbursed under the per diem rate for such nursing home;

c. All services for inpatients at a facility licensed as an acute or chronic hospital.

(b) General Provisions

1. Coverage. 114.3 CMR 40.00 and the rates of payment contained herein shall apply to the following situations:

a. the purchase or rental of durable medical equipment;

b. the purchase or rental of medical/surgical supplies;

c. the purchase or rental of prescribed oxygen delivery systems and respiratory therapy equipment and related supplies;

d. the purchase or rental of seating, positioning, mobility systems and related accessories;

e. the purchase or rental of intravenous and enteral supplies, equipment and services; and

f. the repair of the above listed types of equipment.

2. Pre-authorization for equipment and/or services. Insurers and other payers under 114.3 CMR 40.00 may require pre-authorization, recertification and/or other requirements documenting medical necessity for equipment and related supplies and services under this section. In most cases, the physician's prescription for the equipment and other medical information available will be sufficient to establish that the equipment is necessary and suitable in the treatment of the illness or injury. Providers should determine if there are documentation and coverage requirements associated with a prescription for durable medical supplies.

3. Services in this section are organized according to HCPCS as follows:

| **Section** | **HCPCS CODE RANGE** |
|---|---|
| Medical and Surgical Supplies | A4214-A8999 |
| Miscellaneous and Administrative | A9900-A9999 |
| Enteral and Parenteral Therapy | B4000-B9999 |
| Ambulation Devices | E0100-E0159 |
| Commodes and Accessories | E0160-E0175 |
| Decubitus Care Equipment | E0176-E0199 |
| Heat/Cold Application | E0200-E0239 |
| Bath and Toilet Aids | E0241-E0249 |
| Hospital Beds and Accessories | E0250-E0373, |
| Oxygen and Related Respiratory Equipment | E0424-E0606, E1353-E1406 |
| Monitoring Equipment | E0607-E0620 |
| Patient Lifts | E0621-E0638 |

| **Section** | **HCPCS CODE RANGE** |
|---|---|
| Pneumatic Compressor and Appliances | E0650-E0675 |
| Ultraviolet Cabinet | E0691-E0694 |
| Safety Equipment and Restraints | E0700-E0701, E0710 |
| Transcutaneous and/or Neuromuscular Electrical Nerve Stimulators (TENS) | E0720-E0765 |
| Infusion Supplies | E0776-E0791 |
| Traction Equipment, Trapeze Equipment, Fracture Frame and Other Orthopedic Devices | E0830-E0948 |
| Wheelchairs, Mobil Arm Supports | E0950-E1298, E2201-E2399 |
| Whirlpool Equipment | E0300-E1310 |
| Repairs | E1340 |
| Artificial Kidney Machines and Accessories | E1500-E1699 |
| Jaw Motion Rehabilitation System and Accessories | E1700-E1702 |
| Other Orthopedic Devices, Miscellaneous | E1800-E1840, E1902-E2120, E2500-E2599 |

(c) Fees. Rates of payment for DMEPOS, are contained in 114.3 CMR 40.06(6).

(d) Payment Methodology. DME fee schedules are calculated for the following DME payment classes:

Inexpensive and Other Routinely Purchased Items (IN): These items have a purchase price of $150 or less, or are generally purchased 75% of the time or more, or are accessories used in conjunction with certain nebulizers, aspirators, and ventilators. These items can be purchased new or used and can be rented; however, total payments cannot exceed the purchase new fee for the item.

Frequently Serviced Items (FS). These items require frequent and substantial servicing. These items can be rented as long as they are medically necessary.

Oxygen and Oxygen Equipment. Payment for oxygen and oxygen equipment is made on a monthly basis. One bundled monthly payment amount is made for all covered stationary equipment, stationary and portable contents, and all accessories used in conjunction with the oxygen equipment. A monthly payment is made for oxygen contents only. An additional monthly payment may be made for portable oxygen.

Other Covered Items. Supplies that are necessary for the effective use of the DME.

Capped Rental Iems (CR). These items do not fall under any other DME payment category. They are generally expensive items which are routinely rented. Items designated as "capped rental" in the code description are rented for a maximum period of 15 months up to the purchase price, at which point the provider stops billing. The provider may bill for repairs as needed to maintain proper working condition of the equipment for the patient's use after the 15th month. The methodology for payment of items on a capped rental basis is as follows:

a. for the first 3 months of rental, 10% of the new purchase fee;
b. for months 4-15, 75% of the monthly fee for months 1-3.

When provided equipment is used for less than 1 month, the payment shall be prorated. To determine the daily rate, divide the monthly rental fee by the number of days in the applicable month. Multiply the daily rate times the number of rental days. For purchase of capped rental items, the purchase price will be no more than the sum of the capped rental methodology applied for 10 months.

Unlisted Items. Certain items that are not listed but may be prescribed as medically necessary for the treatment of illness or injury or to improve the functioning of a patient are payable under reimbursement policies for individually considered (I.C.) items in accordance with 114.3 CMR 40.05(6). When a code is not listed in 114.3 CMR 40.06(6), the item should be assigned an unlisted service or procedure code such as A9900 (Miscellaneous DME supply, accessory, and/or service component of another HCPCS code) or E1399 (Durable Medical Equipment, miscellaneous.) Customized items that are deemed medically necessary are payable at individual consideration (I.C.)

(e) General Definitions.

(f)

Adjusted Acquisition Cost. The price paid to a supplier by an eligible provider for durable medical equipment, medical/surgical supplies, customized equipment, oxygen and respiratory therapy equipment. The adjusted acquisition cost shall not exceed the manufacturer's current catalogue price.

At Invoice Cost (AI). The price paid by the provider net of any manufacturer discounts received. Documentation of AI cost must be supplied to purchaser for payment upon request.

Durable Medical Equipment (DME). Those products that:

a. are produced primarily and routinely to fulfill a medical purpose;
b. are generally not used in the absence of illness and injury;
c. can withstand repeated use over an extended period of time; and
d. are appropriate for home use.

Liquid Oxygen Systems. Oxygen and oxygen equipment as DME involves the system for furnishing it, the vessels that store it, the tubing, and administration sets that allow the safe delivery of oxygen in the home, and the oxygen contents.

Medical and Surgical Supplies. Medical and treatment products that:

a. are produced primarily and routinely to fulfill a medical or surgical purpose;
b. are used in the treatment of a specific medical condition;
c. are non-reusable and disposable.

Non-Standard Prescription Options. New mobility systems which include devices that:

a. provide their user with a substantially greater range of motion than are usually required of that particular device; or
b. require substantially greater service or time than are usually provided for that particular device.

Orthotic Device. A mechanical device that is designed to support or correct any defect of form or function of the human body, and generally known as a “brace” or “orthosis” but not including dental braces or breast prostheses.

Oxygen Delivery Systems. A comprehensive oxygen service that includes, but is not limited to: the gaseous /liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gage, humidifcation devices, cannulas, masks, and special oxygen administration device, tubing and refill adapter.

Prostheses. A mechanical device that either replaces all or part of an extremity, generally known as an “artificial limb.”

Prosthetic Device. Any substitute or ancillary equipment or component part used in a prosthesis for replacement or modification purposes.

Rehabilitation Techonology Specialist (RTS). A professional with expertise in assistive and rehabilitation technology, including wheeled mobility, seating and alternative positioning, ambulating assistance, environmental control and related activities who meets such conditions of participation (e.g., National Registry of Rehabilitation Technology Suppliers membership or Assistive Technology Supplier, Certified Rehabilitation Technology Supplier, Assistive Technology Pracitioner, or Rehabilitation Engineering Technology designation) as may be adopted by a governmental unit to work directly with consumers in the provision of wheeled mobility systems in the service delivery process.

Respiratory Therapy Devices and Supplies. Devices and necessary ancillary equipment prescribed by a physician for the care and treatment of pulmonary illnesses which meet such standards as may be required by federal or state governmental units. Respiratory Therapy Devices may include the complete device and

related delivery system accessories such as, regulator with flow gage, humidification and heating units, filters, cannulas, masks, and special administration device tubing and adapters.

Seating, Positioning, Mobility Systems and Related Accessories. Any device including its components, accessories and/or modifications which has been prescribed, designed and constructed to meet the individualized custom needs of a patient, occupational and/or physical therapist(s), or orthotist, physician [and] DME provider representative. This equipment will be provided by an eligible DME provider who employs a Rehabilitation Technology Specialist (RTS). The equipment must fulfill a medical purpose and is generally not useful in the absence of illness, injury, can withstand repeated use over an extended period of time, is appropriate for home use, and meets professionally-recognized standards of quality.

Transcutaneous Electrical Nerve Stimulator (TENS). TENS devices are electrodes placed on the surface of the skin which utilize electrical current to decrease the patient's perception of pain by inhibiting the transmission of afferent pain nerve impulses and/or stimulating the release of endorphins. A TENS unit must be distinguished from other electrical stimulators that directly stimulate muscles and/or motor nerves, e.g., neuromuscular stimulators.

Used Equipment. Any item that has been previously purchased or rented, including equipment that was:

a. used by a patient for a trial period;
b. used by the supplier as a demonstrator; or
c. rented by a patient who now wants to buy it.

Usual and Customary Charge. The lowest fee charged to the general public by a DME or Oxygen and Respiratory Therapy Equipment, Medical Supply, Intravenous and Enteral Therapy, Seating, Positioning, and Mobility Systems provider specified by this section, which fee is in effect at the time that such service is performed or equipment is sold or rented.

(f) Individual Consideration (I.C.) Payment rate for individual consideration will be the lower of:

1. The eligible provider's usual and customary charge to the general public; or
2. The adjusted acquisition cost to the eligible provider plus a markup not to exceed:
   a. 30% for inexpensive and routinely purchased items;
   b. 40% for frequently serviced items, customized equipment, prosthetics and orthotics.

(g) .Labor Rate for Repair Services.

1. Payments for labor costs for repair code E1340 to an eligible provider for items that require additional service, intensive time or procedures, or that require repair, may be billed at the rate of $20.00 per 15 minutes.
2. Payments for labor costs for orthotic repair code L4205 and prosthetic repair code L7520 to an eligible provider for items that require additional service, intensive time or procedures, or that require repair, may be billed at the rate of $20.00 per 15 minutes.

(7) Freestanding Diagnostic Facilities

(a) Eligible Provider. A licensed freestanding diagnostic imaging facility or hospital.
(b) Freestanding Diagnostic Facility Services. Imaging services and radiology services include diagnostic radiology, diagnostic ultrasound and nuclear medicine.
(c) Fees. Rates of payment for freestanding diagnostic facilities and imaging technical components are contained in 114.3 CMR 40.06 (7).
(d) Definitions.

Computerized Axial Tomography Scans (CAT). The procedure in which computer-generated tomograph images are obtained and assembled to provide a three-dimensional view of a tissue layer.

Magnetic Resonance Imaging (MRI). An MRI is the medical application of nuclear magnetic resonance. The MRI device provides images of the internal structure of the head or body that correspond to the distribution of hydrogen nuclei (protons) exhibiting nuclear magnetic resonance. The images depend upon nuclear magnetic resonance parameters (spin-lattice relaxation time, spin-spin relaxation time, proton density and flow rate), which when interpreted by a trained physician can yield useful information in the determination of a diagnosis.

(e) General Rate Guidelines
1. The TC payment for CAT and MRI procedures that specify "with contrast" include payment for contrast media.
2. The TC rate for nuclear medicine (CPT codes 78000 through 78999) does not include the radionuclide used in connection with the procedure. These substances are separately billed under codes A4641 and A4642 for diagnostic procedures and are paid on an I.C. basis depending on the substance used.

(8) Freestanding Ambulatory Surgical Centers
(a) Eligible Provider. A DPH licensed freestanding ambulatory surgical center (FASC) or hospital outpatient surgical center.
(b) Freestanding Ambulatory Surgical Center Services. Centers for Medicare and Medicaid Services (CMS) recognizes a limited number of surgical procedures that can be performed safely in an ambulatory setting without requiring hospital admission. 114.3 CMR 40.06(8) contains CMS assigned payment group numbers from CMS list of covered procedures to determine facility payment amounts.
(c) Fees. Rates of payment for Ambulatory Surgical Centers (FASCs) are based upon rates effective 4-for Locality 009 to 024 issued in 2004 by CMS. FASC rates are contained in 114.3 CMR 40.06 (8). To determine payment for global surgical facilities within Massachusetts, select the group number (01 through 09) assigned to the surgical procedure code in 114.3 CMR 40.06 (8) and apply the allowable fee based upon group number for the county within which the FASC or hospital OPD is located .
(d) Out-of-state Providers. Payment rates for out of state providers under the Commonwealth's jurisdictional payment rules are determined according to 114.3 CMR 40.05 (8)(c) utilizing national payment levels.
(e) Global surgical procedures facility coverage. Services and the normal range of care required before and after surgery that is contained in the fee includes:
1. the immediate preoperative care at the facility prior to surgery on the same day,
2. local anesthesia, such as infiltration, and digital block or topical anesthesia ,
3. routine medical supplies and materials,
4. the facility fee, including a hospital operating room, cardiac catherization suite, laser suite, and an endoscopy suite equipped and staffed for the sole purpose of performing surgical procedures,
5. normal, uncomplicated postoperative care, including the hospital recovery room and pain management at the facility following surgery on the same day.
(f) Services not included in the global facility rate. The following services required in conjunction with the surgical procedure that should be reimbursed at their respective CPT/HCPCS rates are:
1. professional fees,
2. diagnostic biopsies performed on the same day preceding major surgery,
3. laboratory fees,
4. radiological services,
5. EKG and respiratory care.
6. Implanted DME, implanted prosthetic devices, replacement parts (external or internal), accessories and supplies for the implanted DME. These items shall be paid at invoice (A.I.) cost net of any manufacturer discounts received by the provider.
7. Coverage does not include medically appropriate, overnight observation stays in hospitals that are reimbursed using the hospital specific payment on account factor.
8. Preoperative and postoperative visits that do not occur at the time of the surgical visit.
(g) Modifiers. See 114.3 CMR 40.07(1) Appendix A for a list of Level 1 CPT modifiers.

(9) Homemaker
(a) Eligible Provider. An individual, partnership or corporation that employs homemakers.
(b) Homemaker Services. Services that comply with the Homemaker Standards issued by the Executive Office of Elder Affairs to assist a client with Instrumental Activities of Daily Living which include the following:
1. shopping,
2. menu planning,
3. meal preparation (includes special diets),
4. laundry, and
5. light housekeeping.
(c) Fees. Rate of payment for homemaker services is contained in 114.3 CMR 40.06 (9).
(d) Definitions.

Executive Office of Elder Affairs. A Secretariat of the Commonwealth of Massachusetts that oversees services and administers activities through a network of local Councils on Aging and nutrition projects, regional Aging Services Access Points (ASAPs) and Area Agencies on Aging (AAAs).

Instrumental Activities of Daily Living (IADLs). Specific activities to physically assist with tasks incidental to the care of a patient such as meal preparation and clean-up, household services, laundry, shopping, housekeeping, transportation to a medical provider, or assistance with the care and maintenance of adaptive devices.

(10) Medicine

(a) Eligible Providers:

1. A licensed physician or licensed osteopath other than an intern, resident, or house officer who is authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L.c.112.
2. A licensed, registered podiatrist other than an intern, resident, or house officer who is authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L.c.112, whose eligibility is limited to those procedures within the scope of his/her licensure.
3. A licensed registered nurse who is authorized by the Board of Registration in Nursing in accordance with the provisions of M.G.L.c.112 to practice as a nurse practitioner (NP), limited to those procedures within the scope of NP services and subject to the rules of physician relationship for reimbursement defined by the Commonwealth's Nurse Practice Act. A licensed physician assistant (PA) who is authorized by the Board of Registration for Physician Assistants in accordance with the provisions of M.G.L.c.112, may not bill separately for services rendered.
4. A licensed, registered podiatrist other than an intern, resident, or house officer who is authorized by the Board of Registration in Podiatry in accordance with the provisions of M.G.L.c.112, whose eligibility is limited to those procedures specified by the purchaser of the services.

(b) Medicine Services. Services in this section are organized according to CPT as follows:

| Section | CPT CODE RANGE |
|---|---|
| Evaluation and Management | 99201-99499 |
| Immunization, Vaccines and Infusions – (JCodes are listed in 114.3 CMR 40.07(4) Appendix D) | 90281-90799, J codes |
| Psychiatry | 90801-90899 |
| Biofeedback | 90901-90911 |
| Dialysis | 90918-90999 |
| Gastroenterology | 91000-91299 |
| Ophthalmology, Contact Lens Services, Ocular Prosthetics, Spectacle Services and Supplies | 92002-92499 |
| Otorhinolaryngologic Services, Vestibular Function Tests, Audiologic Function Test, Evaluative and Therapeutic Services | 92502-92700 |
| Cardiovascular Services | 92950-93799 |
| Non-Invasive Vascular Diagnosis Studies | 93875-93990 |
| Pulmonary | 94010-94799 |
| Allergy and Clinical Immunology | 95004-95199 |
| Endocrinology | 95250 |
| Neurology and Neuromuscular Procedures | 95805-95999 |
| Motion Analysis, Central Nervous System Assessments/Tests | 96000-96155 |
| Chemotherapy Administration, Photodynamic Therapy | 96400-96549, 96567-96571 |
| Dermatology | 96900-96999 |
| Physical Medicine and Rehabilitation, Active Wound Care Mangement, Tests and | 97001-97799, 97601-97602, 97703-97755, 97780-97781, |

| | |
|---|---|
| Measurement, Acupuncture, Medical Nutrition Therapy | 97802-97804 |
| Osteopathic and Chiropractic Treatments | 98925-98943 |
| Special Services, Procedures and Reports | 99000-99199 |
| Evaluation and Management | 99201-99499 |
| Home Health Procedures / Services | 99500-99539 |
| Home Infusion Procedures | 99551-99569 |

(c) Fees. Rates of payment for medicine services are contained in 114.3 CMR 40.06 (10).

(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(e) Payments for Qualified NPs and PAs. Payment to employers billing for eligible NPs and PAs as specified in 114.3 CMR 40.05(10)(a)3 is 85% of the fees contained in 114.3 CMR 40.06. Utilize the appropriate 2-digit modifier listed in 114.3 CMR 40.07 Appendix A to denote services rendered by a non-physician provider.

(f) Modifiers. See 114.3 CMR 40.07(1) Appendix A for a list of Level 1 CPT modifiers.

(g) Maximum Allowable Fees – Medical Services

1. Office Visits. The office visit fees listed herein apply only when the eligible provider customarily bills for services rendered, and do not apply in the case where a hospital submits an all-inclusive outpatient charge.
2. Drugs, Medications, Supplies and Laboratory Specimen Collections Supplies and materials used in preparation for or as part of a procedure (e.g., bandages, laboratory kits, syringes or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge shall be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), e.g., venipuncture, urine, fecal and sputum samples, culturing, swabbing and scraping for removal of tissues.
3. Payments for Other Services. Where applicable, payment for drugs, medicines, supplies, and related materials dispensed to patients shall be in accordance with rates which are the subject matter of other regulation sections that may be in effect and germane to the item in question (e.g., laboratory, pharmacy, medical supplies, etc.) not to exceed the cost of the item to the physician.

   In other instances where the use of another service type is not appropriate, certain supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code (99070).
4. Medication and Injections. Medication and injectables not available free of charge from the Department of Public Health may be billed under the appropriate J Code at invoice (A.I.) cost net of any manufacturer discounts received by the provider. See 114.3 CMR 40.07(4) Appendix D List for a list of J codes or if the code is not available, use an unlisted procedures category (such as code 90749 for immunizations or code 99070 under miscellaneous services ).

   Immunization injections are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service (such as codes 90471, 90472 or 96400) may be listed in addition to the injection and an office visit should not be separately billed. Immunization procedures include the supply of materials.

5. Physical Medicine. Service provisions pertaining to physical and restorative medicine are contained in 114.3 CMR 40.05(13) and codes and fees for physical medicine procedures are listed in 114.3 CMR 40.06(12).

(11) Psychology

(a) Eligible Provider.

1. A psychologist who is licensed by the Massachusetts Board of Registration of Psychologists in accordance with the provisions of M.G.L.c.112, or
2. A social worker (LICSW) who is licensed by the Massachusetts Board of Registration of Social Work in accordance with the provisions of M.G.L.c.112.
3. Psychiatric Services provided by a licensed physician are contained under Medicine in accordance with 114.3 CMR 40.05(10).

(b) Psychological Services.

1. Diagnostic services are an evaluative interview to determine a client's emotional and psychological disability for the purpose of developing a treatment plan.
2. Individual Therapy is a meeting between and eligible provider and the client to help to ameliorate problems, conflicts and disturbances.
3. Group Therapy is a treatment session conducted by an eligible provider for the application of psychotherapeutic or counseling techniques to a group of people each of whom manifests an emotional problem or disturbance. Groups are usually five people but are limited to ten clients.
4. Psychological Testing is performed with the use of standardized test instruments to evaluate aspects of a client's functioning, aptitudes and educational ability, cognitive processes, emotional conflicts and type and degree of psychopathology. All fees for psychological tests cover the complete cost of interviewing, testing, scoring, interpreting and writing reports of test outcomes.

(c) Fees. Rates of payment for psychological services are contained in 114.3 CMR 40.06 (11).

(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to a psychotherapy code with medical evaluation and management to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the selected code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(12) Radiology

(a) Eligible Providers:

1. A licensed physician or licensed osteopath other than an intern, resident, or house officer who is authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L.c.112.
2. A licensed, registered podiatrist other than an intern, resident, or house officer who is authorized by the Board of Registration in Podiatry in accordance with the provisions of M.G.L.c.112, whose eligibility is limited to those procedures specified by the purchaser of the services.
3. An oral and/or maxillofacial surgeon who is authorized by the Board of Registration in Dentistry in accordance with the provisions of M.G.L.c.112.
4. A chiropractor licensed by the Board of Registration of Chiropractors under and meeting the requirements of M.G.L. c.112, §§ 89 through 97, whose eligibility is limited to those procedures within the scope and limitations of chiropractic medicine services.
5. A licensed, registered podiatrist other than an intern, resident, or house officer who is authorized by the Board of Registration in Podiatry in accordance with the provisions of M.G.L.c.112, whose eligibility is limited to those procedures specified by the purchaser of the services.

(b) Radiological Services. Services include diagnostic radiology (diagnostic imaging, diagnostic ultrasound and nuclear medicine). Most radiological services are comprised of a professional component and a technical component. The professional component is the physician's interpretation of the procedure, and the technical component is the equipment, supplies and technician's services used to perform the procedure. Fees and requirements for certain technical component services are contained in the regulatory section entitled Freestanding Diagnostic Services.

(c) Fees. Rates of payment for radiological services are contained in 114.3 CMR 40.06 (7).

(d) Contrast Media. Complete procedures, interventional radiological procedures or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services, e.g.

necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of the results. Providers must determine whether the use of ionic or non-ionic contrast media is appropriate for the individual patient.

(13) Rehabilitation Clinic Services, Audiological Services, Restorative Services

(a) Eligible Provider.

1. A physical therapist (PT) who is currently licensed by the Board of Allied Health Professionals; or
2. A occupational therapist (OT) who is currently licensed by the Board of Allied Health Professionals; or
3. A speech therapist (ST) who is currently licensed by the Board of Speech and Language Pathology and Audiology; or
4. An audiologist who is currently licensed by the Board of Speech and Language Pathology and Audiology; or
5. A freestanding clinic providing rehabilitative services which is licensed by the Department of Public Health; or
6. A hospital outpatient clinic which is licensed by the Department of Public Health that is not subject to provisions contained in 114.1 CMR 41.00; or
7. Any speech and hearing center (proprietorship, partnership or corporation) which provides authorized speech or language services rendered by a qualified speech pathologist that does not bill separately from such facility for professional services rendered.
8. A chiropractor whose eligibility is limited to modalities within the range of codes 97012-97039 and therapeutic procedures within the range of codes 97110-97799.

(b) Rehabilitation, Restorative, Speech/Language Pathology and Audiological Services.

1. Rehabilitation services are comprehensive services deemed appropriate to the needs of a disabled person, in a program designed to achieve objectives of improved health and welfare with the realization of optimal physical, social and vocational potential.
2. Restorative services are PT, OT or ST services for the purpose of maximum reduction of physical and/or speech disability and restoration of optimal functional levels.
3. Speech/Language Pathology services include the evaluation and treatment of communicative disorders with regard to the functions of articulation (including aphasia and dysarthria, language, voice and fluency.)
4. Audiological services include testing related to the determination of hearing loss, evaluation of hearing aids, the prescription of hearing aid devices, and aural rehabilitation which includes lip-reading and auditory training. Complete audiological evaluation includes a routine audiological evaluation plus site of Lesion Testing (Impedance Testing and/or Recruitment Testing) as needed or recommended by a physician. A routine audio evaluation

(c) Fees. Rates of payment for restorative services are contained in 114.3 CMR 40.06 (12).

(d) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(e) Functional Capacity Assessments. To report a functional capacity assessment (or Key functional assessment) use CPT code 97750 that may be billed up to a maximum of nine (9) units.

(f) Work Hardening and Work Conditioning. Work hardening and work conditioning are goal-oriented therapies designed to prepare injured workers for their return to work. Use CPT codes 97545 and 97456 to report these services. 97456 must be used in conjunction with 97545.

(g) Visits. In conjunction with pre-certification requirements issued by the D.I.A. under utilization review, a maximum of 18 visits within the first six weeks from the date of injury is allowed, unless additional visits are determined medically necessary by utilization review.

(h) Therapeutic Procedures. A maximum of 2 different therapeutic procedures (CPT codes 97110 through 97150) per treatment session is allowed.

(i) Modalities. A charge may be assessed for supportive services (CPT codes 97010 through97039) only in conjunction with a procedure performed during the course of the same visit. A maximum of three supportive services per visit is allowed. When determining the correct units allowed, round up to the nearest fifteen minute block of time (e.g. 1-15 minutes = 1 unit, and 16-30 minutes = 2 units). No charge shall be allowed for re-use of hot and cold packs (CPT codes 97010).

(j) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS). Rates of payment for durable medical equipment, prosthetic/ orthotics and supplies are listed in 114.3 CMR 40.06(6) and subject to the provisions and guidelines contained in 114.3 CMR 40.05 (6).

(14) Surgery

(a) Eligible Providers:

1. A licensed physician or licensed osteopath other than an intern, resident, or house officer who is authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L.c.112.
2. A licensed, registered podiatrist other than an intern, resident, or house officer who is authorized by the Board of Registration in Medicine in accordance with the provisions of M.G.L.c.112, whose eligibility is limited to those procedures specified by the purchaser of the services.
3. licensed registered nurse who is authorized by the Board of Registration in Nursing in accordance with the provisions of M.G.L.c.112 to practice as a nurse practitioner (NP), limited to those procedures within the scope of NP services and subject to the rules of physician relationship for reimbursement defined by the Commonwealth's Nurse Practice Act. A licensed physician assistant (PA) who is authorized by the Board of Registration for Physician Assistants in accordance with the provisions of M.G.L.c.112 may not bill separately for services rendered.
4. A licensed dentist registered by the Board of Registration in Dentistry in accordance with the provisions of M.G.L. c.112.

(b) Payment for Surgical Procedures includes:

1. the immediate preoperative care performed on the same day as surgery, completion of hospital records and initiation of the treatment program;
2. local anesthesia, such as infiltration, metacarpal/digital or topical anesthesia,
3. the surgical procedure;
4. supplies and materials usually included in the office visit or procedure;
5. normal, uncomplicated, postoperative care performed on the same day as surgery at the facility.

(c) First Assistants. Non-physician providers who act as first assistants during surgical procedures must be identified by adding the modifier –81, Minimum Assistant Surgeon, to the usual procedure number and will be reimbursed at 15% of the fee stipulated in 114.3 CMR 40.05(16)(f).

(d) Fees. Rates of payment for surgical services are contained in 114.3 CMR 40.06 (8).

(e) Modifier -32 - Mandated Services. Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.]

(f) Payments for Qualified NPs and PAs. Payment to employers billing for eligible NPs and PAs as specified in 114.3 CMR 40.05(16)(a)3 is 85% of the fees contained in 114.3 CMR 40.06. Utilize the appropriate 2-digit modifier listed in 114.3 CMR 40.07 Appendix A to denote services rendered by a non-physician provider.

(g) Modifiers. See 114.3 CMR 40.07(1) Appendix A for a list of Level 1 CPT modifiers.

(h) Add-on Codes. 114.3 CMR 40.07(2) Appendix B lists procedures that are commonly carried out in addition to the primary procedure performed and must never be reported as stand-alone codes. These codes are exempt from the multiple procedure modifier '51'.

(i) Separate Procedures. 114.3 CMR 40.07(3) Appendix C lists procedures that are stand alone codes and are exempt from the multiple procedure modifier '51'.

40.06: Fees

| SCHEDULE | PROVIDER/SERVICE TYPE | POLICY REFERENCE | PAGE NUMBER |
|---|---|---|---|
| **(1)** | Acupuncture | 114.3 CMR 40.05 (1) | |
| **(2)** | Anesthesia | 114.3 CMR 40.05 (2) | |
| **(3)** | Chiropractors | 114.3 CMR 40.05 (3) | |
| **(4)** | Clinical Laboratories | 114.3 CMR 40.05 (4) | |
| **(5)** | Dentists | 114.3 CMR 40.05 (5) | |
| **(6)** | Durable Medical Equipment,, Prosthetics/ Orthotics, and Supplies(DMEPOS) | 114.3 CMR 40.05 (6) | |
| **(7)** | • Freestanding Diagnostic Facilities<br>• Radiology | • 114.3 CMR 40.05 (7)<br>• 114.3 CMR 40.05 (12) | |
| **(8)** | • Freestanding Surgical Services<br>• Surgery | • 114.3 CMR 40.05(8)<br>• 114.3 CMR 40.05(14) | |
| **(9)** | Homemakers | 114.3 CMR 40.05 (9) | |
| **(10)** | Medicine | 114.3 CMR 40.05(10) | |
| **(11)** | Psychological Services | 114.3 CMR 40.05 (11) | |
| **(12)** | Rehabilitation Clinics, Physical, Occupational, Speech Therapists, and Audiologists | 114.3 CMR 40.05 (13) | |

## 40.06(1) Acupuncture

| Code | Fee | 40.06(1) – Acupuncture Description |
|---|---|---|
| 97039 | 9.03 | Unlisted modality (specify type and time if constant attendance) |
| 97124 | 17.37 | Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) |
| 97139 | 12.47 | Unlisted therapeutic procedure (specify) |
| 97780 | 68.55 | Acupuncture, one or more needles; without electrical stimulation |
| 97781 | 78.83 | Acupuncture, one or more needles; with electrical stimulation |
| 97799 | I.C. | Unlisted physical medicine/rehabilitation service or procedure |
| 99080 | 24.85 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. (An additional report that is completed at the request of the patient's employer, insurer, utilization reviewer or agent subsequent to the completion of the required report under 452 CMR 1.13(1). This fee is for the treating provider's preparation time only. (per 15 minutes)) (Do not report 99080 in conjunction with codes using modifier -32 or with 99455, 99456 for the completion of Workmen's Compensation forms) |
| 99201 | 29.26 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family. |
| 99202 | 50.85 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family. |
| 99203 | 76.11 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. |
| 99204 | 107.50 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family. |
| 99205 | 135.43 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. |
| 99211 | 17.97 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. |
| 99212 | 30.83 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's |

| Code | Fee | 40.06(1) – Acupuncture Description |
|---|---|---|
| | | and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family. |
| 99213 | 42.23 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. |
| 99214 | 65.36 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. |
| 99215 | 94.43 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. |
| 99371 | 24.85 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy) (Treatment planning consultation with patient’s employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 15 minutes.) |
| 99372 | 49.70 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care) (Treatment planning consultation with patient’s employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 30 minutes.) |
| 99373 | 74.55 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan) (Treatment planning consultation with patient’s employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 45 minutes.) |

## 40.06(2) Anesthesia

| PAYMENT *EQUALS* : | (TIME UNITS + BASE UNITS + MODIFYING UNITS) |
|---|---|
| | *TIMES* $19.86 (Rate per UNIT) |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 00100 | 5 | Anesthesia for procedures on salivary glands, including biopsy |
| 00102 | 6 | Anesthesia for procedures involving plastic repair of cleft lip |
| 00103 | 5 | Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery) |
| 00104 | 4 | Anesthesia for electroconvulsive therapy |
| 00120 | 5 | Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified |
| 00124 | 4 | Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy |
| 00126 | 4 | Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy |
| 00140 | 5 | Anesthesia for procedures on eye; not otherwise specified |
| 00142 | 4 | Anesthesia for procedures on eye; lens surgery |
| 00144 | 6 | Anesthesia for procedures on eye; corneal transplant |
| 00145 | 6 | Anesthesia for procedures on eye; vitreoretinal surgery |
| 00147 | 4 | Anesthesia for procedures on eye; iridectomy |
| 00148 | 4 | Anesthesia for procedures on eye; ophthalmoscopy |
| 00160 | 5 | Anesthesia for procedures on nose and accessory sinuses; not otherwise specified |
| 00162 | 7 | Anesthesia for procedures on nose and accessory sinuses; radical surgery |
| 00164 | 4 | Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue |
| 00170 | 5 | Anesthesia for intraoral procedures, including biopsy; not otherwise specified |
| 00172 | 6 | Anesthesia for intraoral procedures, including biopsy; repair of cleft palate |
| 00174 | 6 | Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor |
| 00176 | 7 | Anesthesia for intraoral procedures, including biopsy; radical surgery |
| 00190 | 5 | Anesthesia for procedures on facial bones or skull; not otherwise specified |
| 00192 | 7 | Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism) |
| 00210 | 11 | Anesthesia for intracranial procedures; not otherwise specified |
| 00212 | 5 | Anesthesia for intracranial procedures; subdural taps |
| 00214 | 9 | Anesthesia for intracranial procedures; burr holes, including ventriculography |
| 00215 | 9 | Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound) |
| 00216 | 15 | Anesthesia for intracranial procedures; vascular procedures |
| 00218 | 13 | Anesthesia for intracranial procedures; procedures in sitting position |
| 00220 | 10 | Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures |
| 00222 | 6 | Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve |
| 00300 | 5 | Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified |
| 00320 | 6 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older |
| 00322 | 3 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid |
| 00326 | 8 | Anesthesia for all procedures on the larynx and trachea in children less than 1 year of age |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 00350 | 10 | Anesthesia for procedures on major vessels of neck; not otherwise specified |
| 00352 | 5 | Anesthesia for procedures on major vessels of neck; simple ligation |
| 00400 | 3 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified |
| 00402 | 5 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps) |
| 00404 | 5 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast |
| 00406 | 13 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection |
| 00410 | 4 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias |
| 00450 | 5 | Anesthesia for procedures on clavicle and scapula; not otherwise specified |
| 00452 | 6 | Anesthesia for procedures on clavicle and scapula; radical surgery |
| 00454 | 3 | Anesthesia for procedures on clavicle and scapula; biopsy of clavicle |
| 00470 | 6 | Anesthesia for partial rib resection; not otherwise specified |
| 00472 | 10 | Anesthesia for partial rib resection; thoracoplasty (any type) |
| 00474 | 13 | Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum) |
| 00500 | 15 | Anesthesia for all procedures on esophagus |
| 00520 | 6 | Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified |
| 00522 | 4 | Anesthesia for closed chest procedures; needle biopsy of pleura |
| 00524 | 4 | Anesthesia for closed chest procedures; pneumocentesis |
| 00528 | 8 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing one lung ventilation |
| 00529 | 11 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing one lung ventilation |
| 00530 | 4 | Anesthesia for permanent transvenous pacemaker insertion |
| 00532 | 4 | Anesthesia for access to central venous circulation |
| 00534 | 7 | Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator |
| 00537 | 7 | Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation |
| 00539 | 18 | Anesthesia for tracheobronchial reconstruction |
| 00540 | 12 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified |
| 00541 | 15 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation |
| 00542 | 5 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication |
| 00546 | 15 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty |
| 00548 | 17 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi |
| 00550 | 10 | Anesthesia for sternal debridement |
| 00560 | 15 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator |
| 00562 | 20 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator |
| 00563 | 25 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest |
| 00566 | 25 | Anesthesia for direct coronary artery bypass grafting without pump oxygenator |
| 00580 | 20 | Anesthesia for heart transplant or heart/lung transplant |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 00600 | 10 | Anesthesia for procedures on cervical spine and cord; not otherwise specified |
| 00604 | 13 | Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position |
| 00620 | 10 | Anesthesia for procedures on thoracic spine and cord; not otherwise specified |
| 00622 | 13 | Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy |
| 00630 | 8 | Anesthesia for procedures in lumbar region; not otherwise specified |
| 00632 | 7 | Anesthesia for procedures in lumbar region; lumbar sympathectomy |
| 00634 | 10 | Anesthesia for procedures in lumbar region; chemonucleolysis |
| 00635 | 4 | Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture |
| 00640 | 3 | Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine |
| 00670 | 13 | Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures) |
| 00700 | 4 | Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified |
| 00702 | 4 | Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy |
| 00730 | 5 | Anesthesia for procedures on upper posterior abdominal wall |
| 00740 | 5 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum |
| 00750 | 4 | Anesthesia for hernia repairs in upper abdomen; not otherwise specified |
| 00752 | 6 | Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence |
| 00754 | 7 | Anesthesia for hernia repairs in upper abdomen; omphalocele |
| 00756 | 7 | Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia |
| 00770 | 15 | Anesthesia for all procedures on major abdominal blood vessels |
| 00790 | 7 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified |
| 00792 | 13 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy) |
| 00794 | 8 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure) |
| 00796 | 30 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient) |
| 00797 | 8 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity |
| 00800 | 4 | Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified |
| 00802 | 5 | Anesthesia for procedures on lower anterior abdominal wall; panniculectomy |
| 00810 | 5 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum |
| 00820 | 5 | Anesthesia for procedures on lower posterior abdominal wall |
| 00830 | 4 | Anesthesia for hernia repairs in lower abdomen; not otherwise specified |
| 00832 | 6 | Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias |
| 00834 | 5 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, under 1 year of age |
| 00836 | 6 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants less than 37 weeks gestational age at birth and less than 50 weeks gestational age at time of surgery |
| 00840 | 6 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified |
| 00842 | 4 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis |
| 00844 | 7 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection |
| 00846 | 8 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 00848 | 8 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration |
| 00851 | 6 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection |
| 00860 | 6 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified |
| 00862 | 7 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper 1/3 of ureter, or donor nephrectomy |
| 00864 | 8 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy |
| 00865 | 7 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic) |
| 00866 | 10 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy |
| 00868 | 10 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient) |
| 00870 | 5 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy |
| 00872 | 7 | Anesthesia for lithotripsy, extracorporeal shock wave; with water bath |
| 00873 | 5 | Anesthesia for lithotripsy, extracorporeal shock wave; without water bath |
| 00880 | 15 | Anesthesia for procedures on major lower abdominal vessels; not otherwise specified |
| 00882 | 10 | Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation |
| 00902 | 5 | Anesthesia for; anorectal procedure |
| 00904 | 7 | Anesthesia for; radical perineal procedure |
| 00906 | 4 | Anesthesia for; vulvectomy |
| 00908 | 6 | Anesthesia for; perineal prostatectomy |
| 00910 | 3 | Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified |
| 00912 | 5 | Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s) |
| 00914 | 5 | Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate |
| 00916 | 5 | Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding |
| 00918 | 5 | Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus |
| 00920 | 3 | Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified |
| 00921 | 3 | Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral/bilateral |
| 00922 | 6 | Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles |
| 00924 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral |
| 00926 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal |
| 00928 | 6 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal |
| 00930 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral |
| 00932 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis |
| 00934 | 6 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy |
| 00936 | 8 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy |
| 00938 | 4 | Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| | | prosthesis (perineal approach) |
| 00940 | 3 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified |
| 00942 | 4 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures |
| 00944 | 6 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy |
| 00948 | 4 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage |
| 00950 | 5 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy |
| 00952 | 4 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography |
| 01112 | 5 | Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest |
| 01120 | 6 | Anesthesia for procedures on bony pelvis |
| 01130 | 3 | Anesthesia for body cast application or revision |
| 01140 | 15 | Anesthesia for interpelviabdominal (hindquarter) amputation |
| 01150 | 10 | Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation |
| 01160 | 4 | Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint |
| 01170 | 8 | Anesthesia for open procedures involving symphysis pubis or sacroiliac joint |
| 01173 | 12 | Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum |
| 01180 | 3 | Anesthesia for obturator neurectomy; extrapelvic |
| 01190 | 4 | Anesthesia for obturator neurectomy; intrapelvic |
| 01200 | 4 | Anesthesia for all closed procedures involving hip joint |
| 01202 | 4 | Anesthesia for arthroscopic procedures of hip joint |
| 01210 | 6 | Anesthesia for open procedures involving hip joint; not otherwise specified |
| 01212 | 10 | Anesthesia for open procedures involving hip joint; hip disarticulation |
| 01214 | 8 | Anesthesia for open procedures involving hip joint; total hip arthroplasty |
| 01215 | 10 | Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty |
| 01220 | 4 | Anesthesia for all closed procedures involving upper 2/3 of femur |
| 01230 | 6 | Anesthesia for open procedures involving upper 2/3 of femur; not otherwise specified |
| 01232 | 5 | Anesthesia for open procedures involving upper 2/3 of femur; amputation |
| 01234 | 8 | Anesthesia for open procedures involving upper 2/3 of femur; radical resection |
| 01250 | 4 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg |
| 01260 | 3 | Anesthesia for all procedures involving veins of upper leg, including exploration |
| 01270 | 8 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified |
| 01272 | 4 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation |
| 01274 | 6 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy |
| 01320 | 4 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area |
| 01340 | 4 | Anesthesia for all closed procedures on lower 1/3 of femur |
| 01360 | 5 | Anesthesia for all open procedures on lower 1/3 of femur |
| 01380 | 3 | Anesthesia for all closed procedures on knee joint |
| 01382 | 3 | Anesthesia for diagnostic arthroscopic procedures of knee joint |
| 01390 | 3 | Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella |
| 01392 | 4 | Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella |
| 01400 | 4 | Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified |
| 01402 | 7 | Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 01404 | 5 | Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee |
| 01420 | 3 | Anesthesia for all cast applications, removal, or repair involving knee joint |
| 01430 | 3 | Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified |
| 01432 | 6 | Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula |
| 01440 | 8 | Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified |
| 01442 | 8 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft |
| 01444 | 8 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm |
| 01462 | 3 | Anesthesia for all closed procedures on lower leg, ankle, and foot |
| 01464 | 3 | Anesthesia for arthroscopic procedures of ankle and/or foot |
| 01470 | 3 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified |
| 01472 | 5 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft |
| 01474 | 5 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure) |
| 01480 | 3 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified |
| 01482 | 4 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation) |
| 01484 | 4 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula |
| 01486 | 7 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement |
| 01490 | 3 | Anesthesia for lower leg cast application, removal, or repair |
| 01500 | 8 | Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified |
| 01502 | 6 | Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter |
| 01520 | 3 | Anesthesia for procedures on veins of lower leg; not otherwise specified |
| 01522 | 5 | Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter |
| 01610 | 5 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla |
| 01620 | 4 | Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint |
| 01622 | 4 | Anesthesia for diagnostic arthroscopic procedures of shoulder joint |
| 01630 | 5 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified |
| 01632 | 6 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; radical resection |
| 01634 | 9 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation |
| 01636 | 15 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation |
| 01638 | 10 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement |
| 01650 | 6 | Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified |
| 01652 | 10 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm |
| 01654 | 8 | Anesthesia for procedures on arteries of shoulder and axilla; bypass graft |
| 01656 | 10 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft |
| 01670 | 4 | Anesthesia for all procedures on veins of shoulder and axilla |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 01680 | 3 | Anesthesia for shoulder cast application, removal or repair; not otherwise specified |
| 01682 | 4 | Anesthesia for shoulder cast application, removal or repair; shoulder spica |
| 01710 | 3 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified |
| 01712 | 5 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open |
| 01714 | 5 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder |
| 01716 | 5 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps |
| 01730 | 3 | Anesthesia for all closed procedures on humerus and elbow |
| 01732 | 3 | Anesthesia for diagnostic arthroscopic procedures of elbow joint |
| 01740 | 4 | Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified |
| 01742 | 5 | Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus |
| 01744 | 5 | Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus |
| 01756 | 6 | Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures |
| 01758 | 5 | Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus |
| 01760 | 7 | Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement |
| 01770 | 6 | Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified |
| 01772 | 6 | Anesthesia for procedures on arteries of upper arm and elbow; embolectomy |
| 01780 | 3 | Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified |
| 01782 | 4 | Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy |
| 01810 | 3 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand |
| 01820 | 3 | Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones |
| 01829 | 3 | Anesthesia for diagnostic arthroscopic procedures on the wrist |
| 01830 | 3 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified |
| 01832 | 6 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement |
| 01840 | 6 | Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified |
| 01842 | 6 | Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy |
| 01844 | 6 | Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis) |
| 01850 | 3 | Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified |
| 01852 | 4 | Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy |
| 01860 | 3 | Anesthesia for forearm, wrist, or hand cast application, removal, or repair |
| 01905 | 5 | Anesthesia for myelography, diskography, vertebroplasty |
| 01916 | 6 | Anesthesia for diagnostic arteriography/venography |
| 01920 | 7 | Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter) |
| 01922 | 7 | Anesthesia for non-invasive imaging or radiation therapy |
| 01924 | 5 | Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; not otherwise specified |
| 01925 | 7 | Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; carotid or coronary |
| 01926 | 8 | Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; intracranial, intracardiac, or aortic |

| Code | Units | 40.06(2) – Anesthesia Description |
|---|---|---|
| 01930 | 5 | Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified |
| 01931 | 7 | Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transcutaneous porto-caval shunt (TIPS)) |
| 01932 | 6 | Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular |
| 01933 | 7 | Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial |
| 01951 | 3 | Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than four percent total body surface area |
| 01952 | 5 | Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between four and nine percent of total body surface area |
| 01953 | 1 | Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure) |
| 01958 | 5 | Anesthesia for external cephalic version procedure |
| 01960 | 5 | Anesthesia for vaginal delivery only |
| 01961 | 7 | Anesthesia for cesarean delivery only |
| 01962 | 8 | Anesthesia for urgent hysterectomy following delivery |
| 01963 | 8 | Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care |
| 01964 | 4 | Anesthesia for abortion procedures |
| 01967 | 5 | Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor) |
| 01968 | 2 | Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| 01969 | 5 | Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| 01990 | 7 | Physiological support for harvesting of organ(s) from brain-dead patient |
| 01991 | 3 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position |
| 01992 | 5 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position |
| 01995 | 5 | Regional intravenous administration of local anesthetic agent or other medication (upper or lower extremity) |
| 01996 | 3 | Daily hospital management of epidural or subarachnoid continuous drug administration |
| 01999 | 0 | Unlisted anesthesia procedure(s) |

## 40.06(3) Chiropractors

| Code | Fee | 40.06(3) – Chiropractic Description |
|---|---|---|
| 98940 | 29.21 | Chiropractic manipulative treatment (CMT); spinal, one to two regions |
| 98941 | 37.78 | Chiropractic manipulative treatment (CMT); spinal, three to four regions |
| 98942 | 46.73 | Chiropractic manipulative treatment (CMT); spinal, five regions |
| 98943 | 28.04 | Chiropractic manipulative treatment (CMT); extraspinal, one or more regions |
| 99080 | 24.85 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. (An additional report that is completed at the request of the patient's employer, insurer, utilization reviewer or agent subsequent to the completion of the required report under 452 CMR 1.13(1). This fee is for the treating provider's preparation time only. (per 15 minutes)) (Do not report 99080 in conjunction with codes using modifier -32 or with 99455, 99456 for the completion of Workmen's Compensation forms) |
| 99201 | 29.26 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family. |
| 99202 | 50.85 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family. |
| 99203 | 76.11 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. |
| 99204 | 107.50 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family. |
| 99211 | 17.97 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. |
| 99212 | 30.83 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family. |
| 99213 | 42.23 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. |

| Code | Fee | 40.06(3) – Chiropractic Description |
|---|---|---|
| 99214 | 65.36 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. |
| 99371 | 24.85 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 15 minutes.) |
| 99372 | 49.70 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 30 minutes.) |
| 99373 | 74.55 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 45 minutes.) |
| 99456 | I.C. | Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report. |

## 40.06(4) Clinical Laboratories

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 78267 | 10.98 | Urea breath test, C-14; acquisition for analysis |
| 78268 | 94.11 | Urea breath test, C-14; analysis |
| 80048 | 11.83 | Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) |
| 80051 | 9.80 | Electrolyte panel This panel must include the following: Carbon dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295) |
| 80053 | 14.77 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) |
| 80061 | 18.72 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) |
| 80069 | 12.13 | Renal function panel This panel must include the following: Albumin (82040) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) |
| 80074 | 62.84 | Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803) |
| 80076 | 11.42 | Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) |
| 80100 | 16.32 | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure |
| 80101 | 19.24 | Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class |
| 80102 | 18.51 | Drug confirmation, each procedure |
| 80150 | 21.06 | Amikacin |
| 80152 | 25.01 | Amitriptyline |
| 80154 | 25.84 | Benzodiazepines |
| 80156 | 20.34 | Carbamazepine; total |
| 80157 | 18.52 | Carbamazepine; free |
| 80158 | 25.23 | Cyclosporine |
| 80160 | 24.05 | Desipramine |
| 80162 | 18.55 | Digoxin |
| 80164 | 18.93 | Dipropylacetic acid (valproic acid) |
| 80166 | 21.66 | Doxepin |
| 80168 | 22.83 | Ethosuximide |
| 80170 | 22.90 | Gentamicin |
| 80172 | 22.76 | Gold |
| 80173 | 20.34 | Haloperidol |
| 80174 | 24.05 | Imipramine |
| 80176 | 20.52 | Lidocaine |
| 80178 | 9.24 | Lithium |
| 80182 | 18.93 | Nortriptyline |
| 80184 | 16.01 | Phenobarbital |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 80185 | 18.52 | Phenytoin; total |
| 80186 | 19.23 | Phenytoin; free |
| 80188 | 23.18 | Primidone |
| 80190 | 23.41 | Procainamide; |
| 80192 | 23.41 | Procainamide; with metabolites (eg, n-acetyl procainamide) |
| 80194 | 20.39 | Quinidine |
| 80196 | 9.92 | Salicylate |
| 80197 | 10.18 | Tacrolimus |
| 80198 | 19.77 | Theophylline |
| 80200 | 22.52 | Tobramycin |
| 80201 | 16.66 | Topiramate |
| 80202 | 18.93 | Vancomycin |
| 80299 | 19.13 | Quantitation of drug, not elsewhere specified |
| 80400 | 45.56 | ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2) |
| 80402 | 121.46 | ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2) |
| 80406 | 106.06 | ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2) |
| 80408 | 175.34 | Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2) |
| 80410 | 112.23 | Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3) |
| 80412 | 460.50 | Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6) |
| 80414 | 72.16 | Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples) |
| 80415 | 78.08 | Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples) |
| 80416 | 184.38 | Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6) |
| 80417 | 61.46 | Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2) |
| 80418 | 809.76 | Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4) |
| 80420 | 100.64 | Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2) |
| 80422 | 64.38 | Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3) |
| 80424 | 70.56 | Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2) |
| 80426 | 207.40 | Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4) |
| 80428 | 93.16 | Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4) |
| 80430 | 109.60 | Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4) |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 80432 | 188.73 | Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5) |
| 80434 | 141.30 | Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5) |
| 80435 | 143.85 | Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5) |
| 80436 | 127.36 | Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2) |
| 80438 | 70.41 | Thyrotropin releasing hormone (TRH) stimulation panel; one hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3) |
| 80439 | 93.88 | Thyrotropin releasing hormone (TRH) stimulation panel; two hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4) |
| 80440 | 81.24 | Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3) |
| 81000 | 4.43 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy |
| 81001 | 4.43 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy |
| 81002 | 3.57 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy |
| 81003 | 3.14 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy |
| 81005 | 3.03 | Urinalysis; qualitative or semiquantitative, except immunoassays |
| 81007 | 3.59 | Urinalysis; bacteriuria screen, except by culture or dipstick |
| 81015 | 4.24 | Urinalysis; microscopic only |
| 81020 | 5.15 | Urinalysis; two or three glass test |
| 81025 | 8.84 | Urine pregnancy test, by visual color comparison methods |
| 81050 | 4.19 | Volume measurement for timed collection, each |
| 82000 | 17.31 | Acetaldehyde, blood |
| 82003 | 28.28 | Acetaminophen |
| 82009 | 6.31 | Acetone or other ketone bodies, serum; qualitative |
| 82010 | 11.42 | Acetone or other ketone bodies, serum; quantitative |
| 82013 | 15.61 | Acetylcholinesterase |
| 82016 | 19.37 | Acylcarnitines; qualitative, each specimen |
| 82017 | 14.94 | Acylcarnitines; quantitative, each specimen |
| 82024 | 53.97 | Adrenocorticotropic hormone (ACTH) |
| 82030 | 36.05 | Adenosine, 5-monophosphate, cyclic (cyclic AMP) |
| 82040 | 6.92 | Albumin; serum |
| 82042 | 7.23 | Albumin; urine or other source, quantitative, each specimen |
| 82043 | 7.56 | Albumin; urine, microalbumin, quantitative |
| 82044 | 6.39 | Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay) |
| 82055 | 15.10 | Alcohol (ethanol); any specimen except breath |
| 82075 | 16.84 | Alcohol (ethanol); breath |
| 82085 | 13.56 | Aldolase |
| 82088 | 56.94 | Aldosterone |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 82101 | 38.96 | Alkaloids, urine, quantitative |
| 82103 | 18.77 | Alpha-1-antitrypsin; total |
| 82104 | 20.20 | Alpha-1-antitrypsin; phenotype |
| 82105 | 23.44 | Alpha-fetoprotein; serum |
| 82106 | 23.44 | Alpha-fetoprotein; amniotic fluid |
| 82108 | 35.60 | Aluminum |
| 82120 | 5.25 | Amines, vaginal fluid, qualitative |
| 82127 | 19.37 | Amino acids; single, qualitative, each specimen |
| 82128 | 19.37 | Amino acids; multiple, qualitative, each specimen |
| 82131 | 23.57 | Amino acids; single, quantitative, each specimen |
| 82135 | 23.00 | Aminolevulinic acid, delta (ALA) |
| 82136 | 14.94 | Amino acids, 2 to 5 amino acids, quantitative, each specimen |
| 82139 | 14.94 | Amino acids, 6 or more amino acids, quantitative, each specimen |
| 82140 | 20.36 | Ammonia |
| 82143 | 9.61 | Amniotic fluid scan (spectrophotometric) |
| 82145 | 21.72 | Amphetamine or methamphetamine |
| 82150 | 9.06 | Amylase |
| 82154 | 40.29 | Androstanediol glucuronide |
| 82157 | 40.90 | Androstenedione |
| 82160 | 34.94 | Androsterone |
| 82163 | 25.16 | Angiotensin II |
| 82164 | 20.39 | Angiotensin I - converting enzyme (ACE) |
| 82172 | 21.65 | Apolipoprotein, each |
| 82175 | 26.51 | Arsenic |
| 82180 | 13.81 | Ascorbic acid (Vitamin C), blood |
| 82190 | 7.61 | Atomic absorption spectroscopy, each analyte |
| 82205 | 16.01 | Barbiturates, not elsewhere specified |
| 82232 | 22.61 | Beta-2 microglobulin |
| 82239 | 23.94 | Bile acids; total |
| 82240 | 37.13 | Bile acids; cholylglycine |
| 82247 | 7.02 | Bilirubin; total |
| 82248 | 7.02 | Bilirubin; direct |
| 82252 | 6.35 | Bilirubin; feces, qualitative |
| 82261 | 14.94 | Biotinidase, each specimen |
| 82270 | 4.54 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, 1-3 simultaneous determinations |
| 82273 | 4.54 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources |
| 82274 | 18.09 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations |
| 82286 | 9.62 | Bradykinin |
| 82300 | 32.33 | Cadmium |
| 82306 | 41.36 | Calcifediol (25-OH Vitamin D-3) |
| 82307 | 45.02 | Calciferol (Vitamin D) |
| 82308 | 37.41 | Calcitonin |
| 82310 | 7.20 | Calcium; total |
| 82330 | 19.09 | Calcium; ionized |
| 82331 | 7.23 | Calcium; after calcium infusion test |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 82340 | 8.43 | Calcium; urine quantitative, timed specimen |
| 82355 | 16.17 | Calculus; qualitative analysis |
| 82360 | 17.99 | Calculus; quantitative analysis, chemical |
| 82365 | 18.01 | Calculus; infrared spectroscopy |
| 82370 | 17.51 | Calculus; x-ray diffraction |
| 82373 | 25.23 | Carbohydrate deficient transferrin |
| 82374 | 6.83 | Carbon dioxide (bicarbonate) |
| 82375 | 17.22 | Carbon monoxide, (carboxyhemoglobin); quantitative |
| 82376 | 8.37 | Carbon monoxide, (carboxyhemoglobin); qualitative |
| 82378 | 26.51 | Carcinoembryonic antigen (CEA) |
| 82379 | 14.94 | Carnitine (total and free), quantitative, each specimen |
| 82380 | 12.89 | Carotene |
| 82382 | 24.02 | Catecholamines; total urine |
| 82383 | 35.01 | Catecholamines; blood |
| 82384 | 35.28 | Catecholamines; fractionated |
| 82387 | 29.07 | Cathepsin-D |
| 82390 | 15.01 | Ceruloplasmin |
| 82397 | 14.94 | Chemiluminescent assay |
| 82415 | 17.70 | Chloramphenicol |
| 82435 | 6.42 | Chloride; blood |
| 82436 | 7.02 | Chloride; urine |
| 82438 | 6.83 | Chloride; other source |
| 82441 | 8.38 | Chlorinated hydrocarbons, screen |
| 82465 | 6.08 | Cholesterol, serum or whole blood, total |
| 82480 | 11.01 | Cholinesterase; serum |
| 82482 | 10.74 | Cholinesterase; RBC |
| 82485 | 28.85 | Chondroitin B sulfate, quantitative |
| 82486 | 25.23 | Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified |
| 82487 | 22.30 | Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified |
| 82488 | 29.85 | Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified |
| 82489 | 25.84 | Chromatography, qualitative; thin layer, analyte not elsewhere specified |
| 82491 | 25.23 | Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase |
| 82492 | 25.23 | Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase |
| 82495 | 28.34 | Chromium |
| 82507 | 38.85 | Citrate |
| 82520 | 21.17 | Cocaine or metabolite |
| 82523 | 17.81 | Collagen cross links, any method |
| 82525 | 17.34 | Copper |
| 82528 | 31.45 | Corticosterone |
| 82530 | 23.35 | Cortisol; free |
| 82533 | 22.78 | Cortisol; total |
| 82540 | 6.48 | Creatine |
| 82541 | 25.23 | Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase |
| 82542 | 25.23 | Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| | | quantitative, single stationary and mobile phase |
| 82543 | 25.23 | Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase |
| 82544 | 25.23 | Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase |
| 82550 | 9.10 | Creatine kinase (CK), (CPK); total |
| 82552 | 18.71 | Creatine kinase (CK), (CPK); isoenzymes |
| 82553 | 10.83 | Creatine kinase (CK), (CPK); MB fraction only |
| 82554 | 10.68 | Creatine kinase (CK), (CPK); isoforms |
| 82565 | 7.16 | Creatinine; blood |
| 82570 | 7.23 | Creatinine; other source |
| 82575 | 13.20 | Creatinine; clearance |
| 82585 | 8.11 | Cryofibrinogen |
| 82595 | 9.04 | Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit) |
| 82600 | 27.11 | Cyanide |
| 82607 | 20.91 | Cyanocobalamin (Vitamin B-12); |
| 82608 | 20.01 | Cyanocobalamin (Vitamin B-12); unsaturated binding capacity |
| 82615 | 11.41 | Cystine and homocystine, urine, qualitative |
| 82626 | 35.31 | Dehydroepiandrosterone (DHEA) |
| 82627 | 31.07 | Dehydroepiandrosterone-sulfate (DHEA-S) |
| 82633 | 43.28 | Desoxycorticosterone, 11- |
| 82634 | 40.90 | Deoxycortisol, 11- |
| 82638 | 17.11 | Dibucaine number |
| 82646 | 28.85 | Dihydrocodeinone |
| 82649 | 35.91 | Dihydromorphinone |
| 82651 | 36.07 | Dihydrotestosterone (DHT) |
| 82652 | 53.78 | Dihydroxyvitamin D, 1,25- |
| 82654 | 19.34 | Dimethadione |
| 82657 | 25.23 | Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen |
| 82658 | 25.23 | Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen |
| 82664 | 48.00 | Electrophoretic technique, not elsewhere specified |
| 82666 | 29.50 | Epiandrosterone |
| 82668 | 26.26 | Erythropoietin |
| 82670 | 39.04 | Estradiol |
| 82671 | 45.13 | Estrogens; fractionated |
| 82672 | 30.30 | Estrogens; total |
| 82677 | 25.91 | Estriol |
| 82679 | 34.88 | Estrone |
| 82690 | 24.15 | Ethchlorvynol |
| 82693 | 20.82 | Ethylene glycol |
| 82696 | 32.95 | Etiocholanolone |
| 82705 | 7.11 | Fat or lipids, feces; qualitative |
| 82710 | 23.47 | Fat or lipids, feces; quantitative |
| 82715 | 24.05 | Fat differential, feces, quantitative |
| 82725 | 18.60 | Fatty acids, nonesterified |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 82726 | 25.23 | Very long chain fatty acids |
| 82728 | 19.03 | Ferritin |
| 82731 | 89.99 | Fetal fibronectin, cervicovaginal secretions, semi-quantitative |
| 82735 | 25.91 | Fluoride |
| 82742 | 27.66 | Flurazepam |
| 82746 | 20.54 | Folic acid; serum |
| 82747 | 21.91 | Folic acid; RBC |
| 82757 | 24.24 | Fructose, semen |
| 82759 | 30.01 | Galactokinase, RBC |
| 82760 | 15.64 | Galactose |
| 82775 | 29.43 | Galactose-1-phosphate uridyl transferase; quantitative |
| 82776 | 11.71 | Galactose-1-phosphate uridyl transferase; screen |
| 82784 | 10.39 | Gammaglobulin; IgA, IgD, IgG, IgM, each |
| 82785 | 23.01 | Gammaglobulin; IgE |
| 82787 | 5.15 | Gammaglobulin; immunoglobulin subclasses, (IgG1, 2, 3, or 4), each |
| 82800 | 11.83 | Gases, blood, pH only |
| 82803 | 27.04 | Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); |
| 82805 | 39.65 | Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry |
| 82810 | 12.20 | Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry |
| 82820 | 10.76 | Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen) |
| 82926 | 7.61 | Gastric acid, free and total, each specimen |
| 82928 | 9.15 | Gastric acid, free or total; each specimen |
| 82938 | 24.72 | Gastrin after secretin stimulation |
| 82941 | 24.64 | Gastrin |
| 82943 | 19.97 | Glucagon |
| 82945 | 5.48 | Glucose, body fluid, other than blood |
| 82946 | 21.06 | Glucagon tolerance test |
| 82947 | 5.48 | Glucose; quantitative, blood (except reagent strip) |
| 82948 | 3.57 | Glucose; blood, reagent strip |
| 82950 | 6.64 | Glucose; post glucose dose (includes glucose) |
| 82951 | 17.99 | Glucose; tolerance test (GTT), three specimens (includes glucose) |
| 82952 | 4.02 | Glucose; tolerance test, each additional beyond three specimens |
| 82952 | 4.02 | Glucose; tolerance test, each additional beyond three specimens |
| 82953 | 21.16 | Glucose; tolbutamide tolerance test |
| 82955 | 12.47 | Glucose-6-phosphate dehydrogenase (G6PD); quantitative |
| 82960 | 8.11 | Glucose-6-phosphate dehydrogenase (G6PD); screen |
| 82962 | 3.27 | Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use |
| 82963 | 30.01 | Glucosidase, beta |
| 82965 | 10.80 | Glutamate dehydrogenase |
| 82975 | 22.13 | Glutamine (glutamic acid amide) |
| 82977 | 10.06 | Glutamyltransferase, gamma (GGT) |
| 82978 | 19.91 | Glutathione |
| 82979 | 9.62 | Glutathione reductase, RBC |
| 82980 | 25.60 | Glutethimide |
| 82985 | 21.06 | Glycated protein |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 83001 | 25.97 | Gonadotropin; follicle stimulating hormone (FSH) |
| 83002 | 25.88 | Gonadotropin; luteinizing hormone (LH) |
| 83003 | 23.29 | Growth hormone, human (HGH) (somatotropin) |
| 83008 | 23.45 | Guanosine monophosphate (GMP), cyclic |
| 83010 | 17.58 | Haptoglobin; quantitative |
| 83012 | 24.02 | Haptoglobin; phenotypes |
| 83013 | 94.11 | Helicobacter pylori; analysis for urease activity, non-radioactive isotope |
| 83014 | 10.98 | Helicobacter pylori; drug administration and sample collection |
| 83015 | 26.31 | Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); screen |
| 83018 | 30.68 | Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each |
| 83020 | 17.99 | Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F) |
| 83021 | 25.23 | Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F) |
| 83026 | 3.30 | Hemoglobin; by copper sulfate method, non-automated |
| 83030 | 11.56 | Hemoglobin; F (fetal), chemical |
| 83033 | 8.33 | Hemoglobin; F (fetal), qualitative |
| 83036 | 13.56 | Hemoglobin; glycated |
| 83045 | 6.93 | Hemoglobin; methemoglobin, qualitative |
| 83050 | 10.23 | Hemoglobin; methemoglobin, quantitative |
| 83051 | 10.21 | Hemoglobin; plasma |
| 83055 | 6.87 | Hemoglobin; sulfhemoglobin, qualitative |
| 83060 | 11.56 | Hemoglobin; sulfhemoglobin, quantitative |
| 83065 | 9.62 | Hemoglobin; thermolabile |
| 83068 | 11.83 | Hemoglobin; unstable, screen |
| 83069 | 5.51 | Hemoglobin; urine |
| 83070 | 6.64 | Hemosiderin; qualitative |
| 83071 | 9.61 | Hemosiderin; quantitative |
| 83080 | 14.94 | b-Hexosaminidase, each assay |
| 83088 | 41.26 | Histamine |
| 83090 | 23.57 | Homocystine |
| 83150 | 27.04 | Homovanillic acid (HVA) |
| 83491 | 24.47 | Hydroxycorticosteroids, 17- (17-OHCS) |
| 83497 | 18.01 | Hydroxyindolacetic acid, 5-(HIAA) |
| 83498 | 37.95 | Hydroxyprogesterone, 17-d |
| 83499 | 35.22 | Hydroxyprogesterone, 20- |
| 83500 | 31.65 | Hydroxyproline; free |
| 83505 | 33.96 | Hydroxyproline; total |
| 83516 | 16.01 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method |
| 83518 | 10.68 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip) |
| 83519 | 18.88 | Immunoassay, analyte, quantitative; by radiopharmaceutical technique (eg, RIA) |
| 83520 | 18.09 | Immunoassay, analyte, quantitative; not otherwise specified |
| 83525 | 15.98 | Insulin; total |
| 83527 | 17.68 | Insulin; free |
| 83528 | 22.22 | Intrinsic factor |
| 83540 | 9.05 | Iron |
| 83550 | 12.21 | Iron binding capacity |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 83570 | 9.61 | Isocitric dehydrogenase (IDH) |
| 83582 | 19.80 | Ketogenic steroids, fractionation |
| 83586 | 17.89 | Ketosteroids, 17- (17-KS); total |
| 83593 | 36.75 | Ketosteroids, 17- (17-KS); fractionation |
| 83605 | 14.92 | Lactate (lactic acid) |
| 83615 | 8.44 | Lactate dehydrogenase (LD), (LDH); |
| 83625 | 17.88 | Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation |
| 83632 | 28.24 | Lactogen, human placental (HPL) human chorionic somatomammotropin |
| 83633 | 7.69 | Lactose, urine; qualitative |
| 83634 | 16.10 | Lactose, urine; quantitative |
| 83655 | 16.91 | Lead |
| 83661 | 30.71 | Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio |
| 83662 | 26.43 | Fetal lung maturity assessment; foam stability test |
| 83663 | 26.43 | Fetal lung maturity assessment; fluorescence polarization |
| 83664 | 26.43 | Fetal lung maturity assessment; lamellar body density |
| 83670 | 11.77 | Leucine aminopeptidase (LAP) |
| 83690 | 9.62 | Lipase |
| 83715 | 15.73 | Lipoprotein, blood; electrophoretic separation and quantitation |
| 83716 | 34.68 | Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, nuclear magnetic resonance, ultracentrifugation) |
| 83718 | 11.44 | Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) |
| 83719 | 16.26 | Lipoprotein, direct measurement; direct measurement, VLDL cholesterol |
| 83721 | 12.81 | Lipoprotein, direct measurement; direct measurement, LDL cholesterol |
| 83727 | 24.02 | Luteinizing releasing factor (LRH) |
| 83735 | 9.36 | Magnesium |
| 83775 | 9.75 | Malate dehydrogenase |
| 83785 | 34.36 | Manganese |
| 83788 | 25.23 | Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen |
| 83789 | 25.23 | Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen |
| 83805 | 24.63 | Meprobamate |
| 83825 | 22.72 | Mercury, quantitative |
| 83835 | 23.67 | Metanephrines |
| 83840 | 22.81 | Methadone |
| 83857 | 10.97 | Methemalbumin |
| 83858 | 20.71 | Methsuximide |
| 83864 | 27.82 | Mucopolysaccharides, acid; quantitative |
| 83866 | 13.76 | Mucopolysaccharides, acid; screen |
| 83872 | 8.19 | Mucin, synovial fluid (Ropes test) |
| 83873 | 24.04 | Myelin basic protein, cerebrospinal fluid |
| 83874 | 18.04 | Myoglobin |
| 83880 | 47.43 | Natriuretic peptide |
| 83883 | 15.86 | Nephelometry, each analyte not elsewhere specified |
| 83885 | 34.23 | Nickel |
| 83887 | 33.09 | Nicotine |
| 83890 | 5.60 | Molecular diagnostics; molecular isolation or extraction |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 83891 | 5.60 | Molecular diagnostics; isolation or extraction of highly purified nucleic acid |
| 83892 | 5.60 | Molecular diagnostics; enzymatic digestion |
| 83893 | 5.60 | Molecular diagnostics; dot/slot blot production |
| 83894 | 5.60 | Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide) |
| 83896 | 5.60 | Molecular diagnostics; nucleic acid probe, each |
| 83897 | 5.60 | Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern) |
| 83898 | 6.10 | Molecular diagnostics; amplification of patient nucleic acid (eg, PCR, LCR), single primer pair, each primer pair |
| 83901 | 6.10 | Molecular diagnostics; amplification of patient nucleic acid, multiplex, each multiplex reaction |
| 83902 | 5.75 | Molecular diagnostics; reverse transcription |
| 83903 | 6.10 | Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each |
| 83904 | 6.10 | Molecular diagnostics; mutation identification by sequencing, single segment, each segment |
| 83905 | 6.10 | Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment |
| 83906 | 6.10 | Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment |
| 83912 | 5.60 | Molecular diagnostics; interpretation and report |
| 83915 | 15.58 | Nucleotidase 5- |
| 83916 | 28.09 | Oligoclonal immune (oligoclonal bands) |
| 83918 | 23.00 | Organic acids; total, quantitative, each specimen |
| 83919 | 23.00 | Organic acids; qualitative, each specimen |
| 83921 | 23.00 | Organic acid, single, quantitative |
| 83925 | 27.19 | Opiates, (eg, morphine, meperidine) |
| 83930 | 9.24 | Osmolality; blood |
| 83935 | 9.52 | Osmolality; urine |
| 83937 | 41.71 | Osteocalcin (bone g1a protein) |
| 83945 | 17.99 | Oxalate |
| 83950 | 89.99 | Oncoprotein, HER-2/neu |
| 83970 | 57.67 | Parathormone (parathyroid hormone) |
| 83986 | 5.00 | pH, body fluid, except blood |
| 83992 | 20.54 | Phencyclidine (PCP) |
| 84022 | 21.76 | Phenothiazine |
| 84030 | 7.69 | Phenylalanine (PKU), blood |
| 84035 | 5.11 | Phenylketones, qualitative |
| 84060 | 10.32 | Phosphatase, acid; total |
| 84061 | 10.39 | Phosphatase, acid; forensic examination |
| 84066 | 13.50 | Phosphatase, acid; prostatic |
| 84075 | 7.23 | Phosphatase, alkaline; |
| 84078 | 10.20 | Phosphatase, alkaline; heat stable (total not included) |
| 84080 | 20.66 | Phosphatase, alkaline; isoenzymes |
| 84081 | 23.09 | Phosphatidylglycerol |
| 84085 | 9.42 | Phosphogluconate, 6-, dehydrogenase, RBC |
| 84087 | 14.42 | Phosphohexose isomerase |
| 84100 | 6.63 | Phosphorus inorganic (phosphate); |
| 84105 | 7.23 | Phosphorus inorganic (phosphate); urine |
| 84106 | 5.99 | Porphobilinogen, urine; qualitative |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 84110 | 11.80 | Porphobilinogen, urine; quantitative |
| 84119 | 10.60 | Porphyrins, urine; qualitative |
| 84120 | 20.55 | Porphyrins, urine; quantitation and fractionation |
| 84126 | 35.59 | Porphyrins, feces; quantitative |
| 84127 | 10.60 | Porphyrins, feces; qualitative |
| 84132 | 6.42 | Potassium; serum |
| 84133 | 6.01 | Potassium; urine |
| 84134 | 20.38 | Prealbumin |
| 84135 | 26.73 | Pregnanediol |
| 84138 | 26.46 | Pregnanetriol |
| 84140 | 28.89 | Pregnenolone |
| 84143 | 30.25 | 17-hydroxypregnenolone |
| 84144 | 29.15 | Progesterone |
| 84146 | 27.08 | Prolactin |
| 84150 | 34.88 | Prostaglandin, each |
| 84152 | 25.70 | Prostate specific antigen (PSA); complexed (direct measurement) |
| 84153 | 25.70 | Prostate specific antigen (PSA); total |
| 84154 | 25.70 | Prostate specific antigen (PSA); free |
| 84155 | 5.12 | Protein, total, except by refractometry; serum |
| 84156 | 5.12 | Protein, total, except by refractometry; urine |
| 84157 | 5.12 | Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid) |
| 84160 | 7.23 | Protein, total, by refractometry, any source |
| 84165 | 15.01 | Protein; electrophoretic fractionation and quantitation |
| 84181 | 23.80 | Protein; Western Blot, with interpretation and report, blood or other body fluid |
| 84182 | 25.15 | Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each |
| 84202 | 20.05 | Protoporphyrin, RBC; quantitative |
| 84203 | 12.03 | Protoporphyrin, RBC; screen |
| 84206 | 24.89 | Proinsulin |
| 84207 | 37.96 | Pyridoxal phosphate (Vitamin B-6) |
| 84210 | 15.17 | Pyruvate |
| 84220 | 13.18 | Pyruvate kinase |
| 84228 | 16.26 | Quinine |
| 84233 | 89.99 | Receptor assay; estrogen |
| 84234 | 90.64 | Receptor assay; progesterone |
| 84235 | 73.12 | Receptor assay; endocrine, other than estrogen or progesterone (specify hormone) |
| 84238 | 51.09 | Receptor assay; non-endocrine (eg, acetylcholine) (specify receptor) |
| 84244 | 30.73 | Renin |
| 84252 | 28.28 | Riboflavin (Vitamin B-2) |
| 84255 | 35.67 | Selenium |
| 84260 | 43.28 | Serotonin |
| 84270 | 30.36 | Sex hormone binding globulin (SHBG) |
| 84275 | 18.77 | Sialic acid |
| 84285 | 32.90 | Silica |
| 84295 | 6.72 | Sodium; serum |
| 84300 | 6.79 | Sodium; urine |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 84302 | 6.79 | Sodium; other source |
| 84305 | 23.62 | Somatomedin |
| 84307 | 23.62 | Somatostatin |
| 84311 | 9.03 | Spectrophotometry, analyte not elsewhere specified |
| 84315 | 3.50 | Specific gravity (except urine) |
| 84375 | 27.39 | Sugars, chromatographic, TLC or paper chromatography |
| 84376 | 7.69 | Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen |
| 84377 | 7.69 | Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen |
| 84378 | 16.10 | Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen |
| 84379 | 16.10 | Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen |
| 84392 | 6.64 | Sulfate, urine |
| 84402 | 35.57 | Testosterone; free |
| 84403 | 36.08 | Testosterone; total |
| 84425 | 29.67 | Thiamine (Vitamin B-1) |
| 84430 | 16.26 | Thiocyanate |
| 84432 | 22.44 | Thyroglobulin |
| 84436 | 9.61 | Thyroxine; total |
| 84437 | 9.04 | Thyroxine; requiring elution (eg, neonatal) |
| 84439 | 12.60 | Thyroxine; free |
| 84442 | 20.66 | Thyroxine binding globulin (TBG) |
| 84443 | 23.47 | Thyroid stimulating hormone (TSH) |
| 84445 | 71.05 | Thyroid stimulating immune globulins (TSI) |
| 84446 | 19.81 | Tocopherol alpha (Vitamin E) |
| 84449 | 24.57 | Transcortin (cortisol binding globulin) |
| 84450 | 7.22 | Transferase; aspartate amino (AST) (SGOT) |
| 84460 | 7.40 | Transferase; alanine amino (ALT) (SGPT) |
| 84466 | 17.84 | Transferrin |
| 84478 | 8.04 | Triglycerides |
| 84479 | 9.04 | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) |
| 84480 | 19.81 | Triiodothyronine T3; total (TT-3) |
| 84481 | 23.67 | Triiodothyronine T3; free |
| 84482 | 21.27 | Triiodothyronine T3; reverse |
| 84484 | 13.75 | Troponin, quantitative |
| 84485 | 10.49 | Trypsin; duodenal fluid |
| 84488 | 9.61 | Trypsin; feces, qualitative |
| 84490 | 10.63 | Trypsin; feces, quantitative, 24-hour collection |
| 84510 | 14.53 | Tyrosine |
| 84512 | 10.31 | Troponin, qualitative |
| 84520 | 5.51 | Urea nitrogen; quantitative |
| 84525 | 5.25 | Urea nitrogen; semiquantitative (eg, reagent strip test) |
| 84540 | 6.64 | Urea nitrogen, urine |
| 84545 | 9.23 | Urea nitrogen, clearance |
| 84550 | 6.31 | Uric acid; blood |
| 84560 | 6.64 | Uric acid; other source |
| 84577 | 17.43 | Urobilinogen, feces, quantitative |
| 84578 | 4.54 | Urobilinogen, urine; qualitative |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 84580 | 8.92 | Urobilinogen, urine; quantitative, timed specimen |
| 84583 | 7.02 | Urobilinogen, urine; semiquantitative |
| 84585 | 21.66 | Vanillylmandelic acid (VMA), urine |
| 84586 | 26.68 | Vasoactive intestinal peptide (VIP) |
| 84588 | 47.43 | Vasopressin (antidiuretic hormone, ADH) |
| 84590 | 16.20 | Vitamin A |
| 84591 | 16.20 | Vitamin, not otherwise specified |
| 84597 | 19.15 | Vitamin K |
| 84600 | 22.45 | Volatiles (eg, acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol) |
| 84620 | 16.55 | Xylose absorption test, blood and/or urine |
| 84630 | 15.91 | Zinc |
| 84681 | 29.07 | C-peptide |
| 84702 | 21.03 | Gonadotropin, chorionic (hCG); quantitative |
| 84703 | 10.49 | Gonadotropin, chorionic (hCG); qualitative |
| 84830 | 14.02 | Ovulation tests, by visual color comparison methods for human luteinizing hormone |
| 85002 | 6.29 | Bleeding time |
| 85004 | 9.04 | Blood count; automated differential WBC count |
| 85007 | 4.81 | Blood count; blood smear, microscopic examination with manual differential WBC count |
| 85008 | 4.81 | Blood count; blood smear, microscopic examination without manual differential WBC count |
| 85009 | 5.19 | Blood count; manual differential WBC count, buffy coat |
| 85013 | 3.31 | Blood count; spun microhematocrit |
| 85014 | 3.31 | Blood count; hematocrit (Hct) |
| 85018 | 3.31 | Blood count; hemoglobin (Hgb) |
| 85025 | 10.86 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count |
| 85027 | 9.04 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) |
| 85032 | 6.01 | Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each |
| 85041 | 4.05 | Blood count; red blood cell (RBC), automated |
| 85044 | 6.01 | Blood count; reticulocyte, manual |
| 85045 | 5.59 | Blood count; reticulocyte, automated |
| 85046 | 7.80 | Blood count; reticulocytes, hemoglobin concentration |
| 85048 | 3.55 | Blood count; leukocyte (WBC), automated |
| 85049 | 6.25 | Blood count; platelet, automated |
| 85055 | 15.37 | Reticulated platelet assay |
| 85130 | 10.68 | Chromogenic substrate assay |
| 85170 | 5.05 | Clot retraction |
| 85175 | 5.41 | Clot lysis time, whole blood dilution |
| 85210 | 18.14 | Clotting; factor II, prothrombin, specific |
| 85220 | 24.66 | Clotting; factor V (AcG or proaccelerin), labile factor |
| 85230 | 25.02 | Clotting; factor VII (proconvertin, stable factor) |
| 85240 | 25.02 | Clotting; factor VIII (AHG), one stage |
| 85244 | 28.53 | Clotting; factor VIII related antigen |
| 85245 | 32.06 | Clotting; factor VIII, VW factor, ristocetin cofactor |
| 85246 | 32.06 | Clotting; factor VIII, VW factor antigen |
| 85247 | 32.06 | Clotting; factor VIII, von Willebrand factor, multimetric analysis |
| 85250 | 26.60 | Clotting; factor IX (PTC or Christmas) |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 85260 | 25.02 | Clotting; factor X (Stuart-Prower) |
| 85270 | 25.02 | Clotting; factor XI (PTA) |
| 85280 | 27.04 | Clotting; factor XII (Hageman) |
| 85290 | 22.83 | Clotting; factor XIII (fibrin stabilizing) |
| 85291 | 12.42 | Clotting; factor XIII (fibrin stabilizing), screen solubility |
| 85292 | 26.46 | Clotting; prekallikrein assay (Fletcher factor assay) |
| 85293 | 26.46 | Clotting; high molecular weight kininogen assay (Fitzgerald factor assay) |
| 85300 | 16.55 | Clotting inhibitors or anticoagulants; antithrombin III, activity |
| 85301 | 15.11 | Clotting inhibitors or anticoagulants; antithrombin III, antigen assay |
| 85302 | 16.80 | Clotting inhibitors or anticoagulants; protein C, antigen |
| 85303 | 17.81 | Clotting inhibitors or anticoagulants; protein C, activity |
| 85305 | 16.20 | Clotting inhibitors or anticoagulants; protein S, total |
| 85306 | 19.97 | Clotting inhibitors or anticoagulants; protein S, free |
| 85307 | 19.97 | Activated Protein C (APC) resistance assay |
| 85335 | 17.99 | Factor inhibitor test |
| 85337 | 14.56 | Thrombomodulin |
| 85345 | 6.01 | Coagulation time; Lee and White |
| 85347 | 5.95 | Coagulation time; activated |
| 85348 | 5.20 | Coagulation time; other methods |
| 85360 | 11.74 | Euglobulin lysis |
| 85362 | 9.62 | Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative |
| 85366 | 10.54 | Fibrin(ogen) degradation (split) products (FDP)(FSP); paracoagulation |
| 85370 | 9.60 | Fibrin(ogen) degradation (split) products (FDP)(FSP); quantitative |
| 85378 | 9.97 | Fibrin degradation products, D-dimer; qualitative or semiquantitative |
| 85379 | 14.22 | Fibrin degradation products, D-dimer; quantitative |
| 85380 | 14.22 | Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative |
| 85384 | 11.87 | Fibrinogen; activity |
| 85385 | 11.87 | Fibrinogen; antigen |
| 85390 | 7.22 | Fibrinolysins or coagulopathy screen, interpretation and report |
| 85400 | 12.36 | Fibrinolytic factors and inhibitors; plasmin |
| 85410 | 10.77 | Fibrinolytic factors and inhibitors; alpha-2 antiplasmin |
| 85415 | 24.02 | Fibrinolytic factors and inhibitors; plasminogen activator |
| 85420 | 9.13 | Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay |
| 85421 | 14.23 | Fibrinolytic factors and inhibitors; plasminogen, antigenic assay |
| 85441 | 5.88 | Heinz bodies; direct |
| 85445 | 9.52 | Heinz bodies; induced, acetyl phenylhydrazine |
| 85460 | 8.11 | Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke) |
| 85461 | 9.26 | Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette |
| 85475 | 12.40 | Hemolysin, acid |
| 85520 | 18.29 | Heparin assay |
| 85525 | 16.55 | Heparin neutralization |
| 85530 | 19.81 | Heparin-protamine tolerance test |
| 85536 | 9.04 | Iron stain, peripheral blood |
| 85540 | 12.02 | Leukocyte alkaline phosphatase with count |
| 85547 | 8.92 | Mechanical fragility, RBC |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 85549 | 26.21 | Muramidase |
| 85555 | 9.34 | Osmotic fragility, RBC; unincubated |
| 85557 | 11.36 | Osmotic fragility, RBC; incubated |
| 85576 | 30.01 | Platelet, aggregation (in vitro), each agent |
| 85597 | 6.53 | Platelet neutralization |
| 85610 | 5.49 | Prothrombin time; |
| 85611 | 5.51 | Prothrombin time; substitution, plasma fractions, each |
| 85612 | 8.38 | Russell viper venom time (includes venom); undiluted |
| 85613 | 8.38 | Russell viper venom time (includes venom); diluted |
| 85635 | 13.76 | Reptilase test |
| 85651 | 4.96 | Sedimentation rate, erythrocyte; non-automated |
| 85652 | 3.77 | Sedimentation rate, erythrocyte; automated |
| 85660 | 7.71 | Sickling of RBC, reduction |
| 85670 | 8.07 | Thrombin time; plasma |
| 85675 | 9.58 | Thrombin time; titer |
| 85705 | 9.77 | Thromboplastin inhibition; tissue |
| 85730 | 8.38 | Thromboplastin time, partial (PTT); plasma or whole blood |
| 85732 | 9.04 | Thromboplastin time, partial (PTT); substitution, plasma fractions, each |
| 85810 | 16.32 | Viscosity |
| 86000 | 9.75 | Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen |
| 86001 | 7.30 | Allergen specific IgG quantitative or semiquantitative, each allergen |
| 86003 | 7.30 | Allergen specific IgE; quantitative or semiquantitative, each allergen |
| 86005 | 11.14 | Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk) |
| 86021 | 21.03 | Antibody identification; leukocyte antibodies |
| 86022 | 25.66 | Antibody identification; platelet antibodies |
| 86023 | 17.40 | Antibody identification; platelet associated immunoglobulin assay |
| 86038 | 16.89 | Antinuclear antibodies (ANA); |
| 86039 | 15.60 | Antinuclear antibodies (ANA); titer |
| 86060 | 10.20 | Antistreptolysin 0; titer |
| 86063 | 8.07 | Antistreptolysin 0; screen |
| 86140 | 7.23 | C-reactive protein; |
| 86141 | 18.09 | C-reactive protein; high sensitivity (hsCRP) |
| 86146 | 19.21 | Beta 2 Glycoprotein I antibody, each |
| 86147 | 19.21 | Cardiolipin (phospholipid) antibody, each Ig class |
| 86148 | 19.21 | Anti-phosphatidylserine (phospholipid) antibody |
| 86155 | 22.33 | Chemotaxis assay, specify method |
| 86156 | 8.91 | Cold agglutinin; screen |
| 86157 | 11.27 | Cold agglutinin; titer |
| 86160 | 16.78 | Complement; antigen, each component |
| 86161 | 16.78 | Complement; functional activity, each component |
| 86162 | 28.39 | Complement; total hemolytic (CH50) |
| 86171 | 12.16 | Complement fixation tests, each antigen |
| 86185 | 12.50 | Counterimmunoelectrophoresis, each antigen |
| 86215 | 18.51 | Deoxyribonuclease, antibody |
| 86225 | 19.20 | Deoxyribonucleic acid (DNA) antibody; native or double stranded |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 86226 | 16.92 | Deoxyribonucleic acid (DNA) antibody; single stranded |
| 86235 | 25.06 | Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody |
| 86243 | 28.68 | Fc receptor |
| 86255 | 12.16 | Fluorescent noninfectious agent antibody; screen, each antibody |
| 86256 | 16.84 | Fluorescent noninfectious agent antibody; titer, each antibody |
| 86277 | 21.99 | Growth hormone, human (HGH), antibody |
| 86280 | 11.44 | Hemagglutination inhibition test (HAI) |
| 86294 | 27.41 | Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen) |
| 86300 | 29.07 | Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29) |
| 86301 | 29.07 | Immunoassay for tumor antigen, quantitative; CA 19-9 |
| 86304 | 29.07 | Immunoassay for tumor antigen, quantitative; CA 125 |
| 86308 | 7.23 | Heterophile antibodies; screening |
| 86309 | 9.04 | Heterophile antibodies; titer |
| 86310 | 10.30 | Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney |
| 86316 | 29.07 | Immunoassay for tumor antigen; other antigen, quantitative (eg, CA 50, 72-4, 549), each |
| 86317 | 20.95 | Immunoassay for infectious agent antibody, quantitative, not otherwise specified |
| 86318 | 18.09 | Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip) |
| 86320 | 31.32 | Immunoelectrophoresis; serum |
| 86325 | 31.24 | Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration |
| 86327 | 31.70 | Immunoelectrophoresis; crossed (2-dimensional assay) |
| 86329 | 19.62 | Immunodiffusion; not elsewhere specified |
| 86331 | 16.75 | Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody |
| 86332 | 34.05 | Immune complex assay |
| 86334 | 31.21 | Immunofixation electrophoresis |
| 86336 | 21.77 | Inhibin A |
| 86337 | 29.92 | Insulin antibodies |
| 86340 | 21.06 | Intrinsic factor antibodies |
| 86341 | 27.65 | Islet cell antibody |
| 86343 | 17.41 | Leukocyte histamine release test (LHR) |
| 86344 | 11.16 | Leukocyte phagocytosis |
| 86353 | 68.49 | Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis |
| 86359 | 16.01 | T cells; total count |
| 86360 | 19.21 | T cells; absolute CD4 and CD8 count, including ratio |
| 86361 | 15.37 | T cells; absolute CD4 count |
| 86376 | 20.33 | Microsomal antibodies (eg, thyroid or liver-kidney), each |
| 86378 | 27.51 | Migration inhibitory factor test (MIF) |
| 86382 | 23.62 | Neutralization test, viral |
| 86384 | 15.91 | Nitroblue tetrazolium dye test (NTD) |
| 86403 | 14.24 | Particle agglutination; screen, each antibody |
| 86406 | 14.87 | Particle agglutination; titer, each antibody |
| 86430 | 7.93 | Rheumatoid factor; qualitative |
| 86431 | 7.93 | Rheumatoid factor; quantitative |
| 86590 | 15.41 | Streptokinase, antibody |
| 86592 | 5.96 | Syphilis test; qualitative (eg, VDRL, RPR, ART) |
| 86593 | 6.16 | Syphilis test; quantitative |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 86602 | 13.64 | Antibody; actinomyces |
| 86603 | 14.58 | Antibody; adenovirus |
| 86606 | 20.59 | Antibody; Aspergillus |
| 86609 | 13.64 | Antibody; bacterium, not elsewhere specified |
| 86611 | 13.64 | Antibody; Bartonella |
| 86612 | 18.03 | Antibody; Blastomyces |
| 86615 | 18.43 | Antibody; Bordetella |
| 86617 | 21.64 | Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot) |
| 86618 | 19.97 | Antibody; Borrelia burgdorferi (Lyme disease) |
| 86619 | 18.69 | Antibody; Borrelia (relapsing fever) |
| 86622 | 12.14 | Antibody; Brucella |
| 86625 | 13.64 | Antibody; Campylobacter |
| 86628 | 16.78 | Antibody; Candida |
| 86631 | 16.52 | Antibody; Chlamydia |
| 86632 | 17.74 | Antibody; Chlamydia, IgM |
| 86635 | 16.03 | Antibody; Coccidioides |
| 86638 | 16.94 | Antibody; Coxiella burnetii (Q fever) |
| 86641 | 12.14 | Antibody; Cryptococcus |
| 86644 | 20.11 | Antibody; cytomegalovirus (CMV) |
| 86645 | 19.97 | Antibody; cytomegalovirus (CMV), IgM |
| 86648 | 13.64 | Antibody; Diphtheria |
| 86651 | 18.43 | Antibody; encephalitis, California (La Crosse) |
| 86652 | 18.43 | Antibody; encephalitis, Eastern equine |
| 86653 | 18.43 | Antibody; encephalitis, St. Louis |
| 86654 | 18.43 | Antibody; encephalitis, Western equine |
| 86658 | 14.58 | Antibody; enterovirus (eg, coxsackie, echo, polio) |
| 86663 | 18.33 | Antibody; Epstein-Barr (EB) virus, early antigen (EA) |
| 86664 | 19.97 | Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA) |
| 86665 | 19.97 | Antibody; Epstein-Barr (EB) virus, viral capsid (VCA) |
| 86666 | 13.64 | Antibody; Ehrlichia |
| 86668 | 12.14 | Antibody; Francisella tularensis |
| 86671 | 13.64 | Antibody; fungus, not elsewhere specified |
| 86674 | 19.97 | Antibody; Giardia lamblia |
| 86677 | 20.28 | Antibody; Helicobacter pylori |
| 86682 | 13.64 | Antibody; helminth, not elsewhere specified |
| 86684 | 13.64 | Antibody; Haemophilus influenza |
| 86687 | 11.72 | Antibody; HTLV-I |
| 86688 | 13.94 | Antibody; HTLV-II |
| 86689 | 27.05 | Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot) |
| 86692 | 23.62 | Antibody; hepatitis, delta agent |
| 86694 | 20.11 | Antibody; herpes simplex, non-specific type test |
| 86695 | 18.43 | Antibody; herpes simplex, type 1 |
| 86696 | 27.05 | Antibody; herpes simplex, type 2 |
| 86698 | 17.46 | Antibody; histoplasma |
| 86701 | 12.41 | Antibody; HIV-1 |
| 86702 | 14.75 | Antibody; HIV-2 |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 86703 | 14.75 | Antibody; HIV-1 and HIV-2, single assay |
| 86704 | 16.84 | Hepatitis B core antibody (HBcAb); total |
| 86705 | 16.44 | Hepatitis B core antibody (HBcAb); IgM antibody |
| 86706 | 14.61 | Hepatitis B surface antibody (HBsAb) |
| 86707 | 16.16 | Hepatitis Be antibody (HBeAb) |
| 86708 | 16.24 | Hepatitis A antibody (HAAb); total |
| 86709 | 15.73 | Hepatitis A antibody (HAAb); IgM antibody |
| 86710 | 14.58 | Antibody; influenza virus |
| 86713 | 21.39 | Antibody; Legionella |
| 86717 | 13.00 | Antibody; Leishmania |
| 86720 | 12.14 | Antibody; Leptospira |
| 86723 | 13.00 | Antibody; Listeria monocytogenes |
| 86727 | 14.58 | Antibody; lymphocytic choriomeningitis |
| 86729 | 16.69 | Antibody; lymphogranuloma venereum |
| 86732 | 13.00 | Antibody; mucormycosis |
| 86735 | 18.23 | Antibody; mumps |
| 86738 | 14.58 | Antibody; mycoplasma |
| 86741 | 13.00 | Antibody; Neisseria meningitidis |
| 86744 | 13.00 | Antibody; Nocardia |
| 86747 | 13.00 | Antibody; parvovirus |
| 86750 | 13.00 | Antibody; Plasmodium (malaria) |
| 86753 | 13.00 | Antibody; protozoa, not elsewhere specified |
| 86756 | 18.01 | Antibody; respiratory syncytial virus |
| 86757 | 27.05 | Antibody; Rickettsia |
| 86759 | 18.43 | Antibody; rotavirus |
| 86762 | 20.11 | Antibody; rubella |
| 86765 | 18.00 | Antibody; rubeola |
| 86768 | 13.00 | Antibody; Salmonella |
| 86771 | 13.00 | Antibody; Shigella |
| 86774 | 13.00 | Antibody; tetanus |
| 86777 | 20.11 | Antibody; Toxoplasma |
| 86778 | 20.12 | Antibody; Toxoplasma, IgM |
| 86781 | 18.50 | Antibody; Treponema pallidum, confirmatory test (eg, FTA-abs) |
| 86784 | 17.55 | Antibody; Trichinella |
| 86787 | 18.00 | Antibody; varicella-zoster |
| 86790 | 13.00 | Antibody; virus, not elsewhere specified |
| 86793 | 13.00 | Antibody; Yersinia |
| 86800 | 20.70 | Thyroglobulin antibody |
| 86803 | 16.24 | Hepatitis C antibody; |
| 86804 | 21.64 | Hepatitis C antibody; confirmatory test (eg, immunoblot) |
| 86805 | 73.05 | Lymphocytotoxicity assay, visual crossmatch; with titration |
| 86806 | 66.49 | Lymphocytotoxicity assay, visual crossmatch; without titration |
| 86807 | 55.29 | Serum screening for cytotoxic percent reactive antibody (PRA); standard method |
| 86808 | 41.47 | Serum screening for cytotoxic percent reactive antibody (PRA); quick method |
| 86812 | 36.06 | HLA typing; A, B, or C (eg, A10, B7, B27), single antigen |
| 86813 | 81.02 | HLA typing; A, B, or C, multiple antigens |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 86816 | 38.92 | HLA typing; DR/DQ, single antigen |
| 86817 | 89.95 | HLA typing; DR/DQ, multiple antigens |
| 86821 | 78.88 | HLA typing; lymphocyte culture, mixed (MLC) |
| 86822 | 51.07 | HLA typing; lymphocyte culture, primed (PLC) |
| 86880 | 7.50 | Antihuman globulin test (Coombs test); direct, each antiserum |
| 86885 | 7.99 | Antihuman globulin test (Coombs test); indirect, qualitative, each antiserum |
| 86886 | 7.23 | Antihuman globulin test (Coombs test); indirect, titer, each antiserum |
| 86900 | 4.17 | Blood typing; ABO |
| 86903 | 13.19 | Blood typing; antigen screening for compatible blood unit using reagent serum, per unit screened |
| 86904 | 13.28 | Blood typing; antigen screening for compatible unit using patient serum, per unit screened |
| 86905 | 5.34 | Blood typing; RBC antigens, other than ABO or Rh (D), each |
| 86906 | 10.83 | Blood typing; Rh phenotyping, complete |
| 86940 | 11.46 | Hemolysins and agglutinins; auto, screen, each |
| 86941 | 16.92 | Hemolysins and agglutinins; incubated |
| 87001 | 6.88 | Animal inoculation, small animal; with observation |
| 87003 | 23.52 | Animal inoculation, small animal; with observation and dissection |
| 87015 | 9.33 | Concentration (any type), for infectious agents |
| 87040 | 14.42 | Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate) |
| 87045 | 13.18 | Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species |
| 87046 | 13.18 | Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates |
| 87070 | 12.03 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates |
| 87071 | 13.18 | Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool |
| 87073 | 13.18 | Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool |
| 87075 | 13.22 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates |
| 87076 | 7.30 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate |
| 87077 | 7.30 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate |
| 87081 | 9.26 | Culture, presumptive, pathogenic organisms, screening only; |
| 87084 | 9.75 | Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart |
| 87086 | 11.28 | Culture, bacterial; quantitative colony count, urine |
| 87088 | 11.31 | Culture, bacterial; with isolation and presumptive identification of isolates, urine |
| 87101 | 10.77 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail |
| 87102 | 11.74 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood) |
| 87103 | 12.60 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood |
| 87106 | 14.42 | Culture, fungi, definitive identification, each organism; yeast |
| 87107 | 14.42 | Culture, fungi, definitive identification, each organism; mold |
| 87109 | 21.50 | Culture, mycoplasma, any source |
| 87110 | 27.37 | Culture, chlamydia, any source |
| 87116 | 15.10 | Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates |
| 87118 | 15.29 | Culture, mycobacterial, definitive identification, each isolate |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 87140 | 7.79 | Culture, typing; immunofluorescent method, each antiserum |
| 87143 | 17.51 | Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method |
| 87147 | 7.23 | Culture, typing; immunologic method, other than immunofluoresence (eg, agglutination grouping), per antiserum |
| 87149 | 28.02 | Culture, typing; identification by nucleic acid probe |
| 87152 | 7.31 | Culture, typing; identification by pulse field gel typing |
| 87158 | 7.31 | Culture, typing; other methods |
| 87164 | 8.11 | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection |
| 87166 | 8.11 | Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection |
| 87168 | 5.96 | Macroscopic examination; arthropod |
| 87169 | 5.96 | Macroscopic examination; parasite |
| 87172 | 5.96 | Pinworm exam (eg, cellophane tape prep) |
| 87176 | 8.22 | Homogenization, tissue, for culture |
| 87177 | 12.43 | Ova and parasites, direct smears, concentration and identification |
| 87181 | 6.64 | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip) |
| 87184 | 9.63 | Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents) |
| 87185 | 6.64 | Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme |
| 87186 | 12.08 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate |
| 87187 | 14.48 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure) |
| 87188 | 9.27 | Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent |
| 87190 | 6.88 | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent |
| 87197 | 20.99 | Serum bactericidal titer (Schlicter test) |
| 87205 | 5.96 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types |
| 87206 | 7.50 | Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types |
| 87207 | 8.37 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses |
| 87210 | 5.96 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps) |
| 87220 | 5.96 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies) |
| 87230 | 27.30 | Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin) |
| 87250 | 27.32 | Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection |
| 87252 | 36.42 | Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect |
| 87253 | 28.22 | Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluoresence stain), each isolate |
| 87254 | 27.32 | Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus |
| 87255 | 47.31 | Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity) |
| 87260 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; adenovirus |
| 87265 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis |
| 87267 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA) |
| 87269 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; giardia |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 87270 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis |
| 87271 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA) |
| 87272 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; cryptosporidium |
| 87273 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2 |
| 87274 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1 |
| 87275 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; influenza B virus |
| 87276 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; influenza A virus |
| 87277 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei |
| 87278 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila |
| 87279 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type |
| 87280 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus |
| 87281 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii |
| 87283 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Rubeola |
| 87285 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum |
| 87290 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus |
| 87299 | 16.01 | Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism |
| 87300 | 16.01 | Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum |
| 87301 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41 |
| 87320 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis |
| 87324 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Clostridium difficile toxin(s) |
| 87327 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Cryptococcus neoformans |
| 87328 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cryptosporidium |
| 87329 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; giardia |
| 87332 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cytomegalovirus |
| 87335 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Escherichia coli 0157 |
| 87336 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Entamoeba histolytica dispar group |
| 87337 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Entamoeba histolytica group |
| 87338 | 16.04 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori, stool |
| 87339 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori |
| 87340 | 14.43 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) |
| 87341 | 14.43 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) neutralization |
| 87350 | 16.10 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| | | multiple step method; hepatitis Be antigen (HBeAg) |
| 87380 | 15.54 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis, delta agent |
| 87385 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Histoplasma capsulatum |
| 87390 | 24.65 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1 |
| 87391 | 24.65 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2 |
| 87400 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Influenza, A or B, each |
| 87420 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus |
| 87425 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; rotavirus |
| 87427 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Shiga-like toxin |
| 87430 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Streptococcus, group A |
| 87449 | 16.01 | Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism |
| 87450 | 10.68 | Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; single step method, not otherwise specified, each organism |
| 87451 | 10.68 | Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum |
| 87470 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique |
| 87471 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique |
| 87472 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification |
| 87475 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique |
| 87476 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique |
| 87477 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification |
| 87480 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique |
| 87481 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique |
| 87482 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification |
| 87485 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique |
| 87486 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique |
| 87487 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification |
| 87490 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique |
| 87491 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique |
| 87492 | 22.93 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification |
| 87495 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique |
| 87496 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 87497 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification |
| 87510 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique |
| 87511 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique |
| 87512 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification |
| 87515 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique |
| 87516 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique |
| 87517 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification |
| 87520 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique |
| 87521 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique |
| 87522 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification |
| 87525 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique |
| 87526 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique |
| 87527 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification |
| 87528 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique |
| 87529 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique |
| 87530 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification |
| 87531 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique |
| 87532 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique |
| 87533 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification |
| 87534 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique |
| 87535 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique |
| 87536 | 78.52 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification |
| 87537 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique |
| 87538 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique |
| 87539 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification |
| 87540 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique |
| 87541 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique |
| 87542 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification |
| 87550 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique |
| 87551 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique |
| 87552 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification |
| 87555 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique |
| 87556 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique |
| 87557 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification |
| 87560 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique |
| 87561 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique |
| 87562 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification |
| 87580 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| | | technique |
| 87581 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique |
| 87582 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification |
| 87590 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique |
| 87591 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique |
| 87592 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification |
| 87620 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique |
| 87621 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique |
| 87622 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification |
| 87650 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique |
| 87651 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique |
| 87652 | 58.33 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification |
| 87660 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique |
| 87797 | 28.02 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism |
| 87798 | 36.39 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism |
| 87799 | 59.85 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism |
| 87800 | 56.03 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique |
| 87801 | 72.78 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique |
| 87802 | 16.01 | Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B |
| 87803 | 16.01 | Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A |
| 87804 | 16.01 | Infectious agent antigen detection by immunoassay with direct optical observation; Influenza |
| 87810 | 16.01 | Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis |
| 87850 | 16.01 | Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoeae |
| 87880 | 16.01 | Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A |
| 87899 | 16.01 | Infectious agent detection by immunoassay with direct optical observation; not otherwise specified |
| 87901 | 114.95 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease |
| 87902 | 114.95 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus |
| 87903 | 682.72 | Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested |
| 87904 | 36.42 | Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional 1 through 5 drugs tested (List separately in addition to code for primary procedure) |
| 88130 | 21.02 | Sex chromatin identification; Barr bodies |
| 88140 | 11.17 | Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks |
| 88142 | 28.31 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision |
| 88143 | 28.31 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 88147 | 15.90 | Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision |
| 88148 | 21.23 | Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision |
| 88150 | 14.76 | Cytopathology, slides, cervical or vaginal; manual screening under physician supervision |
| 88152 | 14.76 | Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision |
| 88153 | 14.76 | Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision |
| 88154 | 14.76 | Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision |
| 88155 | 8.37 | Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services) |
| 88164 | 14.76 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision |
| 88165 | 14.76 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision |
| 88166 | 14.76 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision |
| 88167 | 14.76 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision |
| 88174 | 29.85 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision |
| 88175 | 37.01 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, under physician supervision |
| 88230 | 48.38 | Tissue culture for non-neoplastic disorders; lymphocyte |
| 88233 | 122.81 | Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy |
| 88235 | 122.81 | Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells |
| 88237 | 55.83 | Tissue culture for neoplastic disorders; bone marrow, blood cells |
| 88239 | 206.12 | Tissue culture for neoplastic disorders; solid tumor |
| 88240 | 14.11 | Cryopreservation, freezing and storage of cells, each cell line |
| 88241 | 14.11 | Thawing and expansion of frozen cells, each aliquot |
| 88245 | 207.98 | Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells |
| 88248 | 241.96 | Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X) |
| 88249 | 241.96 | Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation) |
| 88261 | 246.93 | Chromosome analysis; count 5 cells, 1 karyotype, with banding |
| 88262 | 174.14 | Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding |
| 88263 | 204.68 | Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding |
| 88264 | 174.14 | Chromosome analysis; analyze 20-25 cells |
| 88267 | 251.17 | Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding |
| 88269 | 232.38 | Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding |
| 88271 | 29.93 | Molecular cytogenetics; DNA probe, each (eg, FISH) |
| 88272 | 37.41 | Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers) |
| 88273 | 44.89 | Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions) |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| 88274 | 48.63 | Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells |
| 88275 | 56.11 | Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells |
| 88280 | 35.07 | Chromosome analysis; additional karyotypes, each study |
| 88283 | 95.84 | Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding) |
| 88285 | 26.54 | Chromosome analysis; additional cells counted, each study |
| 88289 | 48.11 | Chromosome analysis; additional high resolution study |
| 88371 | 31.05 | Protein analysis of tissue by Western Blot, with interpretation and report; |
| 88372 | 31.79 | Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each |
| 88400 | 7.02 | Bilirubin, total, transcutaneous |
| 89050 | 6.61 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; |
| 89051 | 7.70 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count |
| 89055 | 5.96 | Leukocyte assessment, fecal, qualitative or semiquantitative |
| 89060 | 9.99 | Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine) |
| 89125 | 6.03 | Fat stain, feces, urine, or respiratory secretions |
| 89160 | 5.15 | Meat fibers, feces |
| 89190 | 6.64 | Nasal smear for eosinophils |
| 89225 | 4.67 | Starch granules, feces |
| 89235 | 7.69 | Water load test |
| 89300 | 9.77 | Semen analysis; presence and/or motility of sperm including Huhner test (post coital) |
| 89310 | 12.03 | Semen analysis; motility and count (not including Huhner test) |
| 89320 | 16.84 | Semen analysis; complete (volume, count, motility, and differential) |
| 89321 | 16.84 | Semen analysis, presence and/or motility of sperm |
| 89325 | 14.91 | Sperm antibodies |
| 89329 | 29.30 | Sperm evaluation; hamster penetration test |
| 89330 | 13.83 | Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test |
| ATP02 | 7.28 | Auto Test Panel (1-2) |
| ATP03 | 9.29 | Auto Test Panel (3) |
| ATP04 | 9.80 | Auto Test Panel (4) |
| ATP05 | 10.93 | Auto Test Panel (5) |
| ATP06 | 10.96 | Auto Test Panel (6) |
| ATP07 | 11.42 | Auto Test Panel (7) |
| ATP08 | 11.83 | Auto Test Panel (8) |
| ATP09 | 12.13 | Auto Test Panel (9) |
| ATP10 | 12.13 | Auto Test Panel (10) |
| ATP11 | 12.34 | Auto Test Panel (11) |
| ATP12 | 12.62 | Auto Test Panel (12) |
| ATP16 | 14.77 | Auto Test Panel (13-16) |
| ATP18 | 14.87 | Auto Test Panel (17-18) |
| ATP19 | 15.45 | Auto Test Panel (19) |
| ATP20 | 15.95 | Auto Test Panel (20) |
| ATP21 | 16.45 | Auto Test Panel (21) |
| ATP22 | 16.95 | Auto Test Panel (22) |
| G0001 | 3.00 | Routine venipuncture for collection of specimen(s) |
| G0027 | 9.09 | Semen analysis; presence and/or motility of sperm excluding huhner |

| Code | Fee | 40.06(4) – Clinical Lab Description |
|---|---|---|
| G0103 | 25.70 | Prostate cancer screening; prostate specific antigen test (PSA), total |
| G0107 | 4.54 | Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations |
| G0123 | 28.31 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision |
| G0143 | 28.31 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision |
| G0144 | 29.85 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision |
| G0145 | 37.01 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision |
| G0147 | 15.90 | Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision |
| G0148 | 21.23 | Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening |
| G0265 | 14.11 | Cryopreservation, freezing and storage of cells for therapeutic use, each cell line |
| G0266 | 14.11 | Thawing and expansion of frozen cells for therapeutic use, each aliquot |
| G0306 | 10.86 | Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count |
| G0307 | 9.04 | Complete CBC, automated (HgB, HCT, RBC, WBC; without platelet count) |
| G0328 | 18.09 | Colorectalcancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations. |
| P2038 | 7.02 | Mucoprotein, blood (seromucoid) (medical necessity procedure) |
| P3000 | 14.76 | Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision |
| P9612 | 3.00 | Catheterization for collection of specimen, single patient, all places of service |
| P9615 | 3.00 | Catheterization for collection of specimen(s) (multiple patients) |
| Q0111 | 5.96 | Wet mounts, including preparations of vaginal, cervical or skin specimens |
| Q0112 | 5.96 | All potassium hydroxide (KOH) preparations |
| Q0113 | 7.56 | Pinworm examination |
| Q0114 | 9.99 | Fern test |
| Q0115 | 13.83 | Post-coital direct, qualitative examinations of vaginal or cervical mucous |

## 40.06(5) Dentists

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| 99080 | 24.85 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. (An additional report that is completed at the request of the patient's employer, insurer, utilization reviewer or agent subsequent to the completion of the required report under 452 CMR 1.13(1). This fee is for the treating provider's preparation time only. (per 15 minutes)) (Do not report 99080 in conjunction with codes using modifier -32 or with 99455, 99456 for the completion of Workmen's Compensation forms) |
| 99371 | 24.85 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or gent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 15 minutes.) |
| 99372 | 49.70 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or gent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 30 minutes.) |
| 99373 | 74.55 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or gent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 45 minutes.) |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D0120 | 22.25 | periodic oral examination |
| D0130 | 45.32 | periodic oral examination |
| D0140 | 45.32 | limited oral exam- problem focused |
| D0150 | 42.85 | comprehensive oral evaluation |
| D0160 | 69.34 | detailed and extensive oral evaluation- problem focused |
| D0170 | 41.20 | detailed and extensive oral evaluation- problem focused |
| D0210 | 79.10 | intraoral - complete series (including bitewings) |
| D0211 | 98.06 | intraoral - complete series (including bitewings) |
| D0220 | 16.48 | intraoral - periapical - first film |
| D0230 | 14.01 | intraoral - periapical - each additional film |
| D0240 | 23.07 | intraoral-occlusal film |
| D0250 | 19.78 | extraoral-first film |
| D0260 | 9.89 | extraoral-each additional film |
| D0270 | 15.66 | bitewing - single film |
| D0272 | 24.72 | bitewings - two films |
| D0273 | 31.31 | bitewings - two films |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D0274 | 37.90 | bitewings - four films |
| D0275 | 28.84 | bitewings - four films |
| D0277 | 50.26 | bitewings - four films |
| D0290 | 45.32 | Posterior-anterior or lateral skull and facial bone survey film |
| D0310 | 89.73 | Sialography |
| D0321 | 110.13 | Other temporomandibular joint films, by report. |
| D0330 | 71.69 | panoramic film |
| D0340 | 84.84 | Cephalometric film |
| D0460 | 33.78 | Pulp vitality tests |
| D0470 | 65.92 | diagnostic casts |
| D0472 | 78.28 | diagnostic casts |
| D0480 | 57.68 | diagnostic casts |
| D1110 | 56.86 | prophylaxis - adult |
| D1115 | 71.69 | prophylaxis - adult |
| D1120 | 41.20 | prophylaxis - child |
| D1124 | 78.28 | prophylaxis - child |
| D1125 | 49.44 | prophylaxis - child |
| D1201 | 57.68 | topical application of fluoride (including prophylaxis) - child |
| D1203 | 21.42 | topical application of fluoride (excluding prophylaxis) - child |
| D1204 | 21.42 | topical application of fluoride (excluding prophylaxis) - adult |
| D1205 | 56.86 | topical application of fluoride(including prophylaxis) - adult |
| D1351 | 32.96 | sealant - per tooth |
| D1510 | 206.00 | space maintainer - fixed unilateral |
| D1515 | 329.60 | space maintainer - fixed bilateral |
| D1520 | 389.93 | space maintainer - removable unilateral |
| D1525 | 370.80 | space maintainer - removable bilateral |
| D1550 | 48.94 | recementation of space maintainer |
| D2110 | 61.80 | amalgam - one surface, primary |
| D2120 | 74.98 | amalgam - two surfaces, primary |
| D2130 | 90.64 | amalgam - three surfaces, primary |
| D2131 | 123.60 | amalgam - four or more surfaces, primary |
| D2140 | 65.92 | amalgam - one surface, permanent |
| D2150 | 82.40 | amalgam - two surfaces, permanent |
| D2160 | 98.88 | amalgam - three surfaces, permanent |
| D2161 | 123.60 | amalgam - four or more surfaces, permanent |
| D2330 | 78.28 | resin - one surface, anterior |
| D2331 | 98.88 | resin - two surfaces, anterior |
| D2332 | 123.60 | resin - three surfaces, anterior |
| D2335 | 156.56 | resin - four or more surfaces or involving incisal angle (anterior) |
| D2336 | 261.04 | composite resin crown, anterior primary |
| D2337 | 279.34 | composite resin crown, anterior primary |
| D2380 | 79.93 | resin-one surface-posterior-primary |
| D2381 | 103.00 | Resin-two surfaces, posterior-primary |
| D2382 | 123.60 | Resin-two surfaces, posterior-primary |
| D2385 | 88.17 | Resin-one surface, posterior-permanent |
| D2386 | 123.60 | Resin-two surfaces, posterior-permanent |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D2387 | 151.62 | resin-three or more surfaces posterior-permanent |
| D2388 | 163.15 | resin-three or more surfaces posterior-permanent |
| D2530 | 329.60 | inlay-metallic-two surfaces |
| D2540 | 675.68 | inlay-metallic-two surfaces |
| D2542 | 536.42 | inlay-metallic-two surfaces |
| D2543 | 741.60 | Onlay-metallic three surfaces |
| D2544 | 768.79 | Onlay-metallic four or more surfaces |
| D2620 | 453.20 | inlay-porcelain/ceramic-two surfaces |
| D2630 | 688.04 | inlay-porcelain/ceramic-three or more surfaces |
| D2640 | 762.20 | inlay-porcelain/ceramic-three or more surfaces |
| D2642 | 725.12 | onlay-porcelain/ceramic-two surfaces |
| D2643 | 700.40 | onlay-porcelain/ceramic-three surfaces |
| D2644 | 708.64 | onlay-porcelain/ceramic-four or more surfaces |
| D2660 | 506.76 | onlay-porcelain/ceramic-four or more surfaces |
| D2662 | 713.80 | onlay-composite/resin-two surfaces (laboratory processed) |
| D2663 | 657.55 | onlay-composite/resin-three surfaces (laboratory processed) |
| D2664 | 657.55 | onlay-composite/resin-four or more surfaces (laboratory processed) |
| D2710 | 247.20 | crown - resin (laboratory) |
| D2720 | 679.80 | crown - resin with high noble metal |
| D2721 | 734.19 | crown-resin with predominately base metal |
| D2722 | 587.35 | crown-resin with high noble metal |
| D2740 | 782.80 | crown - porcelain/ceramic substrate |
| D2750 | 736.66 | crown-procelain fused to high noble metal |
| D2751 | 659.20 | crown-procelain fused to predominately base metal |
| D2752 | 679.80 | crown-procelain fused to noble metal |
| D2780 | 758.08 | crown-procelain fused to noble metal |
| D2783 | 733.36 | crown-procelain fused to noble metal |
| D2790 | 741.60 | crown-full cast high noble metal |
| D2791 | 632.22 | crown-full cast predominately base metal |
| D2792 | 700.40 | crown-full cast noble metal |
| D2799 | 206.00 | crown-full cast noble metal |
| D2810 | 782.80 | crown - _ cast metallic |
| D2910 | 61.80 | recement inlay |
| D2920 | 61.80 | recement crown |
| D2930 | 164.80 | prefabricated stainless steel crown - primary tooth |
| D2931 | 182.93 | prefabricated stainless steel crown - permanent tooth |
| D2932 | 226.60 | prefabricated resin crown |
| D2940 | 65.10 | Sedative filling |
| D2950 | 177.16 | Core buildup, including any pins |
| D2951 | 28.84 | pin retention-per tooth, in addition to restoration |
| D2952 | 249.26 | Cast post and core in addition to restoration |
| D2954 | 206.00 | prefabricated post and core in addition to crown |
| D2961 | 453.20 | Labial veneer (resin laminate-laboratory) |
| D2962 | 618.00 | Labial veneer (porcelain laminate-laboratory) |
| D2970 | 164.80 | Temporary (fractured tooth) |
| D2980 | 123.60 | Crown repair, by report |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D3110 | 37.08 | Pulp cap-direct (excluding final restoration) |
| D3120 | 37.08 | Pulp cap-indirect (excluding final restoration) |
| D3220 | 94.76 | therapeutic pulpotomy (excluding final restoration) |
| D3221 | 123.60 | therapeutic pulpotomy (excluding final restoration) |
| D3310 | 432.60 | anterior (excluding final restoration) |
| D3320 | 506.76 | bicuspid (excluding final restoration) |
| D3330 | 656.73 | molar (excluding final restoration) |
| D3332 | 206.00 | molar (excluding final restoration) |
| D3333 | 247.20 | molar (excluding final restoration) |
| D3346 | 490.28 | Retreatment of previous root canal therapy-anterior |
| D3347 | 576.80 | Retreatment of previous root canal therapy-bicuspid |
| D3348 | 659.20 | Retreatment of previous root canal therapy-molar |
| D3351 | 134.60 | Apexification/precalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.) |
| D3410 | 436.72 | apicoectomy/periradicular surgery-anterior |
| D3421 | 494.40 | apicoectomy/periradicular surgery - bicuspid (first root) |
| D3425 | 642.72 | Apicoectomy/periradicular surgery molar (first root) |
| D3426 | 247.20 | Apicoectomy/periradicular surgery (each additional root) |
| D3430 | 82.40 | Retrograde filling-per root |
| D3450 | 309.00 | Root amputation-per root |
| D3920 | 226.60 | Hemissection (including any root removal), not including root canal therapy |
| D4210 | 329.60 | gingivectomy or gingivopl-per quadrant |
| D4211 | 119.48 | gingivectomy or gingivopl-per tooth |
| D4220 | 122.37 | Gingival curettage, surgical, per quadrant, by report |
| D4240 | 482.04 | Gingival flap procedure, including root planing-per quadrant |
| D4249 | 494.40 | Clinical crown lengthening-hard tissue |
| D4250 | 737.48 | Clinical crown lengthening-hard tissue |
| D4260 | 700.40 | Osseous surgery(including flap entry and closure)-per quadrant |
| D4261 | 762.20 | Osseous surgery(including flap entry and closure)-per quadrant |
| D4263 | 206.00 | Bone replacement graft-first site in quadrant |
| D4264 | 326.31 | Bone replacement graft-each additional site in quadrant |
| D4266 | 329.60 | Guided tissue regeneration-resorbable barrier, per site per tooth |
| D4267 | 329.60 | Guided tissue regeneration-non-resorbable barrier, per site per tooth (includes membrane removal) |
| D4270 | 649.31 | Pedicle soft tissue graft procedure |
| D4271 | 597.40 | Free soft tissue graft procedure (including donor site surgery) |
| D4273 | 700.40 | Subepithelial connective tissue graft procedure (including donor site surgery) |
| D4274 | 350.20 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) |
| D4340 | 114.54 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) |
| D4341 | 144.20 | Periodontal scaling and root planing-per quadrant |
| D4345 | 74.16 | Periodontal scaling and root planing-per quadrant |
| D4355 | 83.22 | Full mouth debidement to enable comprehensive periodontal evaluation and diagnosis |
| D4381 | 77.49 | Localized deliver of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report |
| D4910 | 75.81 | Periodontal maintenance procedures (following active therapy) |
| D5110 | 782.80 | complete denture-maxillary |
| D5120 | 782.80 | complete denture-mandibular |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D5130 | 824.00 | immediate denture-maxillary |
| D5140 | 823.18 | immediate denture-mandibular |
| D5211 | 597.40 | maxillary partial-resin base (including any conventional clasps, rests and teeth) |
| D5212 | 638.60 | manibular partial-resin base (including any conventional clasps, rests, and teeth) |
| D5213 | 803.40 | maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) |
| D5214 | 813.29 | mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) |
| D5281 | 453.20 | Removable unilateral partial denture-one piece cast metal (including clasps and teeth) |
| D5410 | 45.32 | adjust complete denture-maxillary |
| D5411 | 45.32 | adjust complete denture-mandibular |
| D5421 | 56.03 | adjust partial denture-maxillary |
| D5422 | 41.20 | adjust partial denture-mandibular |
| D5510 | 86.52 | repair broken complete denture base |
| D5520 | 82.40 | replace missing or broken teeth - complete denture (each tooth) |
| D5610 | 82.40 | repair resin denture base |
| D5620 | 103.00 | repair cast framework |
| D5630 | 107.12 | Repair or replace broken clasp |
| D5640 | 82.40 | replace broken teeth - per tooth |
| D5650 | 98.88 | add tooth to existing partial denture |
| D5660 | 103.00 | add clasp to existing partial denture |
| D5710 | 271.92 | rebase complete maxillary denture |
| D5711 | 224.34 | rebase complete mandibular denture |
| D5720 | 247.20 | rebase maxillary partial denture |
| D5721 | 306.53 | rebase mandibular partial denture |
| D5730 | 168.92 | reline complete maxillary denture (chairside) |
| D5731 | 185.40 | reline lower complete mandibular denture (chairside) |
| D5740 | 152.44 | reline maxillary partial denture (chairside) |
| D5741 | 144.20 | reline mandibular partial denture (chairside) |
| D5750 | 229.90 | reline complete maxillary denture (laboratory) |
| D5751 | 230.72 | reline complete mandibular denture (laboratory) |
| D5760 | 226.60 | reline maxillary partial denture (laboratory) |
| D5761 | 226.60 | reline mandibular partial denture (laboratory) |
| D5820 | 288.40 | interim partial denture (maxillary) |
| D5821 | 317.24 | interim partial denture (mandibular) |
| D5850 | 77.46 | tissue conditioning, maxillary |
| D5851 | 70.04 | tissue conditioning, mandibular |
| D5862 | 247.20 | Precision attachment, by report |
| D6010 | 1,236.00 | surgical placement of implant body: endosteal implant |
| D6020 | 403.80 | abutment placement or substitution: endosteal implant |
| D6030 | 1,429.64 | abutment placement or substitution: endosteal implant |
| D6040 | 1,648.00 | surgical placement: eposteal implant |
| D6050 | 1,223.66 | surgical placement: transosteal implant |
| D6055 | 571.04 | dental implant-supported connecting bar |
| D6056 | 298.29 | dental implant-supported connecting bar |
| D6057 | 432.60 | dental implant-supported connecting bar |
| D6058 | 988.80 | dental implant-supported connecting bar |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D6059 | 811.64 | dental implant-supported connecting bar |
| D6060 | 782.80 | dental implant-supported connecting bar |
| D6061 | 814.94 | dental implant-supported connecting bar |
| D6062 | 824.00 | dental implant-supported connecting bar |
| D6064 | 988.80 | dental implant-supported connecting bar |
| D6065 | 988.80 | dental implant-supported connecting bar |
| D6066 | 943.48 | dental implant-supported connecting bar |
| D6067 | 1,071.20 | dental implant-supported connecting bar |
| D6080 | 103.00 | implant maintenance procedures, including:removal of prosthesis, cleansing of prosthesis and abutmen reinsertion of prosthesis |
| D6210 | 700.40 | pontic - cast high noble metal |
| D6211 | 652.62 | pontic - cast predominantly base metal |
| D6212 | 678.98 | pontic - cast noble metal |
| D6240 | 721.00 | pontic - porcelain fused to high noble metal |
| D6241 | 650.96 | pontic - porcelain fused to predominantly base metal |
| D6242 | 659.20 | pontic - porcelain fused to noble metal |
| D6250 | 700.40 | pontic - resin with high noble metal |
| D6251 | 648.53 | pontic - resin with predominantly base metal |
| D6252 | 611.83 | pontic - resin with noble metal |
| D6520 | 489.46 | inlay - metallic - two surfaces |
| D6530 | 701.56 | inlay - metallic - three or more surfaces |
| D6540 | 692.16 | inlay - metallic - three or more surfaces |
| D6543 | 614.28 | onlay - metallic - three surfaces |
| D6544 | 655.08 | onlay - metallic - four or more surfaces |
| D6545 | 288.40 | retainer-cast metal for resin bonded fixed prosthesis |
| D6720 | 571.04 | crown - resin with high noble metal |
| D6721 | 938.14 | crown - resin with predominantly base metal |
| D6722 | 222.48 | crown - resin with predominantly base metal |
| D6750 | 725.12 | crown - porcelain fused to high noble metal |
| D6751 | 655.08 | crown - porcelain fused to predominantly base metal |
| D6752 | 659.20 | crown - porcelain fused to noble metal |
| D6780 | 689.32 | crown - 3/4 cast high noble metal |
| D6790 | 700.40 | crown - full cast high noble metal |
| D6791 | 611.83 | crown - full cast predominantly base metal |
| D6792 | 634.48 | crown - full cast noble metal |
| D6930 | 78.28 | recement bridge |
| D6970 | 412.00 | cast post and core in addition to bridge retainer |
| D6971 | 301.02 | cast post as part of bridge retainer |
| D6972 | 183.55 | prefabricated post and core in addition to bridge retainer |
| D6973 | 144.20 | core build up for retainer, including any pins |
| D6980 | 144.20 | bridge repair, by report |
| D7110 | 82.40 | single tooth |
| D7120 | 78.28 | each additional tooth |
| D7130 | 103.00 | root removal - exposed roots |
| D7210 | 160.68 | surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth |
| D7220 | 206.00 | removal of impacted tooth - soft tissue |

| Code | Fee | 40.06(5) – Dental Service Description |
|---|---|---|
| D7230 | 267.80 | removal of impacted tooth - partially bony |
| D7240 | 317.24 | removal of impacted tooth - completely bony |
| D7241 | 350.20 | removal of impacted tooth - completely bony, with unusual surgical complications |
| D7250 | 159.07 | surgical removal of residual tooth roots (cutting procedure) |
| D7260 | 247.20 | oral antral fistula closure |
| D7280 | 448.67 | surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments) |
| D7281 | 329.60 | surgical exposure of impacted or unerupted tooth to aid eruption |
| D7285 | 244.73 | biopsy of oral tissue - hard |
| D7286 | 177.16 | biopsy of oral tissue - soft |
| D7291 | 147.50 | transseptal fiberotomy, by report |
| D7310 | 152.44 | alveoloplasty in conjunction with extractions - per quadrant |
| D7320 | 201.88 | alveoloplasty not in conjunction with extractions - per quadrant |
| D7340 | 803.40 | alveoloplasty not in conjunction with extractions - per quadrant |
| D7350 | 494.40 | vestibuloplasty - ridge extension (including soft tissue grafts, muscle re attachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue) |
| D7410 | 244.73 | radical excision - lesion diameter up to 1.25 cm |
| D7430 | 188.44 | excision of benign tumor - lesion diameter up to 1.25 cm |
| D7431 | 206.00 | excision of benign tumor - lesion diameter up to 1.25 cm |
| D7450 | 226.60 | removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm |
| D7451 | 309.00 | removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm |
| D7460 | 142.76 | removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm |
| D7465 | 163.15 | destruction of lesion(s) by physical or chemical methods, by report |
| D7470 | 391.40 | removal of exostosis - maxilla or mandible |
| D7480 | 183.55 | partial ostectomy (guttering or saucerization) |
| D7510 | 103.00 | incision and drainage of abscess - intraoral soft tissue |
| D7520 | 86.52 | incision and drainage of abscess - extraoral soft tissue |
| D7530 | 226.60 | removal of foreign body, skin, or subcutaneous areolar tissue |
| D7540 | 195.79 | removal of reaction producing foreign bodies - musculoskeletal system |
| D7670 | 123.60 | removal of reaction producing foreign bodies - musculoskeletal system |
| D7780 | 123.60 | removal of reaction producing foreign bodies - musculoskeletal system |
| D7880 | 370.80 | occlusal orthotic appliance |
| D7881 | 321.36 | occlusal orthotic appliance |
| D7911 | 26.92 | complicated suture-up to 5 cm. |
| D7960 | 317.24 | frenulectomy (frenectomy or frenotomy) - separate procedure |
| D9110 | 61.80 | palliative (emergency) treatment of dental pain - minor procedures |
| D9220 | 187.05 | general anesthesia |
| D9221 | 103.00 | general anesthesia - each additional 15 minutes |
| D9230 | 34.61 | analgesia |
| D9241 | 206.00 | analgesia |
| D9242 | 82.40 | analgesia |
| D9310 | 57.68 | consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) |
| D9910 | 24.48 | application of desensitizing medicaments |
| D9940 | 276.04 | occlusal guards, by report |
| D9952 | 160.68 | occlusal adjustment - complete |

## 40.06(6) Durable Medical Equipment, Prosthetics/Orthotics, and Supplies

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| A4214 | 1.49 | | | Sterile saline or water, 30 cc vial |
| A4216 | 0.45 | | | Sterile water/saline, 10 ml |
| A4217 | 2.66 | | | Sterile water/saline, 500 ml |
| A4221 | 22.64 | | | Supplies for maintenance of drug infusion catheter, per week (list drug separately) |
| A4222 | 46.73 | | | Supplies for external drug infusion pump, per cassette or bag (list drug separately) |
| A4253 | 38.52 | | | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| A4254 | 6.58 | 4.94 | 0.67 | Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4255 | 3.91 | | | Platforms for home blood glucose monitor, 50 per box |
| A4256 | 11.44 | | | Normal, low, and high calibrator solution/chips |
| A4257 | 12.75 | | | Replacement lens shield cartridge for use with laser skin piercing device, each |
| A4258 | 18.05 | | | Spring-powered device for lancet, each |
| A4259 | 10.83 | | | Lancets, per box of 100 |
| A4265 | 3.39 | | | Paraffin, per pound |
| A4280 | 5.09 | | | Adhesive skin support attachment for use with external breast prosthesis, each |
| A4290 | 104.86 | | | Sacral nerve stimulation test lead, each |
| A4310 | 7.72 | | | Insertion tray without drainage bag and without catheter (accessories only) |
| A4311 | 13.97 | | | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4312 | 15.33 | | | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone |
| A4313 | 15.74 | | | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation |
| A4314 | 21.50 | | | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4315 | 22.43 | | | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone |
| A4316 | 28.40 | | | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation |
| A4319 | 6.33 | | | Sterile water irrigation solution, 1000 ml |
| A4320 | 5.33 | | | Irrigation tray with bulb or piston syringe, any purpose |
| A4321 | I.C. | | | Therapeutic agent for urinary catheter irrigation |
| A4322 | 3.04 | | | Irrigation syringe, bulb or piston, each |
| A4323 | 7.46 | | | Sterile saline irrigation solution, 1000 ml |
| A4324 | 2.17 | | | Male external catheter, with adhesive coating, each |
| A4325 | 1.80 | | | Male external catheter, with adhesive strip, each |
| A4326 | 10.37 | | | Male external catheter specialty type with integral collection chamber, each |
| A4327 | 42.27 | | | Female external urinary collection device; metal cup, each |
| A4328 | 8.88 | | | Female external urinary collection device; pouch, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| A4330 | 7.15 | | | Perianal fecal collection pouch with adhesive, each |
| A4331 | 3.18 | | | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each |
| A4332 | 0.12 | | | Lubricant, individual sterile packet, for insertion of urinary catheter, each |
| A4333 | 2.20 | | | Urinary catheter anchoring device, adhesive skin attachment, each |
| A4334 | 4.93 | | | Urinary catheter anchoring device, leg strap, each |
| A4338 | 12.26 | | | Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4340 | 31.75 | | | Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each |
| A4344 | 15.20 | | | Indwelling catheter, Foley type, two-way, all silicone, each |
| A4346 | 19.59 | | | Indwelling catheter; Foley type, three-way for continuous irrigation, each |
| A4347 | 20.35 | | | Male external catheter with or without adhesive, with or without anti-reflux device; per dozen |
| A4348 | 27.83 | | | Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month) |
| A4351 | 1.81 | | | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4352 | 6.42 | | | Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each |
| A4353 | 6.99 | | | Intermittent urinary catheter, with insertion supplies |
| A4354 | 11.80 | | | Insertion tray with drainage bag but without catheter |
| A4355 | 7.57 | | | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each |
| A4356 | 38.79 | | | External urethral clamp or compression device (not to be used for catheter clamp), each |
| A4357 | 8.25 | | | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each |
| A4358 | 6.63 | | | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each |
| A4359 | 27.21 | | | Urinary suspensory without leg bag, each |
| A4361 | 17.83 | | | Ostomy faceplate, each |
| A4362 | 2.94 | | | Skin barrier; solid, four by four or equivalent; each |
| A4364 | 2.89 | | | Adhesive, liquid, or equal, any type, per ounce |
| A4365 | 11.32 | | | Adhesive remover wipes, any type, per 50 |
| A4366 | 1.30 | | | Ostomy vent, any type, each |
| A4367 | 6.62 | | | Ostomy belt, each |
| A4368 | 0.26 | | | Ostomy filter, any type, each |
| A4369 | 2.42 | | | Ostomy skin barrier, liquid (spray, brush, etc), per oz |
| A4371 | 3.65 | | | Ostomy skin barrier, powder, per oz |
| A4372 | 4.18 | | | Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each |
| A4373 | 6.28 | | | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each |
| A4375 | 17.18 | | | Ostomy pouch, drainable, with faceplate attached, plastic, each |
| A4376 | 47.58 | | | Ostomy pouch, drainable, with faceplate attached, rubber, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| A4377 | 4.29 | | | Ostomy pouch, drainable, for use on faceplate, plastic, each |
| A4378 | 30.75 | | | Ostomy pouch, drainable, for use on faceplate, rubber, each |
| A4379 | 15.02 | | | Ostomy pouch, urinary, with faceplate attached, plastic, each |
| A4380 | 37.33 | | | Ostomy pouch, urinary, with faceplate attached, rubber, each |
| A4381 | 4.61 | | | Ostomy pouch, urinary, for use on faceplate, plastic, each |
| A4382 | 24.62 | | | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each |
| A4383 | 28.19 | | | Ostomy pouch, urinary, for use on faceplate, rubber, each |
| A4384 | 9.62 | | | Ostomy faceplate equivalent, silicone ring, each |
| A4385 | 5.10 | | | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each |
| A4387 | I.C. | | | Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each |
| A4388 | 4.36 | | | Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each |
| A4389 | 6.22 | | | Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each |
| A4390 | 9.61 | | | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each |
| A4391 | 7.07 | | | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each |
| A4392 | 8.18 | | | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each |
| A4393 | 9.04 | | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each |
| A4394 | 2.58 | | | Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce |
| A4395 | 0.05 | | | Ostomy deodorant for use in ostomy pouch, solid, per tablet |
| A4396 | 40.48 | | | Ostomy belt with peristomal hernia support |
| A4397 | 4.07 | | | Irrigation supply; sleeve, each |
| A4398 | 13.56 | | | Ostomy irrigation supply; bag, each |
| A4399 | 12.26 | | | Ostomy irrigation supply; cone/catheter, including brush |
| A4400 | 48.87 | | | Ostomy irrigation set |
| A4402 | 1.36 | | | Lubricant, per ounce |
| A4404 | 1.69 | | | Ostomy ring, each |
| A4405 | 3.40 | | | Ostomy skin barrier, non-pectin based, paste, per ounce |
| A4406 | 5.74 | | | Ostomy skin barrier, pectin-based, paste, per ounce |
| A4407 | 8.76 | | | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each |
| A4408 | 9.87 | | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each |
| A4409 | 6.22 | | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each |
| A4410 | 9.04 | | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each |
| A4413 | 5.50 | | | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each |
| A4414 | 4.93 | | | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 |

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|---|---|---|---|---|
| | | | | x 4 inches or smaller, each |
| A4415 | 6.00 | | | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each |
| A4416 | 2.75 | | | Ostomy pouch, closed, with barrier attached, with filter (one piece), each |
| A4417 | 3.72 | | | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each |
| A4418 | 1.81 | | | Ostomy pouch, closed; without barrier attached, with filter (one piece), each |
| A4419 | 1.74 | | | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each |
| A4420 | I.C. | | | Ostomy pouch, closed; for use on barrier with locking flange (two piece), each |
| A4422 | 0.12 | | | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each |
| A4423 | 1.86 | | | Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each |
| A4424 | 4.75 | | | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each |
| A4425 | 3.58 | | | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each |
| A4426 | 2.73 | | | Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each |
| A4427 | 2.78 | | | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each |
| A4428 | 6.51 | | | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each |
| A4429 | 8.25 | | | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each |
| A4430 | 8.52 | | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each |
| A4431 | 6.22 | | | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each |
| A4432 | 3.59 | | | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each |
| A4433 | 3.34 | | | Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each |
| A4434 | 3.76 | | | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each |
| A4450 | 0.11 | | | Tape, non-waterproof, per 18 square inches |
| A4452 | 0.40 | | | Tape, waterproof, per 18 square inches |
| A4455 | 1.43 | | | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce |
| A4462 | 3.29 | | | Abdominal dressing holder, each |
| A4481 | 0.37 | | | Tracheostoma filter, any type, any size, each |
| A4483 | I.C. | | | Moisture exchanger, disposable, for use with invasive mechanical ventilation |
| A4556 | 10.32 | | | Electrodes (e.g., Apnea monitor), per pair |
| A4557 | 21.10 | | | Lead wires (e.g., Apnea monitor), per pair |
| A4558 | 4.63 | | | Conductive paste or gel |
| A4561 | 18.63 | | | Pessary, rubber, any type |
| A4562 | 46.38 | | | Pessary, non rubber, any type |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| A4595 | 28.81 | | | Electrical stimulator supplies, 2 lead, per month, (e.g. tens, nmes) |
| A4608 | 58.15 | | | Transtracheal oxygen catheter, each |
| A4609 | 14.30 | | | Tracheal suction catheter, closed system, for less than 72 hours of use, each |
| A4610 | 22.34 | | | Tracheal suction catheter, closed system, for 72 or more hours of use, each |
| A4611 | 196.45 | 147.34 | 20.37 | Battery, heavy duty; replacement for patient-owned ventilator |
| A4612 | 79.93 | 60.95 | 8.14 | Battery cables; replacement for patient-owned ventilator |
| A4613 | 122.58 | 88.65 | 12.27 | Battery charger; replacement for patient-owned ventilator |
| A4614 | 23.78 | | | Peak expiratory flow rate meter, hand held |
| A4618 | 8.89 | 6.67 | 1.02 | Breathing circuits |
| A4619 | 1.21 | | | Face tent |
| A4621 | 1.39 | | | Tracheostomy mask or collar |
| A4622 | 57.27 | | | Tracheostomy or laryngectomy tube |
| A4623 | 6.55 | | | Tracheostomy, inner cannula |
| A4624 | 2.24 | | | Tracheal suction catheter, any type other than closed system, each |
| A4625 | 5.89 | | | Tracheostomy care kit for new tracheostomy |
| A4626 | 3.19 | | | Tracheostomy cleaning brush, each |
| A4628 | 3.74 | | | Oropharyngeal suction catheter, each |
| A4629 | 4.63 | | | Tracheostomy care kit for established tracheostomy |
| A4630 | 6.25 | | | Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient |
| A4631 | 101.10 | 75.07 | 10.31 | Replacement batteries for medically necessary electronic wheelchair owned by patient |
| A4633 | 41.04 | | | Replacement bulb/lamp for ultraviolet light therapy system, each |
| A4635 | 5.12 | 3.39 | 0.69 | Underarm pad, crutch, replacement, each |
| A4636 | 4.21 | 3.07 | 0.43 | Replacement, handgrip, cane, crutch, or walker, each |
| A4637 | 2.13 | 1.61 | 0.30 | Replacement, tip, cane, crutch, walker, each |
| A4638 | I.C. | I.C. | I.C. | Replacement battery for patient-owned ear pulse generator, each |
| A4639 | 287.21 | | | Replacement pad for infrared heating pad system, each |
| A4640 | 63.32 | 44.86 | 6.45 | Replacement pad for use with medically necessary alternating pressure pad owned by patient |
| A4649 | I.C. | | | Surgical supply, miscellaneous |
| A4913 | I.C. | | | Miscellaneous dialysis supplies, not otherwise specified |
| A5051 | 2.07 | | | Ostomy pouch, closed; with barrier attached (one piece), each |
| A5052 | 1.49 | | | Ostomy pouch, closed; without barrier attached (one piece), each |
| A5053 | 1.49 | | | Ostomy pouch, closed; for use on faceplate, each |
| A5054 | 1.79 | | | Ostomy pouch, closed; for use on barrier with flange (two piece), each |
| A5055 | 1.44 | | | Stoma cap |
| A5061 | 3.52 | | | Ostomy pouch, drainable; with barrier attached, (one piece), each |
| A5062 | 2.22 | | | Ostomy pouch, drainable; without barrier attached (one piece), each |
| A5063 | 2.70 | | | Ostomy pouch, drainable; for use on barrier with flange (two piece system), each |
| A5071 | 6.01 | | | Ostomy pouch, urinary; with barrier attached (one piece), each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| A5072 | 3.52 | | | Ostomy pouch, urinary; without barrier attached (one piece), each |
| A5073 | 3.18 | | | Ostomy pouch, urinary; for use on barrier with flange (two piece), each |
| A5081 | 3.30 | | | Continent device; plug for continent stoma |
| A5082 | 11.89 | | | Continent device; catheter for continent stoma |
| A5093 | 1.95 | | | Ostomy accessory; convex insert |
| A5102 | 22.42 | | | Bedside drainage bottle, with or without tubing, rigid or expandable, each |
| A5105 | 34.65 | | | Urinary suspensory; with leg bag, with or without tube |
| A5112 | 29.93 | | | Urinary leg bag; latex |
| A5113 | 4.47 | | | Leg strap; latex, replacement only, per set |
| A5114 | 7.60 | | | Leg strap; foam or fabric, replacement only, per set |
| A5119 | 10.85 | | | Skin barrier; wipes, box per 50 |
| A5121 | 7.39 | | | Skin barrier; solid, 6 x 6 or equivalent, each |
| A5122 | 10.92 | | | Skin barrier; solid, 8 x 8 or equivalent, each |
| A5126 | 1.32 | | | Adhesive or non-adhesive; disk or foam pad |
| A5131 | 15.86 | | | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. |
| A5200 | 11.30 | | | Percutaneous catheter/tube anchoring device, adhesive skin attachment |
| A6010 | 30.96 | | | Collagen based wound filler, dry form, per gram of collagen |
| A6011 | 2.28 | | | Collagen based wound filler, gel/paste, per gram of collagen |
| A6021 | 21.02 | | | Collagen dressing, pad size 16 sq. in. or less, each |
| A6022 | 21.02 | | | Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq in, each |
| A6023 | 190.30 | | | Collagen dressing, pad size more than 48 sq. in., each |
| A6024 | 6.19 | | | Collagen dressing wound filler, per 6 in |
| A6154 | 14.38 | | | Wound pouch, each |
| A6196 | 7.35 | | | Alginate or other fiber gelling dressing, wound cover, pad size 16 sq in or less, each dressing |
| A6197 | 16.44 | | | Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing |
| A6199 | 5.29 | | | Alginate or other fiber gelling dressing, wound filler, per 6 inches |
| A6200 | 9.50 | | | Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6201 | 20.80 | | | Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6202 | 34.88 | | | Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6203 | 3.35 | | | Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6204 | 6.23 | | | Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6207 | 7.34 | | | Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6209 | 7.48 | | | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6210 | 19.92 | | | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6211 | 29.37 | | | Foam dressing, wound cover, pad size more then 48 sq. in., without adhesive border, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| | | | | dressing |
| A6212 | 9.70 | | | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6214 | 10.29 | | | Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6216 | 0.05 | | | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6217 | I.C. | | | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6219 | 0.95 | | | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6220 | 2.58 | | | Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6222 | 2.13 | | | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6223 | 2.42 | | | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6224 | 3.61 | | | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6229 | 3.61 | | | Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6231 | 4.66 | | | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing |
| A6232 | 6.88 | | | Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing |
| A6233 | 19.19 | | | Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. in., each dressing |
| A6234 | 6.54 | | | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6235 | 16.82 | | | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6236 | 27.25 | | | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6237 | 7.91 | | | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6238 | 22.79 | | | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6240 | 12.24 | | | Hydrocolloid dressing, wound filler, paste, per fluid ounce |
| A6241 | 2.57 | | | Hydrocolloid dressing, wound filler, dry form, per gram |
| A6242 | 6.07 | | | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6243 | 12.31 | | | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6244 | 39.28 | | | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6245 | 7.27 | | | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6246 | 9.92 | | | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 |

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| | | | | sq. in., with any size adhesive border, each dressing |
| A6247 | 23.78 | | | Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6248 | 16.24 | | | Hydrogel dressing, wound filler, gel, per fluid ounce |
| A6251 | 1.99 | | | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6252 | 3.25 | | | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6253 | 6.34 | | | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6254 | 1.21 | | | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6255 | 3.03 | | | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6257 | 1.53 | | | Transparent film, 16 sq. in. or less, each dressing |
| A6258 | 4.30 | | | Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6259 | 10.94 | | | Transparent film, more than 48 sq. in., each dressing |
| A6266 | 1.92 | | | Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard |
| A6402 | 0.12 | | | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6403 | 0.43 | | | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6407 | 1.88 | | | Packing strips, non-impregnated, up to two inches in width, per linear yard |
| A6410 | 0.39 | | | Eye pad, sterile, each |
| A6411 | I.C. | | | Eye pad, non-sterile, each |
| A6421 | 2.09 | | | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched) |
| A6422 | 1.17 | | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches per roll (at least three yards, unstretched) |
| A6424 | 2.05 | | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per roll (at least three yards, unstretched) |
| A6426 | 1.88 | | | Conforming bandage, non-elastic, knitted/woven, sterile width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched) |
| A6428 | 3.04 | | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per roll (at least three yards, unstretched) |
| A6430 | 8.76 | | | Light compression bandage, elastic, knitted/woven, load resistance less than 1.25 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched) |
| A6432 | I.C. | | | Light compression bandage, elastic, knitted/woven, load resistance less than 1.25 foot pounds at 50% maximum stretch, width greater than or equal to five inches, per roll (at least three yards, unstretched) |
| A6434 | I.C. | | | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per roll (at least three yards, unstretched) |
| A6436 | 19.08 | | | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and |

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|---|---|---|---|---|
| | | | | less than five inches, per roll (at least three yards, unstretched) |
| A6438 | I.C. | | | Self-adherent bandage, elastic, non-knitted/non-woven, load resistance greater than or equal to 0.55 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per roll (at least three yards, unstretched) |
| A6440 | 12.69 | | | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per roll (at least 10 yards, unstretched) |
| A6441 | 0.67 | | | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard |
| A6442 | 0.17 | | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard |
| A6443 | 0.29 | | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6444 | 0.56 | | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard |
| A6445 | 0.32 | | | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard |
| A6446 | 0.41 | | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6447 | 0.67 | | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard |
| A6448 | 1.16 | | | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard |
| A6449 | 1.75 | | | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6450 | I.C. | | | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard |
| A6451 | I.C. | | | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6452 | 5.91 | | | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6453 | 0.61 | | | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard |
| A6454 | 0.77 | | | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard |
| A6455 | 1.39 | | | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard |
| A6456 | 1.28 | | | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6501 | I.C. | | | Compression burn garment, bodysuit (head to foot), custom fabricated |
| A6502 | I.C. | | | Compression burn garment, chin strap, custom fabricated |
| A6503 | I.C. | | | Compression burn garment, facial hood, custom fabricated |
| A6504 | I.C. | | | Compression burn garment, glove to wrist, custom fabricated |
| A6505 | I.C. | | | Compression burn garment, glove to elbow, custom fabricated |
| A6506 | I.C. | | | Compression burn garment, glove to axilla, custom fabricated |
| A6507 | I.C. | | | Compression burn garment, foot to knee length, custom fabricated |

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|---|---|---|---|---|
| A6508 | I.C. | | | Compression burn garment, foot to thigh length, custom fabricated |
| A6509 | I.C. | | | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated |
| A6510 | I.C. | | | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated |
| A6511 | I.C. | | | Compression burn garment, lower trunk including leg openings (panty), custom fabricated |
| A6550 | 27.42 | | | Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each |
| A6551 | 24.53 | | | Canister set for negative pressure wound therapy electrical pump, stationary or portable, each |
| A7000 | 8.75 | | | Canister, disposable, used with suction pump, each |
| A7001 | 31.30 | | | Canister, non-disposable, used with suction pump, each |
| A7002 | 3.63 | | | Tubing, used with suction pump, each |
| A7003 | 2.74 | | | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable |
| A7004 | 1.55 | | | Small volume nonfiltered pneumatic nebulizer, disposable |
| A7005 | 29.20 | | | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable |
| A7006 | 8.54 | | | Administration set, with small volume filtered pneumatic nebulizer |
| A7007 | 4.18 | | | Large volume nebulizer, disposable, unfilled, used with aerosol compressor |
| A7008 | 11.00 | | | Large volume nebulizer, disposable, prefilled, used with aerosol compressor |
| A7009 | 39.79 | | | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer |
| A7010 | 23.59 | | | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet |
| A7012 | 3.76 | | | Water collection device, used with large volume nebulizer |
| A7013 | 0.78 | | | Filter, disposable, used with aerosol compressor |
| A7014 | 4.24 | | | Filter, non-disposable, used with aerosol compressor or ultrasonic generator |
| A7015 | 1.72 | | | Aerosol mask, used with DME nebulizer |
| A7016 | 6.85 | | | Dome and mouthpiece, used with small volume ultrasonic nebulizer |
| A7017 | 134.04 | 100.52 | 13.40 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen |
| A7018 | 0.38 | | | Water, distilled, used with large volume nebulizer, 1000 ml |
| A7019 | 0.34 | | | Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs |
| A7020 | 2.75 | | | Sterile water or sterile saline, 1000 ml, used with large volume nebulizer |
| A7025 | 434.94 | | | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each |
| A7026 | 28.75 | | | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each |
| A7030 | 188.64 | | | Full face mask used with positive airway pressure device, each |
| A7031 | 69.77 | | | Face mask interface, replacement for full face mask, each |
| A7032 | 40.53 | | | Replacement cushion for nasal application device, each |
| A7033 | 28.41 | | | Replacement pillows for nasal application device, pair |
| A7034 | 117.64 | | | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap |
| A7035 | 37.16 | | | Headgear used with positive airway pressure device |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| A7036 | 18.20 | | | Chinstrap used with positive airway pressure device |
| A7037 | 41.02 | | | Tubing used with positive airway pressure device |
| A7038 | 4.58 | | | Filter, disposable, used with positive airway pressure device |
| A7039 | 15.33 | | | Filter, non disposable, used with positive airway pressure device |
| A7042 | 165.63 | | | Implanted pleural catheter, each |
| A7043 | 23.50 | | | Vacuum drainage bottle and tubing for use with implanted catheter |
| A7044 | 120.91 | | | Oral interface used with positive airway pressure device, each |
| A7046 | 19.51 | | | Water chamber for humidifier, used with positive airway pressure device, replacement, each |
| A7501 | 105.03 | | | Tracheostoma valve, including diaphragm, each |
| A7502 | 49.91 | | | Replacement diaphragm/faceplate for tracheostoma valve, each |
| A7503 | 11.33 | | | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each |
| A7504 | 0.67 | | | Filter for use in a tracheostoma heat and moisture exchange system, each |
| A7505 | 4.68 | | | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7506 | 0.33 | | | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each |
| A7507 | 2.49 | | | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each |
| A7508 | 2.87 | | | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7509 | 1.41 | | | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each |
| A7520 | 47.48 | | | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each |
| A7521 | 47.05 | | | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each |
| A7522 | 45.16 | | | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each |
| A7524 | 77.40 | | | Tracheostoma stent/stud/button, each |
| A7525 | 2.07 | | | Tracheostomy mask, each |
| A7526 | 3.37 | | | Tracheostomy tube collar/holder, each |
| A9900 | I.C. | I.C. | I.C. | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code |
| A9901 | I.C. | | | DME delivery, set up, and/or dispensing service component of another HCPCS code |
| A9990 | I.C. | I.C. | I.C. | Miscellaneous DME supply or accessory, not otherwise specified |
| B4034 | 5.78 | | | Enteral feeding supply kit; syringe, per day |
| B4035 | 11.02 | | | Enteral feeding supply kit; pump fed, per day |
| B4036 | 7.55 | | | Enteral feeding supply kit; gravity fed, per day |
| B4081 | 20.42 | | | Nasogastric tubing with stylet |
| B4082 | 15.20 | | | Nasogastric tubing without stylet |
| B4083 | 2.32 | | | Stomach tube - Levine type |
| B4086 | 33.71 | | | Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each |
| B4150 | 0.63 | | | Enteral formulae; category I; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| B4151 | 1.48 | | | Enteral formulae; category I: natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4152 | 0.53 | | | Enteral formulae; category II: intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit |
| B4153 | 1.80 | | | Enteral formulae; category III: hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4154 | 1.15 | | | Enteral formulae; category IV: defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4155 | 0.90 | | | Enteral formulae; category V: modular components, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4156 | 1.28 | | | Enteral formulae; category VI: standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4164 | 15.57 | | | Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix |
| B4168 | 22.67 | | | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix |
| B4176 | 43.88 | | | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix |
| B4178 | 52.68 | | | Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) - home mix |
| B4180 | 22.31 | | | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix |
| B4184 | 73.14 | | | Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit) |
| B4186 | 97.53 | | | Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit) |
| B4189 | 162.74 | | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix |
| B4193 | 210.30 | | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix |
| B4197 | 256.02 | | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix |
| B4199 | 292.56 | | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix |
| B4216 | 7.08 | | | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) - home mix, per day |
| B4220 | 7.33 | | | Parenteral nutrition supply kit; premix, per day |
| B4222 | 9.04 | | | Parenteral nutrition supply kit; home mix, per day |
| B4224 | 22.90 | | | Parenteral nutrition administration kit, per day |
| B5000 | 10.88 | | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn RF, nephramine, renamine - premix |
| B5100 | 4.26 | | | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine HBC, hepatamine - premix |
| B9000 | 1,158.13 | 868.60 | 106.42 | Enteral nutrition infusion pump - without alarm |
| B9002 | 1,158.13 | 868.60 | 112.17 | Enteral nutrition infusion pump - with alarm |
| B9004 | 2,310.15 | 1,732.61 | 365.72 | Parenteral nutrition infusion pump, portable |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| B9006 | 2,310.15 | 1,732.61 | 365.72 | Parenteral nutrition infusion pump, stationary |
| B9998 | I.C. | | | NOC for enteral supplies |
| B9999 | I.C. | | | NOC for parenteral supplies |
| E0100 | 20.29 | 15.20 | 5.31 | Cane, includes canes of all materials, adjustable or fixed, with tip |
| E0105 | 48.46 | 36.35 | 7.53 | Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips |
| E0110 | 77.59 | 58.18 | 15.99 | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips |
| E0111 | 53.26 | 41.10 | 8.43 | Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip |
| E0112 | 31.45 | 24.00 | 8.44 | Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips |
| E0113 | 21.13 | 15.86 | 5.15 | Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip |
| E0114 | 40.11 | 30.32 | 7.28 | Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips |
| E0116 | 27.74 | 20.88 | 4.59 | Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip |
| E0117 | 192.71 | 144.55 | 19.26 | Crutch, underarm, articulating, spring assisted, each |
| E0130 | 64.70 | 48.52 | 14.30 | Walker, rigid (pickup), adjustable or fixed height |
| E0135 | 83.84 | 64.32 | 14.67 | Walker, folding (pickup), adjustable or fixed height |
| E0140 | 360.71 | 270.54 | 36.08 | Walker, with trunk support, adjustable or fixed height, any type |
| E0141 | 114.09 | 85.57 | 19.01 | Walker, rigid, wheeled, adjustable or fixed height |
| E0142 | 171.98 | 130.98 | 26.43 | Rigid walker, wheeled, with seat |
| E0143 | 120.23 | 89.98 | 18.35 | Walker, folding, wheeled, adjustable or fixed height |
| E0144 | 318.45 | 203.01 | 27.08 | Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat |
| E0147 | 574.81 | 431.13 | 57.48 | Walker, heavy duty, multiple braking system, variable wheel resistance |
| E0148 | 127.05 | 95.28 | 12.72 | Walker, heavy duty, without wheels, rigid or folding, any type, each |
| E0149 | 223.20 | 167.39 | 22.32 | Walker, heavy duty, wheeled, rigid or folding, any type |
| E0153 | 58.97 | 44.23 | 6.66 | Platform attachment, forearm crutch, each |
| E0154 | 65.40 | 49.06 | 7.28 | Platform attachment, walker, each |
| E0155 | 31.56 | 24.05 | 3.85 | Wheel attachment, rigid pick-up walker, per pair seat attachment, walker |
| E0156 | 26.43 | 19.85 | 3.38 | Seat attachment, walker |
| E0157 | 81.92 | 61.45 | 8.99 | Crutch attachment, walker, each |
| E0158 | 32.18 | 24.12 | 3.55 | Leg extensions for walker, per set of four (4) |
| E0159 | 17.81 | 13.38 | 1.80 | Brake attachment for wheeled walker, replacement, each |
| E0160 | 33.06 | 24.77 | 3.96 | Sitz type bath or equipment, portable, used with or without commode |
| E0161 | 22.30 | 16.69 | 3.57 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s) |
| E0162 | 145.70 | 113.00 | 15.29 | Sitz bath chair |
| E0163 | 102.25 | 76.67 | 20.77 | Commode chair, stationary, with fixed arms |
| E0164 | 181.40 | 136.05 | 26.43 | Commode chair, mobile, with fixed arms |
| E0167 | 12.00 | 9.04 | 1.07 | Pail or pan for use with commode chair |
| E0168 | 150.92 | 113.18 | 15.17 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each |
| E0175 | 64.98 | 48.74 | 6.51 | Foot rest, for use with commode chair, each |
| E0176 | 91.04 | 67.68 | 12.03 | Air pressure pad or cushion, nonpositioning |
| E0177 | 90.22 | 67.68 | 10.33 | Water pressure pad or cushion, nonpositioning |
| E0178 | 103.14 | 77.35 | 12.76 | Gel or gel-like pressure pad or cushion, nonpositioning |
| E0179 | 10.17 | 8.00 | 1.05 | Dry pressure pad or cushion, nonpositioning |

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|---|---|---|---|---|
| E0184 | 194.70 | 149.32 | 23.78 | Dry pressure mattress |
| E0185 | 319.86 | 245.48 | 44.94 | Gel or gel-like pressure pad for mattress, standard mattress length and width |
| E0188 | 22.47 | 16.87 | 2.64 | Synthetic sheepskin pad |
| E0189 | 51.96 | 38.98 | 5.31 | Lambswool sheepskin pad, any size |
| E0191 | 9.99 | 7.46 | 1.02 | Heel or elbow protector, each |
| E0192 | 387.01 | 290.26 | 38.70 | Low pressure and positioning equalization pad, for wheelchair |
| E0197 | 188.34 | 165.44 | 25.98 | Air pressure pad for mattress, standard mattress length and width |
| E0198 | 188.34 | 142.92 | 19.51 | Water pressure pad for mattress, standard mattress length and width |
| E0199 | 28.30 | 21.21 | 2.82 | Dry pressure pad for mattress, standard mattress length and width |
| E0200 | 67.39 | 50.57 | 9.15 | Heat lamp, without stand (table model), includes bulb, or infrared element |
| E0205 | 164.95 | 123.71 | 18.14 | Heat lamp, with stand, includes bulb, or infrared element |
| E0210 | 32.64 | 24.48 | 2.66 | Electric heat pad, standard |
| E0215 | 60.21 | 45.17 | 6.30 | Electric heat pad, moist |
| E0217 | 496.47 | 372.32 | 55.28 | Water circulating heat pad with pump |
| E0220 | 7.20 | 5.38 | 0.76 | Hot water bottle |
| E0221 | 2,113.46 | 1,585.10 | 211.34 | Infrared heating pad system |
| E0225 | 330.35 | 247.76 | 32.56 | Hydrocollator unit, includes pads |
| E0230 | 7.21 | 5.39 | 0.81 | Ice cap or collar |
| E0238 | 22.98 | 16.90 | 2.61 | Nonelectric heat pad, moist |
| E0239 | 449.83 | 337.39 | 44.99 | Hydrocollator unit, portable |
| E0249 | 99.60 | 74.70 | 10.95 | Pad for water circulating heat unit |
| E0271 | 222.04 | 173.46 | 23.06 | Mattress, inner spring |
| E0272 | 202.37 | 151.05 | 21.13 | Mattress, foam rubber |
| E0275 | 14.57 | 10.94 | 1.46 | Bed pan, standard, metal or plastic |
| E0276 | 11.31 | 8.94 | 1.51 | Bed pan, fracture, metal or plastic |
| E0280 | 36.58 | 27.42 | 3.65 | Bed cradle, any type |
| E0300 | 2,838.62 | 2,128.96 | 283.86 | Pediatric crib, hospital grade, fully enclosed |
| E0310 | 185.02 | 138.77 | 22.76 | Bedside rails, full-length |
| E0315 | I.C. | I.C. | I.C. | Bed accessory: board, table, or support device, any type |
| E0325 | 10.11 | 6.69 | 1.51 | Urinal; male, jug-type, any material |
| E0326 | 10.50 | 7.87 | 1.19 | Urinal; female, jug-type, any material |
| E0441 | 162.98 | | | Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit |
| E0442 | 162.98 | | | Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit |
| E0443 | 21.41 | | | Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit |
| E0444 | 21.41 | | | Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit |
| E0457 | 614.51 | 460.85 | 61.45 | Chest shell (cuirass) |
| E0484 | 36.92 | 27.70 | 3.69 | Oscillatory positive expiratory pressure device, non-electric, any type, each |
| E0560 | 171.52 | 128.64 | 20.10 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery |
| E0561 | 107.00 | 80.24 | 10.69 | Humidifier, non-heated, used with positive airway pressure device |
| E0562 | 301.22 | 225.91 | 30.11 | Humidifier, heated, used with positive airway pressure device |

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|---|---|---|---|---|
| E0580 | 134.04 | 100.52 | 13.40 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter |
| E0602 | 29.52 | 22.14 | 2.96 | Breast pump, manual, any type |
| E0605 | 26.43 | 19.85 | 2.66 | Vaporizer, room type |
| E0607 | 66.82 | 50.10 | 6.68 | Home blood glucose monitor |
| E0610 | 202.18 | 151.66 | 21.33 | Pacemaker monitor, self-contained, checks battery depletion, includes audible and visible check systems |
| E0615 | 478.82 | 359.12 | 58.50 | Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems |
| E0620 | 874.39 | 655.79 | 87.43 | Skin piercing device for collection of capillary blood, laser, each |
| E0621 | 95.99 | 72.36 | 9.25 | Sling or seat, patient lift, canvas or nylon |
| E0627 | 337.32 | 253.00 | 33.74 | Seat lift mechanism incorporated into a combination lift-chair mechanism |
| E0628 | 337.32 | 253.00 | 33.74 | Separate seat lift mechanism for use with patient owned furniture - electric |
| E0629 | 330.71 | 248.01 | 33.08 | Separate seat lift mechanism for use with patient owned furniture - nonelectric |
| E0637 | 2,104.97 | 1,578.72 | 210.51 | Combination sit to stand system, any size, with seat lift feature, with or without wheels |
| E0638 | 853.57 | 640.18 | 85.36 | Standing frame system, any size, with or without wheels |
| E0650 | 720.22 | 540.16 | 88.87 | Pneumatic compressor, nonsegmental home model |
| E0651 | 780.66 | 585.50 | 92.49 | Pneumatic compressor, segmental home model without calibrated gradient pressure |
| E0652 | 5,301.45 | 3,972.53 | 445.36 | Pneumatic compressor, segmental home model with calibrated gradient pressure |
| E0655 | 101.75 | 76.30 | 10.78 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm |
| E0660 | 158.24 | 118.68 | 14.14 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg |
| E0665 | 136.99 | 102.88 | 13.22 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm |
| E0666 | 138.08 | 103.59 | 14.23 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg |
| E0667 | 275.20 | 206.41 | 36.56 | Segmental pneumatic appliance for use with pneumatic compressor, full leg |
| E0668 | 441.88 | 331.42 | 43.61 | Segmental pneumatic appliance for use with pneumatic compressor, full arm |
| E0669 | 174.06 | 130.56 | 17.41 | Segmental pneumatic appliance for use with pneumatic compressor, half leg |
| E0671 | 415.35 | 311.50 | 41.54 | Segmental gradient pressure pneumatic appliance, full leg |
| E0672 | 322.73 | 242.06 | 32.28 | Segmental gradient pressure pneumatic appliance, full arm |
| E0673 | 268.17 | 201.15 | 26.82 | Segmental gradient pressure pneumatic appliance, half leg |
| E0691 | 917.46 | 688.09 | 91.75 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less |
| E0692 | 1,152.07 | 864.06 | 115.20 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel |
| E0693 | 1,420.19 | 1,065.15 | 142.02 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel |
| E0694 | 4,520.31 | 3,390.26 | 452.03 | Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection |
| E0701 | 153.35 | 115.03 | 15.33 | Helmet with face guard and soft interface material, prefabricated |
| E0720 | 367.58 | | | TENS, two lead, localized stimulation |
| E0730 | 370.56 | | | Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation |
| E0731 | 303.19 | | | Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) |
| E0740 | 522.87 | 392.18 | 52.29 | Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer |
| E0747 | 3,061.09 | 2,274.33 | 304.19 | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications |
| E0748 | 3,577.94 | 2,683.47 | 357.79 | Osteogenesis stimulator, electrical, noninvasive, spinal applications |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| E0752 | A.I. | | | Implantable neurostimulator electrode, each |
| E0754 | A.I. | | | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator |
| E0756 | A.I. | | | Implantable neurostimulator pulse generator |
| E0757 | A.I. | | | Implantable neurostimulator radiofrequency receiver |
| E0758 | A.I. | | | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver |
| E0759 | A.I. | | | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement |
| E0760 | 2,973.20 | 2,229.90 | 297.33 | Osteogenesis stimulator, low intensity ultrasound, non-invasive |
| E0765 | 84.13 | 63.12 | 8.43 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting |
| E0776 | 143.16 | 105.33 | 24.38 | IV pole |
| E0780 | 10.37 | | | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours |
| E0782 | A.I. | A.I. | A.I. | Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) |
| E0783 | A.I. | A.I. | A.I. | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) |
| E0785 | A.I. | | | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement |
| E0786 | A.I. | A.I. | A.I. | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) |
| E0840 | 73.28 | 54.93 | 14.53 | Traction frame, attached to headboard, cervical traction |
| E0850 | 105.06 | 78.80 | 12.27 | Traction stand, freestanding, cervical traction |
| E0855 | 502.63 | 376.96 | 50.26 | Cervical traction equipment not requiring additional stand or frame |
| E0860 | 38.53 | 29.51 | 6.51 | Traction equipment, overdoor, cervical |
| E0870 | 116.31 | 87.62 | 13.40 | Traction frame, attached to footboard, extremity traction (e.g., Buck's) |
| E0880 | 125.54 | 95.02 | 19.71 | Traction stand, freestanding, extremity traction (e.g., Buck's) |
| E0890 | 120.41 | 96.99 | 32.83 | Traction frame, attached to footboard, pelvic traction |
| E0900 | 128.12 | 96.12 | 27.62 | Traction stand, freestanding, pelvic traction (e.g., Buck's) |
| E0942 | 19.85 | 14.88 | 1.99 | Cervical head harness/halter |
| E0943 | 23.52 | 17.63 | 3.24 | Cervical pillow |
| E0944 | 45.88 | 34.40 | 3.97 | Pelvic belt/harness/boot |
| E0945 | 44.32 | 34.31 | 3.77 | Extremity belt/harness |
| E0947 | 606.46 | 454.84 | 62.89 | Fracture frame, attachments for complex pelvic traction |
| E0948 | 586.59 | 413.70 | 58.64 | Fracture frame, attachments for complex cervical traction |
| E0950 | 88.36 | 66.27 | 8.85 | Wheelchair accessory, tray, each |
| E0951 | 17.08 | 12.80 | 1.96 | Heel loop/holder, with or without ankle strap, each |
| E0952 | 16.89 | 12.66 | 1.96 | Toe loop/holder, each |
| E0955 | 202.18 | 151.63 | 20.23 | Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each |
| E0956 | 98.58 | 73.93 | 9.87 | Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each |
| E0957 | 137.93 | 103.45 | 13.79 | Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each |
| E0959 | 44.21 | 33.46 | 3.91 | Manual wheelchair accessory, adapter for amputee, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| E0960 | 90.98 | 68.24 | 9.10 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware |
| E0961 | 29.74 | 12.63 | 2.64 | Manual wheelchair accessory, wheel lock brake extension (handle), each |
| E0962 | 50.57 | 37.92 | 5.18 | One-inch cushion, for wheelchair |
| E0963 | 60.40 | 45.41 | 6.62 | Two-inch cushion, for wheelchair |
| E0964 | 67.39 | 50.57 | 6.79 | Three-inch cushion, for wheelchair |
| E0965 | 72.04 | 54.04 | 7.92 | Four-inch cushion, for wheelchair |
| E0966 | 71.37 | 53.52 | 6.62 | Manual wheelchair accessory, headrest extension, each |
| E0967 | 65.69 | 49.25 | 6.57 | Manual wheelchair accessory, hand rim with projections, each |
| E0969 | 156.63 | 117.48 | 13.22 | Narrowing device, wheelchair |
| E0971 | 65.75 | 49.31 | 7.46 | Anti-tipping device, wheelchair |
| E0972 | 54.89 | 40.36 | 5.61 | Wheelchair accessory, transfer board or device, each |
| E0973 | 114.97 | 86.23 | 9.31 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each |
| E0974 | 74.07 | 55.54 | 7.06 | Manual wheelchair accessory, anti-rollback device, each |
| E0977 | 65.41 | 49.08 | 6.30 | Wedge cushion, wheelchair |
| E0978 | 42.70 | 31.66 | 4.28 | Wheelchair accessory, safety belt/pelvic strap, each |
| E0980 | 33.06 | 24.66 | 3.30 | Safety vest, wheelchair |
| E0981 | 47.15 | 35.70 | 4.08 | Wheelchair accessory, seat upholstery, replacement only, each |
| E0982 | 51.53 | 38.64 | 4.38 | Wheelchair accessory, back upholstery, replacement only, each |
| E0984 | 1,760.94 | 1,320.70 | 176.09 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control |
| E0985 | 202.85 | 152.12 | 20.30 | Wheelchair accessory, seat lift mechanism |
| E0986 | 4,864.24 | 3,648.20 | 486.43 | Manual wheelchair accessory, push-rim activated power assist, each |
| E0990 | 117.43 | 91.75 | 13.22 | Wheelchair accessory, elevating leg rest, complete assembly, each |
| E0992 | 95.15 | 71.37 | 7.92 | Manual wheelchair accessory, solid seat insert |
| E0994 | 17.63 | 13.23 | 1.78 | Armrest, each |
| E0995 | 25.84 | 19.36 | 2.66 | Wheelchair accessory, calf rest/pad, each |
| E0997 | 64.07 | 48.07 | 7.13 | Caster with fork |
| E0998 | 34.34 | 25.77 | 3.96 | Caster without fork |
| E0999 | 114.97 | 86.23 | 11.51 | Pneumatic tire with wheel |
| E1001 | 98.06 | 73.55 | 10.29 | Wheel, single |
| E1002 | 4,113.02 | 3,084.76 | 411.33 | Wheelchair accessory, power seating system, tilt only |
| E1003 | 4,391.30 | 3,293.48 | 439.14 | Wheelchair accessory, power seating system, recline only, without shear reduction |
| E1004 | 4,869.05 | 3,651.77 | 486.90 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction |
| E1005 | 5,270.36 | 3,952.78 | 527.03 | Wheelchair accessory, power seating system, recline only, with power shear reduction |
| E1006 | 6,455.70 | 4,841.78 | 645.55 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction |
| E1007 | 8,741.27 | 6,555.94 | 874.13 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction |
| E1008 | 8,742.05 | 6,556.55 | 874.20 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction |
| E1009 | I.C. | I.C. | I.C. | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each |
| E1010 | 1,151.36 | 863.51 | 115.13 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each |
| E1011 | I.C. | I.C. | I.C. | Modification to pediatric wheelchair, width adjustment package (not to be dispensed with |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| | | | | initial chair) |
| E1012 | 507.05 | 380.30 | 50.70 | Integrated seating system, planar, for pediatric wheelchair |
| E1013 | 837.93 | 628.46 | 83.80 | Integrated seating system, contoured, for pediatric wheelchair |
| E1014 | 365.14 | 273.85 | 36.52 | Reclining back, addition to pediatric wheelchair |
| E1015 | 114.70 | 86.02 | 11.46 | Shock absorber for manual wheelchair, each |
| E1016 | 131.31 | 98.48 | 13.14 | Shock absorber for power wheelchair, each |
| E1017 | I.C. | I.C. | I.C. | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each |
| E1018 | I.C. | I.C. | I.C. | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each |
| E1019 | 447.26 | 335.44 | 44.72 | Wheelchair accessory, power seating system, heavy duty feature, patient weight capacity greater than 250 pounds and less than or equal to 400 pounds |
| E1020 | 243.41 | 182.55 | 24.32 | Residual limb support system for wheelchair |
| E1021 | 324.16 | 243.12 | 32.41 | Wheelchair accessory, power seating system, extra heavy duty feature, weight capacity greater than 400 pounds |
| E1025 | 125.35 | 94.02 | 12.55 | Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware) |
| E1026 | 192.90 | 144.67 | 19.29 | Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware) |
| E1027 | 275.06 | 206.28 | 27.49 | Lateral/anterior support, for pediatric wheelchair, each (includes hardware) |
| E1028 | 206.54 | 154.89 | 20.65 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory |
| E1029 | 369.54 | 277.15 | 36.95 | Wheelchair accessory, ventilator tray, fixed |
| E1030 | 1,165.27 | 873.96 | 116.53 | Wheelchair accessory, ventilator tray, gimbaled |
| E1065 | 2,907.25 | 2,180.44 | 224.66 | Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo) |
| E1161 | 2,366.09 | 1,774.57 | 236.61 | Manual adult size wheelchair, includes tilt in space |
| E1226 | 463.80 | 347.82 | 47.74 | Manual wheelchair accessory, fully reclining back, each |
| E1227 | 235.88 | 176.93 | 23.59 | Special height arms for wheelchair |
| E1230 | 2,261.79 | 1,788.81 | 222.45 | Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number |
| E1231 | I.C. | I.C. | I.C. | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system |
| E1232 | 2,138.41 | 1,603.82 | 213.85 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system |
| E1233 | 2,215.73 | 1,661.79 | 221.57 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system |
| E1234 | 1,928.95 | 1,446.70 | 192.91 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system |
| E1235 | 1,857.43 | 1,393.07 | 185.75 | Wheelchair, pediatric size, rigid, adjustable, with seating system |
| E1236 | 1,638.73 | 1,229.05 | 163.87 | Wheelchair, pediatric size, folding, adjustable, with seating system |
| E1237 | 1,653.05 | 1,239.80 | 165.30 | Wheelchair, pediatric size, rigid, adjustable, without seating system |
| E1238 | 1,723.55 | 1,292.64 | 172.37 | Wheelchair, pediatric size, folding, adjustable, without seating system |
| E1296 | 491.67 | 368.75 | 49.94 | Special wheelchair seat height from floor |
| E1297 | 88.92 | 66.68 | 9.88 | Special wheelchair seat depth, by upholstery |
| E1298 | 360.10 | 270.07 | 36.85 | Special wheelchair seat depth and/or width, by construction |
| E1310 | 1,825.29 | 1,368.97 | 156.12 | Whirlpool, nonportable (built-in type) |
| E1372 | 163.03 | 120.68 | 23.69 | Immersion external heater for nebulizer |
| E1399 | I.C. | I.C. | I.C. | Durable medical equipment, miscellaneous |
| E1700 | 312.39 | 234.31 | 31.23 | Jaw motion rehabilitation system |
| E1701 | 10.37 | | | Replacement cushions for jaw motion rehabilitation system, package of six |
| E1702 | 22.57 | | | Replacement measuring scales for jaw motion rehabilitation system, package of 200 |
| E1820 | 81.74 | 61.31 | 8.17 | Replacement soft interface material, dynamic adjustable extension/flexion device |
| E1821 | 105.25 | 78.95 | 10.51 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| E2100 | 643.19 | 482.40 | 64.32 | Blood glucose monitor with integrated voice synthesizer |
| E2101 | 188.56 | 141.42 | 18.86 | Blood glucose monitor with integrated lancing/blood sample |
| E2201 | 373.10 | 279.83 | 37.31 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches |
| E2202 | 473.98 | 355.50 | 47.40 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches |
| E2203 | 479.05 | 359.28 | 47.89 | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches |
| E2204 | 813.40 | 610.05 | 81.35 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches |
| E2310 | 1,170.24 | 877.68 | 117.02 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| E2311 | 2,369.20 | 1,776.90 | 236.93 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| E2320 | 998.38 | 748.79 | 99.84 | Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware |
| E2321 | 1,532.90 | 1,149.68 | 153.28 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware |
| E2322 | 1,410.36 | 1,057.78 | 141.03 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware |
| E2323 | 64.64 | 48.48 | 6.47 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated |
| E2324 | 44.49 | 33.37 | 4.45 | Power wheelchair accessory, chin cup for chin control interface |
| E2325 | 1,346.83 | 1,010.13 | 134.70 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware |
| E2326 | 319.60 | 239.72 | 31.96 | Power wheelchair accessory, breath tube kit for sip and puff interface |
| E2327 | 2,306.14 | 1,729.58 | 230.62 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware |
| E2328 | 3,877.32 | 2,908.01 | 387.74 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware |
| E2329 | 1,730.31 | 1,297.72 | 173.04 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware |
| E2330 | 3,333.27 | 2,499.96 | 333.32 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware |
| E2340 | 314.22 | 235.67 | 31.42 | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches |
| E2341 | 462.97 | 347.23 | 46.30 | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches |
| E2342 | 448.03 | 336.03 | 44.80 | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches |
| E2343 | 259.27 | 194.44 | 25.93 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches |
| E2351 | 698.63 | 523.96 | 69.88 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface |
| E2360 | 112.34 | 84.26 | 11.29 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each |
| E2361 | 139.47 | 104.62 | 13.95 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) |
| E2362 | 91.98 | 68.98 | 9.20 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each |
| E2363 | 186.00 | 139.50 | 18.61 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| E2364 | 112.34 | 84.26 | 11.29 | Power wheelchair accessory, U-1 non-sealed lead acid battery, each |
| E2365 | 112.17 | 84.15 | 11.22 | Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) |
| E2366 | 263.62 | 197.72 | 26.43 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each |
| E2367 | 419.08 | 314.31 | 41.91 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each |
| E2500 | 391.06 | 293.29 | 39.11 | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time |
| E2502 | 1,195.80 | 896.86 | 119.59 | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time |
| E2504 | 1,577.42 | 1,183.05 | 157.76 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time |
| E2506 | 2,312.96 | 1,734.69 | 231.29 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time |
| E2508 | 3,576.61 | 2,682.47 | 357.67 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device |
| E2510 | 6,768.25 | 5,076.18 | 676.82 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access |
| E2511 | I.C. | I.C. | I.C. | Speech generating software program, for personal computer or personal digital assistant |
| E2512 | I.C. | I.C. | I.C. | Accessory for speech generating device, mounting system |
| E2599 | I.C. | | | Accessory for speech generating device, not otherwise classified |
| K0005 | 1,848.76 | 1,386.55 | 184.86 | Ultralightweight wheelchair |
| K0015 | 181.70 | 136.27 | 18.18 | Detachable, nonadjustable height armrest, each |
| K0016 | 114.97 | 86.23 | 9.31 | Detachable, adjustable height armrest, complete assembly, each |
| K0017 | 51.11 | 38.33 | 5.11 | Detachable, adjustable height armrest, base, each |
| K0018 | 28.55 | 21.43 | 2.84 | Detachable, adjustable height armrest, upper portion, each |
| K0019 | 17.18 | 12.87 | 1.71 | Arm pad, each |
| K0020 | 46.46 | 34.83 | 4.65 | Fixed, adjustable height armrest, pair |
| K0022 | 50.22 | 37.66 | 4.25 | Reinforced back upholstery |
| K0023 | 87.38 | 65.54 | 8.75 | Solid back insert, planar back, single density foam, attached with straps |
| K0024 | 103.92 | 77.94 | 10.41 | Solid back insert, planar back, single density foam, with adjustable hook-on hardware |
| K0025 | 71.37 | 53.52 | 6.62 | Hook-on headrest extension |
| K0026 | 46.50 | 35.03 | 3.96 | Back upholstery for ultralightweight or high-strength lightweight wheelchair |
| K0027 | 46.50 | 35.03 | 3.96 | Back upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair |
| K0028 | 463.80 | 347.82 | 47.74 | Manual, fully reclining back |
| K0029 | 49.75 | 37.33 | 4.20 | Reinforced seat upholstery |
| K0030 | 95.15 | 71.37 | 7.92 | Solid seat insert, planar seat, single density foam |
| K0031 | 42.70 | 31.66 | 4.28 | Safety belt/pelvic strap, each |
| K0032 | 45.88 | 34.59 | 3.96 | Seat upholstery for ultralightweight or high-strength lightweight wheelchair |
| K0033 | 45.88 | 34.59 | 3.96 | Seat upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair |
| K0035 | 25.90 | 19.45 | 2.60 | Heel loop with ankle strap, each |
| K0036 | 16.89 | 12.66 | 1.96 | Toe loop, each |
| K0037 | 48.16 | 36.13 | 3.96 | High mount flip-up footrest, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| K0038 | 24.26 | 18.20 | 2.43 | Leg strap, each |
| K0039 | 53.88 | 40.41 | 5.40 | Leg strap, H style, each |
| K0040 | 74.67 | 55.99 | 7.45 | Adjustable angle footplate, each |
| K0041 | 52.92 | 39.69 | 5.31 | Large size footplate, each |
| K0042 | 36.43 | 27.32 | 3.63 | Standard size footplate, each |
| K0043 | 19.53 | 14.66 | 1.95 | Footrest, lower extension tube, each |
| K0044 | 16.64 | 12.48 | 1.67 | Footrest, upper hanger bracket, each |
| K0045 | 56.62 | 42.47 | 5.84 | Footrest, complete assembly |
| K0046 | 19.53 | 14.66 | 1.95 | Elevating legrest, lower extension tube, each |
| K0047 | 76.48 | 57.34 | 7.67 | Elevating legrest, upper hanger bracket, each |
| K0048 | 117.43 | 91.75 | 13.22 | Elevating legrest, complete assembly |
| K0049 | 25.84 | 19.36 | 2.66 | Calf pad, each |
| K0050 | 32.50 | 24.39 | 3.24 | Ratchet assembly |
| K0051 | 52.61 | 39.44 | 5.29 | Cam release assembly, footrest or legrest, each |
| K0052 | 92.44 | 69.32 | 9.24 | Swingaway, detachable footrests, each |
| K0053 | 102.01 | 76.51 | 10.19 | Elevating footrests, articulating (telescoping), each |
| K0054 | 104.64 | 78.47 | 10.46 | Seat width of 10, 11, 12, 15, 17, or 20 inches for a high-strength, lightweight or ultralightweight wheelchair |
| K0055 | 95.10 | 71.34 | 9.51 | Seat depth of 15, 17, or 18 inches for a high strength, lightweight or ultralightweight wheelchair |
| K0056 | 95.10 | 71.34 | 9.51 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair |
| K0057 | 124.20 | 93.14 | 12.43 | Seat width 19 or 20 inches for heavy duty or extra heavy-duty chair |
| K0058 | 60.37 | 45.27 | 6.04 | Seat depth 17 or 18 inches for a motorized/power wheelchair |
| K0059 | 31.72 | 23.79 | 3.16 | Plastic coated handrim, each |
| K0060 | 27.75 | 20.80 | 2.78 | Steel handrim, each |
| K0061 | 39.37 | 29.54 | 3.94 | Aluminum handrim, each |
| K0062 | 61.01 | 45.75 | 6.12 | Handrim with 8 to 10 vertical or oblique projections, each |
| K0063 | 81.46 | 61.08 | 8.15 | Handrim with 12 to 16 vertical or oblique projections, each |
| K0064 | 30.41 | 22.79 | 3.05 | Zero pressure tube (flat free insert), any size, each |
| K0065 | 44.46 | 33.34 | 4.45 | Spoke protectors, each |
| K0066 | 28.52 | 21.81 | 2.75 | Solid tire, any size, each |
| K0067 | 40.91 | 29.30 | 3.96 | Pneumatic tire, any size, each |
| K0068 | 5.88 | 4.42 | 0.61 | Pneumatic tire tube, each |
| K0069 | 99.92 | 74.94 | 10.41 | Rear wheel assembly, complete, with solid tire, spokes or molded, each |
| K0070 | 183.16 | 137.37 | 18.33 | Rear wheel assembly, complete with pneumatic tire, spokes or molded, each |
| K0071 | 109.25 | 81.92 | 10.93 | Front caster assembly, complete, with pneumatic tire, each |
| K0072 | 65.76 | 49.32 | 6.57 | Front caster assembly, complete, with semipneumatic tire, each |
| K0073 | 34.80 | 26.10 | 3.48 | Caster pin lock, each |
| K0074 | 36.00 | 26.99 | 3.96 | Pneumatic caster tire, any size, each |
| K0075 | 40.31 | 30.24 | 4.01 | Semipneumatic caster tire, any size, each |
| K0076 | 25.55 | 19.18 | 2.58 | Solid caster tire, any size, each |
| K0077 | 58.85 | 44.13 | 5.88 | Front caster assembly, complete, with solid tire, each |
| K0078 | 9.60 | 7.18 | 0.95 | Pneumatic caster tire tube, each |
| K0079 | 59.52 | 25.26 | 5.29 | Wheel lock extension, pair |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| K0080 | 148.12 | 111.09 | 14.14 | Antirollback device, pair |
| K0081 | 40.68 | 30.50 | 4.06 | Wheel lock assembly, complete, each |
| K0082 | 112.34 | 84.26 | 11.29 | 22 NF non-sealed lead acid battery, each |
| K0083 | 139.47 | 104.62 | 13.95 | 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) |
| K0084 | 91.98 | 68.98 | 9.20 | Group 24 non-sealed lead acid battery, each |
| K0085 | 186.00 | 139.50 | 18.61 | Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) |
| K0086 | 112.34 | 84.26 | 11.29 | U-1 non-sealed lead acid battery, each |
| K0087 | 112.17 | 84.15 | 11.22 | U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) |
| K0088 | 263.62 | 197.72 | 26.43 | Battery charger, single mode, for use with only one battery type, sealed or non-sealed |
| K0089 | 419.08 | 314.31 | 41.91 | Battery charger, dual mode, for use with either battery type, sealed or non-sealed |
| K0090 | 76.18 | 57.14 | 7.63 | Rear wheel tire for power wheelchair, any size, each |
| K0091 | 20.77 | 15.57 | 2.07 | Rear wheel tire tube other than zero pressure for power wheelchair, any size, each |
| K0092 | 243.13 | 182.35 | 24.30 | Rear wheel assembly for power wheelchair, complete, each |
| K0093 | 151.88 | 113.91 | 15.19 | Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each |
| K0094 | 49.50 | 37.11 | 4.96 | Wheel tire for power base, any size, each |
| K0095 | 49.50 | 37.11 | 4.96 | Wheel tire tube other than zero pressure for each base, any size, each |
| K0096 | 274.29 | 205.72 | 27.42 | Wheel assembly for power base, complete, each |
| K0097 | 63.09 | 47.31 | 6.31 | Wheel zero-pressure tire tube (flat free insert) for power base, any size, each |
| K0098 | 27.21 | 20.39 | 2.72 | Drive belt for power wheelchair |
| K0099 | 80.91 | 60.68 | 8.11 | Front caster for power wheelchair |
| K0100 | 88.42 | 66.92 | 7.78 | Wheelchair adapter for amputee, pair |
| K0102 | 43.35 | 32.51 | 4.34 | Crutch and cane holder, each |
| K0103 | 54.89 | 40.36 | 5.61 | Transfer board, less than 25 inches |
| K0104 | 118.78 | 89.09 | 11.87 | Cylinder tank carrier, each |
| K0105 | 99.43 | 74.57 | 9.93 | IV hanger, each |
| K0106 | 107.16 | 80.38 | 10.74 | Arm trough, each |
| K0107 | 88.36 | 66.27 | 8.85 | Wheelchair tray |
| K0112 | 244.22 | | | Trunk support device, vest type, with inner frame, prefabricated |
| K0113 | 148.98 | | | Trunk support device, vest type, without inner frame, prefabricated |
| K0114 | 758.20 | 568.65 | 75.84 | Back support system for use with a wheelchair, with inner frame, prefabricated |
| K0115 | 869.38 | 652.04 | 86.96 | Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base |
| K0116 | 1,814.60 | 1,360.97 | 181.46 | Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base |
| K0268 | 107.00 | 80.24 | 10.69 | Humidifier, nonheated, used with positive airway pressure device |
| K0452 | 6.55 | 4.92 | 0.56 | Wheelchair bearings, any type |
| K0461 | 1,760.94 | 1,320.70 | 176.09 | Power add-on, to convert manual wheelchair to power operated vehicle, tiller control |
| K0531 | 301.22 | 225.91 | 30.11 | Humidifier, heated, used with positive airway pressure device |
| K0539 | 27.42 | | | Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each |
| K0540 | 24.53 | | | Canister set for negative pressure wound therapy electrical pump, stationary or portable, each |
| K0541 | 391.06 | 293.29 | 39.11 | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time |
| K0543 | 3,576.61 | 2,682.47 | 357.67 | Speech generating device, synthesized speech, requiring message formulation by spelling |

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| | | | | and access by physical contact with the device |
| K0544 | 6,768.25 | 5,076.18 | 676.82 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access |
| K0545 | I.C. | I.C. | I.C. | Speech generating software program, for personal computer or personal digital assistant |
| K0546 | I.C. | I.C. | I.C. | Accessory for speech generating device, mounting system |
| K0552 | 2.65 | | | Supplies for external drug infusion pump, syringe type cartridge, sterile, each |
| K0556 | 632.69 | | | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism |
| K0557 | 527.21 | | | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism |
| K0558 | 1,035.59 | | | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557) |
| K0559 | 1,035.59 | | | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557) |
| K0560 | 1,756.79 | | | Metacarpal phalangeal joint replacement, two pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system) |
| K0581 | 2.75 | | | Ostomy pouch, closed, with barrier attached, with filter (one piece), each |
| K0582 | 3.72 | | | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each |
| K0583 | 1.81 | | | Ostomy pouch, closed; without barrier attached, with filter (one piece), each |
| K0584 | 1.74 | | | Ostomy pouch, closed; for use on barrier with flange, with filter (two piece), each |
| K0585 | I.C. | | | Ostomy pouch, closed; for use on barrier with locking flange (two piece), each |
| K0586 | 1.86 | | | Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each |
| K0587 | 4.75 | | | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each |
| K0588 | 3.58 | | | Ostomy pouch, drainable; for use on barrier with flange, with filter (two piece system), each |
| K0589 | 2.73 | | | Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each |
| K0590 | 2.78 | | | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each |
| K0591 | 6.51 | | | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each |
| K0592 | 8.25 | | | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each |
| K0593 | 8.52 | | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each |
| K0594 | 6.22 | | | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each |
| K0595 | 3.59 | | | Ostomy pouch, urinary; for use on barrier with flange, with faucet-type tap with valve (two piece), each |
| K0596 | 3.34 | | | Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each |
| K0597 | 3.76 | | | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with |

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|---|---|---|---|---|
| | | | | valve (two piece), each |
| K0600 | 10,177.19 | 7,632.90 | 1,017.72 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program |
| K0601 | 1.10 | | | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each |
| K0602 | 6.36 | | | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each |
| K0603 | 0.57 | | | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each |
| K0604 | 6.09 | | | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each |
| K0605 | 14.60 | | | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each |
| K0607 | 198.31 | 148.73 | 19.84 | Replacement battery for automated external defibrillator, garment type only, each |
| K0608 | 123.76 | 92.82 | 12.39 | Replacement garment for use with automated external defibrillator, each |
| K0609 | 823.02 | | | Replacement electrodes for use with automated external defibrillator, garment type only, each |
| K0615 | 1,195.80 | 896.86 | 119.59 | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time |
| K0616 | 1,577.42 | 1,183.05 | 157.76 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time |
| K0617 | 2,312.96 | 1,734.69 | 231.29 | Speech generating device,digitized speech, using pre-recorded messages, greater than 40 minutes recording time |
| K0618 | 603.48 | | | TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment |
| K0619 | 397.10 | | | TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment |
| K0620 | 1.14 | | | Tubular elastic dressing, any width, per linear yard |
| K0621 | 1.88 | | | Gauze, packing strips non-impregnated, up to 2 inches in width, per linear yard |
| K0622 | 0.67 | | | Conforming bandage, non-elastic, knitted/woven, non-sterile width less than three inches, per roll |
| K0623 | 1.40 | | | Conforming bandage, non-elastic, knitted/woven, sterile width less than three inches, per roll |
| K0624 | 5.82 | | | Light compression bandage, elastic knitted/woven, width less than 3 inches, per roll (at least 3 yards unstretched) |
| K0625 | 2.93 | | | Self adherent bandage, elastic, non-knitted/non-woven, load resistance greater than or equal to 0.55 foot pounds at 50% maximum stretch, width less than 3 inches per roll |
| K0626 | 7.13 | | | Self adherent bandage, elastic, non-knitted/non-woven, load resistance greater than or equal to 0.55 foot pounds at 50% maximum stretch, width less than 5 inches per roll |
| K0628 | I.C. | | | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer of 3/16 inch material of 40 (or higher), prefabricated, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| K0629 | I.C. | | | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer of higher, includes arch filler and other shaping material, custom fabricated, each |
| K0630 | 27.08 | | | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the scroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0631 | I.C. | | | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the scroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated |
| K0632 | 57.23 | | | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over sacrum and abdomen, reduces motion about the scroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0633 | I.C. | | | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over sacrum and abdomen, reduces motion about the scroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated |
| K0634 | 55.58 | | | Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment |
| K0635 | 66.09 | | | Lumbar orthosis, saggital control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include paddding, stays, shoulder straps, stays, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0636 | 355.52 | | | Lumbar orthosis, saggital control, with rigid anterior and posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include paddding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0637 | 62.60 | | | Lumbar-sacral orthosis, flexible, provides lumbar support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0638 | I.C. | | | Lumbar-sacral orthosis, flexible, provides lumbar support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated |
| K0639 | 137.60 | | | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0640 | 696.67 | | | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0641 | I.C. | | | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated |
| K0642 | 217.86 | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| | | | | intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0643 | I.C. | | | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated |
| K0644 | I.C. | | | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0645 | I.C. | | | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated |
| K0646 | 419.89 | | | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0647 | 1,036.35 | | | Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0648 | 630.01 | | | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0649 | 822.21 | | | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated |
| L0100 | 433.40 | | | Cranial orthosis (helmet), with or without soft interface, molded to patient model |
| L0110 | 116.11 | | | Cranial orthosis (helmet), with or without soft-interface, non-molded |
| L0112 | 1,099.77 | | | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated |
| L0120 | 19.97 | | | Cervical, flexible, nonadjustable (foam collar) |
| L0130 | 128.17 | | | Cervical, flexible, thermoplastic collar, molded to patient |
| L0140 | 62.30 | | | Cervical, semi-rigid, adjustable (plastic collar) |
| L0150 | 92.80 | | | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L0160 | 157.19 | | | Cervical, semi-rigid, wire frame occipital/mandibular support |
| L0170 | 619.05 | | | Cervical, collar, molded to patient model |
| L0172 | 95.57 | | | Cervical, collar, semi-rigid thermoplastic foam, two piece |
| L0174 | 275.72 | | | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension |
| L0180 | 371.89 | | | Cervical, multiple post collar, occipital/mandibular supports, adjustable |
| L0190 | 450.68 | | | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types) |
| L0200 | 422.66 | | | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension |
| L0210 | 37.19 | | | Thoracic, rib belt |
| L0220 | 100.13 | | | Thoracic, rib belt, custom fabricated |
| L0450 | 174.44 | | | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment |
| L0452 | I.C. | | | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated |
| L0454 | 272.52 | | | TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment |
| L0456 | 781.51 | | | TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment |
| L0458 | 700.77 | | | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment |
| L0460 | 788.75 | | | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment |
| L0462 | 981.08 | | | TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment |
| L0464 | 1,167.97 | | | TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, |

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| | | | | includes fitting and adjustment |
| L0466 | 324.45 | | | TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment |
| L0468 | 419.24 | | | TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment |
| L0470 | 595.43 | | | TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment |
| L0472 | 362.79 | | | TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment |
| L0476 | 736.28 | | | TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment |
| L0478 | 1,185.93 | | | TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated |
| L0480 | 1,253.65 | | | TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated |
| L0482 | 1,308.14 | | | TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated |
| L0484 | 1,783.66 | | | TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated |
| L0486 | 1,892.37 | | | TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to |

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| | | | | scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated |
| L0488 | 788.75 | | | TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment |
| L0490 | 222.28 | | | TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment |
| L0500 | 124.48 | | | Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral support) |
| L0510 | 276.64 | | | LSO, flexible (lumbo-sacral support), custom fabricated |
| L0515 | 239.40 | | | LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated |
| L0520 | 413.59 | | | LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front |
| L0530 | 415.81 | | | LSO, anterior-posterior control (Macausland type), with apron front |
| L0540 | 409.82 | | | LSO, lumbar flexion (Williams flexion type) |
| L0550 | 1,141.11 | | | LSO, anterior-posterior-lateral control, molded to patient model |
| L0560 | 1,199.50 | | | LSO, anterior-posterior-lateral control, molded to patient model, with interface material |
| L0561 | 271.24 | | | LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated |
| L0565 | 920.06 | | | LSO, anterior-posterior-lateral control, custom fitted |
| L0600 | 81.32 | | | Sacroiliac, flexible (sacroiliac surgical support) |
| L0610 | 259.29 | | | Sacroiliac, flexible (sacroiliac surgical support), custom fabricated |
| L0620 | 318.71 | | | Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front |
| L0700 | 1,690.80 | | | CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type) |
| L0710 | 1,824.26 | | | CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type) |
| L0810 | 2,545.80 | | | Halo procedure, cervical halo incorporated into jacket vest |
| L0820 | 2,168.02 | | | Halo procedure, cervical halo incorporated into plaster body jacket |
| L0830 | 2,819.60 | | | Halo procedure, cervical halo incorporated into Milwaukee type orthosis |
| L0860 | 974.23 | | | Addition to halo procedure, magnetic resonance image compatible system |
| L0861 | 169.36 | | | Addition to halo procedure, replacement liner/interface material |
| L0960 | 65.35 | | | Torso support, postsurgical support, pads for postsurgical support |
| L0970 | 86.03 | | | TLSO, corset front |
| L0972 | 77.47 | | | LSO, corset front |
| L0974 | 169.82 | | | TLSO, full corset |
| L0976 | 128.66 | | | LSO, full corset |
| L0978 | 155.83 | | | Axillary crutch extension |
| L0980 | 17.53 | | | Peroneal straps, pair |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L0982 | 16.34 | | | Stocking supporter grips, set of four (4) |
| L0984 | 51.48 | | | Protective body sock, each |
| L1000 | 1,928.38 | | | CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model |
| L1005 | 2,514.93 | | | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment |
| L1010 | 55.75 | | | Addition to CTLSO or scoliosis orthosis, axilla sling |
| L1020 | 65.06 | | | Addition to CTLSO or scoliosis orthosis, kyphosis pad |
| L1025 | 100.80 | | | Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating |
| L1030 | 47.89 | | | Addition to CTLSO or scoliosis orthosis, lumbar bolster pad |
| L1040 | 58.73 | | | Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad |
| L1050 | 62.67 | | | Addition to CTLSO or scoliosis orthosis, sternal pad |
| L1060 | 74.84 | | | Addition to CTLSO or scoliosis orthosis, thoracic pad |
| L1070 | 67.73 | | | Addition to CTLSO or scoliosis orthosis, trapezius sling |
| L1080 | 44.34 | | | Addition to CTLSO or scoliosis orthosis, outrigger |
| L1085 | 115.87 | | | Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions |
| L1090 | 69.00 | | | Addition to CTLSO or scoliosis orthosis, lumbar sling |
| L1100 | 145.59 | | | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather |
| L1110 | 226.88 | | | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model |
| L1120 | 29.90 | | | Addition to CTLSO, scoliosis orthosis, cover for upright, each |
| L1200 | 1,400.04 | | | TLSO, inclusive of furnishing initial orthosis only |
| L1210 | 196.97 | | | Addition to TLSO, (low profile), lateral thoracic extension |
| L1220 | 166.77 | | | Addition to TLSO, (low profile), anterior thoracic extension |
| L1230 | 481.15 | | | Addition to TLSO, (low profile), Milwaukee type superstructure |
| L1240 | 63.54 | | | Addition to TLSO, (low profile), lumbar derotation pad |
| L1250 | 63.50 | | | Addition to TLSO, (low profile), anterior ASIS pad |
| L1260 | 63.54 | | | Addition to TLSO, (low profile), anterior thoracic derotation pad |
| L1270 | 63.54 | | | Addition to TLSO, (low profile), abdominal pad |
| L1280 | 86.58 | | | Addition to TLSO, (low profile), rib gusset (elastic), each |
| L1290 | 63.54 | | | Addition to TLSO, (low profile), lateral trochanteric pad |
| L1300 | 1,337.57 | | | Other scoliosis procedure, body jacket molded to patient model |
| L1310 | 1,439.58 | | | Other scoliosis procedure, postoperative body jacket |
| L1500 | 1,881.66 | | | THKAO, mobility frame (Newington, Parapodium types) |
| L1510 | 1,111.94 | | | THKAO, standing frame, with or without tray and accessories |
| L1520 | 1,865.39 | | | THKAO, swivel walker |
| L1600 | 116.57 | | | HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment |
| L1610 | 35.71 | | | HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment |
| L1620 | 118.65 | | | HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L1630 | 170.08 | | | HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated |
| L1640 | 463.13 | | | HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated |
| L1650 | 230.54 | | | HO, abduction control of hip joints, static, adjustable (Ilfled type), prefabricated, includes fitting and adjustment |
| L1652 | 280.10 | | | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type |
| L1660 | 158.38 | | | HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment |
| L1680 | 917.18 | | | HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated |
| L1685 | 1,193.85 | | | HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated |
| L1686 | 757.05 | | | HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustments |
| L1690 | 1,519.45 | | | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment |
| L1700 | 1,460.73 | | | Legg Perthes orthosis, (Toronto type), custom fabricated |
| L1710 | 1,794.22 | | | Legg Perthes orthosis, (Newington type), custom fabricated |
| L1720 | 1,014.66 | | | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated |
| L1730 | 1,066.76 | | | Legg Perthes orthosis, (Scottish Rite type), custom fabricated |
| L1750 | 148.10 | | | Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment |
| L1755 | 1,589.06 | | | Legg Perthes orthosis, (Patten bottom type), custom fabricated |
| L1800 | 50.07 | | | KO, elastic with stays, prefabricated, includes fitting and adjustment |
| L1810 | 77.81 | | | KO, elastic with joints, prefabricated, includes fitting and adjustment |
| L1815 | 97.23 | | | KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment |
| L1820 | 114.58 | | | KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment |
| L1825 | 53.70 | | | KO, elastic knee cap, prefabricated, includes fitting and adjustment |
| L1830 | 65.85 | | | KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment |
| L1831 | 231.26 | | | Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment |
| L1832 | 597.55 | | | KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment |
| L1834 | 779.11 | | | KO, without knee joint, rigid, custom fabricated |
| L1836 | 104.84 | | | Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment |
| L1840 | 734.26 | | | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated |
| L1843 | 705.03 | | | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment |
| L1844 | 1,285.64 | | | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated |
| L1845 | 655.59 | | | KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial- |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| | | | | lateral and rotation control, prefabricated, includes fitting and adjustment |
| L1846 | 877.53 | | | KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated |
| L1847 | 451.94 | | | KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment |
| L1850 | 266.49 | | | KO, Swedish type, prefabricated, includes fitting and adjustment |
| L1855 | 1,082.38 | | | KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated |
| L1858 | 1,034.68 | | | KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated |
| L1860 | 854.01 | | | KO, modification of supracondylar prosthetic socket, custom fabricated (SK) |
| L1870 | 866.45 | | | KO, double upright, thigh and calf lacers, with knee joints, custom fabricated |
| L1880 | 594.32 | | | KO, double upright, nonmolded thigh and calf cuffs/lacers with knee joints, custom fabricated |
| L1885 | 854.13 | | | KO, single or double upright, thigh and calf, with funtional active resistance control, prefabricated, includes fitting and adjustment |
| L1900 | 239.09 | | | AFO, spring wire, dorsiflexion assist calf band, custom fabricated |
| L1901 | 13.91 | | | Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, lycra) |
| L1902 | 69.21 | | | AFO, ankle gauntlet, prefabricated, includes fitting and adjustment |
| L1904 | 471.98 | | | AFO, molded ankle gauntlet, custom fabricated |
| L1906 | 101.37 | | | AFO, multiligamentus ankle support, prefabricated, includes fitting and adjustment |
| L1907 | 442.14 | | | AFO, supramalleolar with straps, with or without interface/pads, custom fabricated |
| L1910 | 238.66 | | | AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment |
| L1920 | 349.75 | | | AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated |
| L1930 | 205.51 | | | AFO, plastic or other material, prefabricated, includes fitting and adjustment |
| L1940 | 496.37 | | | AFO, plastic or other material, custom-fabricated |
| L1945 | 929.10 | | | AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated |
| L1950 | 717.88 | | | AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom-fabricated |
| L1951 | 659.91 | | | AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment |
| L1960 | 556.33 | | | AFO, posterior solid ankle, plastic, custom fabricated |
| L1970 | 714.18 | | | AFO, plastic, with ankle joint, custom fabricated |
| L1971 | 368.30 | | | AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment |
| L1980 | 357.36 | | | AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK" orthosis) |
| L1990 | 425.15 | | | AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK" orthosis) |
| L2000 | 866.78 | | | KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK" orthosis) |
| L2010 | 787.83 | | | KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK" orthosis) |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L2020 | 1,117.90 | | | KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK" orthosis) |
| L2030 | 906.67 | | | KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK" orthosis) |
| L2035 | 138.45 | | | KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment |
| L2036 | 1,862.14 | | | KAFO, full plastic, double upright, free knee, custom fabricated |
| L2037 | 1,671.72 | | | KAFO, full plastic, single upright, free knee, custom fabricated |
| L2038 | 1,434.99 | | | KAFO, full plastic, without knee joint, multiaxis ankle, (Lively orthosis or equal), custom fabricated |
| L2039 | 1,746.25 | | | KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated |
| L2040 | 170.87 | | | HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated |
| L2050 | 478.11 | | | HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated |
| L2060 | 486.69 | | | HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated |
| L2070 | 117.50 | | | HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated |
| L2080 | 361.00 | | | HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated |
| L2090 | 346.94 | | | HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated |
| L2106 | 682.41 | | | AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated |
| L2108 | 1,036.68 | | | AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated |
| L2112 | 425.52 | | | AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment |
| L2114 | 513.97 | | | AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment |
| L2116 | 660.05 | | | AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment |
| L2126 | 1,080.94 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated |
| L2128 | 1,721.03 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated |
| L2132 | 635.87 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment |
| L2134 | 895.10 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment |
| L2136 | 1,000.51 | | | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment |
| L2180 | 103.99 | | | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints |
| L2182 | 91.95 | | | Addition to lower extremity fracture orthosis, drop lock knee joint |
| L2184 | 96.52 | | | Addition to lower extremity fracture orthosis, limited motion knee joint |
| L2186 | 116.51 | | | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type |
| L2188 | 282.86 | | | Addition to lower extremity fracture orthosis, quadrilateral brim |
| L2190 | 87.65 | | | Addition to lower extremity fracture orthosis, waist belt |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L2192 | 324.21 | | | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt |
| L2200 | 35.79 | | | Addition to lower extremity, limited ankle motion, each joint |
| L2210 | 50.60 | | | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint |
| L2220 | 61.65 | | | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint |
| L2230 | 57.76 | | | Addition to lower extremity, split flat caliper stirrups and plate attachment |
| L2240 | 77.46 | | | Addition to lower extremity, round caliper and plate attachment |
| L2250 | 267.48 | | | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment |
| L2260 | 150.90 | | | Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) |
| L2265 | 118.20 | | | Addition to lower extremity, long tongue stirrup |
| L2270 | 47.27 | | | Addition to lower extremity, varus/valgus correction (T") strap |
| L2275 | 99.11 | | | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined |
| L2280 | 376.09 | | | Addition to lower extremity, molded inner boot |
| L2300 | 202.67 | | | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable |
| L2310 | 92.60 | | | Addition to lower extremity, abduction bar, straight |
| L2320 | 189.85 | | | Addition to lower extremity, nonmolded lacer |
| L2330 | 330.77 | | | Addition to lower extremity, lacer molded to patient model |
| L2335 | 225.96 | | | Addition to lower extremity, anterior swing band |
| L2340 | 336.43 | | | Addition to lower extremity, pretibial shell, molded to patient model |
| L2350 | 670.74 | | | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB |
| L2360 | 38.95 | | | Addition to lower extremity, extended steel shank |
| L2370 | 193.24 | | | Addition to lower extremity, Patten bottom |
| L2375 | 91.09 | | | Addition to lower extremity, torsion control, ankle joint and half solid stirrup |
| L2380 | 92.67 | | | Addition to lower extremity, torsion control, straight knee joint, each joint |
| L2385 | 128.51 | | | Addition to lower extremity, straight knee joint, heavy duty, each joint |
| L2390 | 109.86 | | | Addition to lower extremity, offset knee joint, each joint |
| L2395 | 157.03 | | | Addition to lower extremity, offset knee joint, heavy duty, each joint |
| L2397 | 92.82 | | | Addition to lower extremity orthosis, suspension sleeve |
| L2405 | 68.50 | | | Addition to knee joint, lock; drop, stance or swing phase, each joint |
| L2415 | 95.43 | | | Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint |
| L2425 | 112.64 | | | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint |
| L2430 | 112.64 | | | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint |
| L2435 | 166.10 | | | Addition to knee joint, polycentric joint, each joint |
| L2492 | 89.30 | | | Addition to knee joint, lift loop for drop lock ring |
| L2500 | 316.63 | | | Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring |
| L2510 | 608.93 | | | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model |
| L2520 | 448.54 | | | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L2525 | 1,223.47 | | | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model |
| L2526 | 664.89 | | | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted |
| L2530 | 200.59 | | | Addition to lower extremity, thigh/weight bearing, lacer, nonmolded |
| L2540 | 424.34 | | | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model |
| L2550 | 216.19 | | | Addition to lower extremity, thigh/weight bearing, high roll cuff |
| L2570 | 358.55 | | | Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each |
| L2580 | 389.81 | | | Addition to lower extremity, pelvic control, pelvic sling |
| L2600 | 154.60 | | | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each |
| L2610 | 182.81 | | | Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each |
| L2620 | 268.36 | | | Addition to lower extremity, pelvic control, hip joint, heavy-duty, each |
| L2622 | 307.63 | | | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each |
| L2624 | 249.27 | | | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each |
| L2627 | 1,720.59 | | | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables |
| L2628 | 1,470.70 | | | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables |
| L2630 | 231.10 | | | Addition to lower extremity, pelvic control, band and belt, unilateral |
| L2640 | 331.26 | | | Addition to lower extremity, pelvic control, band and belt, bilateral |
| L2650 | 90.58 | | | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each |
| L2660 | 186.83 | | | Addition to lower extremity, thoracic control, thoracic band |
| L2670 | 128.41 | | | Addition to lower extremity, thoracic control, paraspinal uprights |
| L2680 | 117.80 | | | Addition to lower extremity, thoracic control, lateral support uprights |
| L2750 | 83.89 | | | Addition to lower extremity orthosis, plating chrome or nickel, per bar |
| L2755 | 102.64 | | | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment |
| L2760 | 45.73 | | | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) |
| L2768 | 102.38 | | | Orthotic side bar disconnect device, per bar |
| L2770 | 46.48 | | | Addition to lower extremity orthosis, any material, per bar or joint |
| L2780 | 67.92 | | | Addition to lower extremity orthosis, noncorrosive finish, per bar |
| L2785 | 25.80 | | | Addition to lower extremity orthosis, drop lock retainer, each |
| L2795 | 85.28 | | | Addition to lower extremity orthosis, knee control, full kneecap |
| L2800 | 107.06 | | | Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull |
| L2810 | 78.39 | | | Addition to lower extremity orthosis, knee control, condylar pad |
| L2820 | 86.80 | | | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section |
| L2830 | 94.30 | | | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section |
| L2840 | 33.01 | | | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each |
| L2850 | 59.68 | | | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L3224 | 56.10 | | | Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) |
| L3225 | 67.89 | | | Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) |
| L3650 | 54.15 | | | SO, figure of eight design abduction re- strainer, prefabricated, includes fitting and adjustment |
| L3651 | 47.09 | | | Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, lycra) |
| L3652 | 141.90 | | | Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, lycra) |
| L3660 | 100.95 | | | SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment |
| L3670 | 83.30 | | | SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment |
| L3675 | 125.49 | | | SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment |
| L3700 | 51.42 | | | EO, elastic with stays, prefabricated, includes fitting and adjustment |
| L3701 | 14.56 | | | Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, lycra) |
| L3710 | 114.35 | | | EO, elastic with metal joints, prefabricated, includes fitting and adjustment |
| L3720 | 481.80 | | | EO, double upright with forearm/arm cuffs, free motion, custom fabricated |
| L3730 | 885.36 | | | EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated |
| L3740 | 1,049.67 | | | EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated |
| L3760 | 357.62 | | | Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type |
| L3762 | 76.89 | | | Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment |
| L3800 | 165.72 | | | WHFO, short opponens, no attachments, custom fabricated |
| L3805 | 272.87 | | | WHFO, long opponens, no attachment, custom fabricated |
| L3807 | 178.81 | | | WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type |
| L3810 | 47.74 | | | WHFO, addition to short and long opponens, thumb abduction (C") bar" |
| L3815 | 45.18 | | | WHFO, addition to short and long opponens, second M.P. abduction assist |
| L3820 | 76.12 | | | WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop |
| L3825 | 47.77 | | | WHFO, addition to short and long opponens, M.P. extension stop |
| L3830 | 65.73 | | | WHFO, addition to short and long opponens, M.P. extension assist |
| L3835 | 69.46 | | | WHFO, addition to short and long opponens, M.P. spring extension assist |
| L3840 | 52.83 | | | WHFO, addition to short and long opponens, spring swivel thumb |
| L3845 | 59.80 | | | WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop |
| L3850 | 101.16 | | | WHO, addition to short and long opponens, action wrist, with dorsiflexion assist |
| L3855 | 86.10 | | | WHFO, addition to short and long opponens, adjustable M.P. flexion control |
| L3860 | 117.86 | | | WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P. |
| L3900 | 958.33 | | | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated |
| L3901 | 1,183.75 | | | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated |

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|---|---|---|---|---|
| L3904 | 2,269.86 | | | WHFO, external powered, electric, custom fabricated |
| L3906 | 345.55 | | | WHO, wrist gauntlet, molded to patient model, custom fabricated |
| L3907 | 498.90 | | | WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated |
| L3908 | 58.85 | | | WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment |
| L3909 | 10.09 | | | Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, lycra) |
| L3910 | 321.21 | | | WHFO, Swanson design, prefabricated, includes fitting and adjustment |
| L3911 | 17.71 | | | Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, lycra) |
| L3912 | 69.86 | | | HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment |
| L3914 | 69.05 | | | WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment |
| L3916 | 103.43 | | | WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment |
| L3917 | 75.54 | | | Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment |
| L3918 | 58.26 | | | HFO, knuckle bender, prefabricated, includes fitting and adjustment |
| L3920 | 93.57 | | | HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment |
| L3922 | 72.03 | | | HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment |
| L3923 | 27.82 | | | HFO, without joint(s), prefabricated, includes fitting and adjustments, any type |
| L3924 | 78.54 | | | WHFO, Oppenheimer, prefabricated, includes fitting and adjustment |
| L3926 | 68.38 | | | WHFO, Thomas suspension, prefabricated, includes fitting and adjustment |
| L3928 | 48.86 | | | HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment |
| L3930 | 47.23 | | | WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment |
| L3932 | 34.62 | | | FO, safety pin, spring wire, prefabricated, includes fitting and adjustment |
| L3934 | 36.33 | | | FO, safety pin, modified, prefabricated, includes fitting and adjustment |
| L3936 | 74.90 | | | WHFO, Palmer, prefabricated, includes fitting and adjustment |
| L3938 | 77.25 | | | WHFO, dorsal wrist, prefabricated, includes fitting and adjustment |
| L3940 | 94.46 | | | WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment |
| L3942 | 61.11 | | | HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment |
| L3944 | 74.12 | | | HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment |
| L3946 | 65.28 | | | HFO, composite elastic, prefabricated, includes fitting and adjustment |
| L3948 | 48.73 | | | FO, finger knuckle bender, prefabricated, includes fitting and adjustment |
| L3950 | 110.46 | | | WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment |
| L3952 | 122.60 | | | WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment |
| L3954 | 108.46 | | | HFO, spreading hand, prefabricated, includes fitting and adjustment |
| L3956 | I.C. | | | Addition of joint to upper extremity orthosis, any material; per joint |
| L3960 | 643.20 | | | SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment |

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|---|---|---|---|---|
| L3962 | 704.68 | | | SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment |
| L3963 | 1,638.53 | | | SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated |
| L3964 | 621.11 | 465.80 | 62.10 | SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment |
| L3965 | 991.11 | 743.33 | 99.13 | SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment |
| L3966 | 746.64 | 559.98 | 74.67 | SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment |
| L3968 | 858.96 | 644.22 | 85.89 | SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment |
| L3969 | 660.74 | 495.54 | 66.08 | SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment |
| L3970 | 224.66 | 168.50 | 22.47 | SEO, addition to mobile arm support, elevating proximal arm |
| L3972 | 168.07 | 126.05 | 16.81 | SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control |
| L3974 | 142.55 | 106.91 | 14.27 | SEO, addition to mobile arm support, supinator |
| L3980 | 303.63 | | | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment |
| L3982 | 320.02 | | | Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment |
| L3984 | 318.35 | | | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment |
| L3985 | 574.04 | | | Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated |
| L3986 | 443.81 | | | Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated |
| L3995 | 32.12 | | | Addition to upper extremity orthosis, sock, fracture or equal, each |
| L4000 | 1,150.48 | | | Replace girdle for spinal orthosis (CTLSO or SO) |
| L4010 | 505.19 | | | Replace trilateral socket brim |
| L4020 | 654.92 | | | Replace quadrilateral socket brim, molded to patient model |
| L4030 | 380.05 | | | Replace quadrilateral socket brim, custom fitted |
| L4040 | 336.42 | | | Replace molded thigh lacer |
| L4045 | 329.24 | | | Replace nonmolded thigh lacer |
| L4050 | 378.51 | | | Replace molded calf lacer |
| L4055 | 268.31 | | | Replace nonmolded calf lacer |
| L4060 | 250.53 | | | Replace high roll cuff |
| L4070 | 237.16 | | | Replace proximal and distal upright for KAFO |
| L4080 | 101.52 | | | Replace metal bands KAFO, proximal thigh |
| L4090 | 79.07 | | | Replace metal bands KAFO-AFO, calf or distal thigh |
| L4100 | 88.85 | | | Replace leather cuff KAFO, proximal thigh |
| L4110 | 76.38 | | | Replace leather cuff KAFO-AFO, calf or distal thigh |
| L4130 | 373.47 | | | Replace pretibial shell |
| L4350 | 78.16 | | | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), |

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|---|---|---|---|---|
| | | | | prefabricated, includes fitting and adjustment |
| L4360 | 277.90 | | | Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment |
| L4370 | 189.48 | | | Pneumatic full leg splint, prefabricated, includes fitting and adjustment |
| L4380 | 107.81 | | | Pneumatic knee splint, prefabricated, includes fitting and adjustment |
| L4386 | 124.58 | | | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment |
| L4392 | 19.31 | | | Replacement soft interface material, static AFO |
| L4394 | 14.09 | | | Replace soft interface material, foot drop splint |
| L4396 | 137.75 | | | Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment |
| L4398 | 63.41 | | | Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment |
| L5000 | 405.20 | | | Partial foot, shoe insert with longitudinal arch, toe filler |
| L5010 | 982.16 | | | Partial foot, molded socket, ankle height, with toe filler |
| L5020 | 1,670.97 | | | Partial foot, molded socket, tibial tubercle height, with toe filler |
| L5050 | 2,184.86 | | | Ankle, Symes, molded socket, SACH foot |
| L5060 | 2,215.04 | | | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot |
| L5100 | 2,240.39 | | | Below knee, molded socket, shin, SACH foot |
| L5105 | 3,412.31 | | | Below knee, plastic socket, joints and thigh lacer, SACH foot |
| L5150 | 2,880.81 | | | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot |
| L5160 | 3,378.31 | | | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot |
| L5200 | 3,359.54 | | | Above knee, molded socket, single axis constant friction knee, shin, SACH foot |
| L5210 | 2,115.46 | | | Above knee, short prosthesis, no knee joint (stubbies") |
| L5220 | 2,270.47 | | | Above knee, short prosthesis, no knee joint (stubbies") |
| L5230 | 3,200.94 | | | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot |
| L5250 | 4,468.25 | | | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot |
| L5270 | 4,797.22 | | | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot |
| L5280 | 4,805.39 | | | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot |
| L5301 | 1,967.25 | | | Below knee, molded socket, shin, SACH foot, endoskeletal system |
| L5311 | 2,645.29 | | | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system |
| L5321 | 2,775.26 | | | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee |
| L5331 | 4,135.50 | | | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot |
| L5341 | 4,053.11 | | | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot |
| L5400 | 965.20 | | | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| | | | | alignment, suspension, and one cast change, below knee |
| L5410 | 368.56 | | | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment |
| L5420 | 1,219.01 | | | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK" or knee disarticulation" |
| L5430 | 422.21 | | | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK" or knee disarticulation |
| L5450 | 326.73 | | | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee |
| L5460 | 480.38 | | | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee |
| L5500 | 1,173.06 | | | Initial, below knee PTB" type socket |
| L5505 | 1,642.05 | | | Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed |
| L5510 | 1,462.48 | | | Preparatory, below knee PTB" type socket |
| L5520 | 1,531.71 | | | Preparatory, below knee PTB" type socket |
| L5530 | 1,669.13 | | | Preparatory, below knee PTB" type socket |
| L5535 | 1,741.24 | | | Preparatory, below knee PTB" type socket |
| L5540 | 1,655.61 | | | Preparatory, below knee PTB" type socket |
| L5560 | 1,576.83 | | | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model |
| L5570 | 1,901.69 | | | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed |
| L5580 | 1,972.26 | | | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model |
| L5585 | 2,207.67 | | | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket |
| L5590 | 2,224.04 | | | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model |
| L5595 | 3,966.03 | | | Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model |
| L5600 | 4,689.69 | | | Preparatory, hip disarticulation - hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model |
| L5610 | 1,983.98 | | | Addition to lower extremity, endoskeletal system, above knee, hydracadence system |
| L5611 | 1,722.82 | | | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control |
| L5613 | 2,620.51 | | | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control |
| L5614 | 1,328.51 | | | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control |
| L5616 | 1,229.62 | | | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control |
| L5617 | 462.72 | | | Addition to lower extremity, quick change self-aligning unit, above or below knee, each |
| L5618 | 300.72 | | | Addition to lower extremity, test socket, Symes |
| L5620 | 297.28 | | | Addition to lower extremity, test socket, below knee |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L5622 | 362.40 | | | Addition to lower extremity, test socket, knee disarticulation |
| L5624 | 388.75 | | | Addition to lower extremity, test socket, above knee |
| L5626 | 462.95 | | | Addition to lower extremity, test socket, hip disarticulation |
| L5628 | 438.64 | | | Addition to lower extremity, test socket, hemipelvectomy |
| L5629 | 339.82 | | | Addition to lower extremity, below knee, acrylic socket |
| L5630 | 409.86 | | | Addition to lower extremity, Symes type, expandable wall socket |
| L5631 | 469.82 | | | Addition to lower extremity, above knee or knee disarticulation, acrylic socket |
| L5632 | 202.95 | | | Addition to lower extremity, Symes type, PTB" brim design socket" |
| L5634 | 317.39 | | | Addition to lower extremity, Symes type, posterior opening (Canadian) socket |
| L5636 | 272.46 | | | Addition to lower extremity, Symes type, medial opening socket |
| L5637 | 266.74 | | | Addition to lower extremity, below knee, total contact |
| L5638 | 390.29 | | | Addition to lower extremity, below knee, leather socket |
| L5639 | 1,198.87 | | | Addition to lower extremity, below knee, wood socket |
| L5640 | 512.81 | | | Addition to lower extremity, knee disarticulation, leather socket |
| L5642 | 496.87 | | | Addition to lower extremity, above knee, leather socket |
| L5643 | 1,664.29 | | | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame |
| L5644 | 621.56 | | | Addition to lower extremity, above knee, wood socket |
| L5645 | 712.65 | | | Addition to lower extremity, below knee, flexible inner socket, external frame |
| L5646 | 585.88 | | | Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket |
| L5647 | 850.58 | | | Addition to lower extremity, below knee, suction socket |
| L5648 | 528.00 | | | Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket |
| L5649 | 1,526.90 | | | Addition to lower extremity, ischial containment/narrow M-L socket |
| L5650 | 391.51 | | | Addition to lower extremity, total contact, above knee or knee disarticulation socket |
| L5651 | 1,284.13 | | | Addition to lower extremity, above knee, flexible inner socket, external frame |
| L5652 | 432.01 | | | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket |
| L5653 | 488.75 | | | Addition to lower extremity, knee disarticulation, expandable wall socket |
| L5654 | 354.62 | | | Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| L5655 | 253.14 | | | Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| L5656 | 300.37 | | | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| L5658 | 339.08 | | | Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| L5661 | 650.71 | | | Addition to lower extremity, socket insert, multidurometer, Symes |
| L5665 | 547.51 | | | Addition to lower extremity, socket insert, multidurometer, below knee |
| L5666 | 68.53 | | | Addition to lower extremity, below knee, cuff suspension |
| L5668 | 99.36 | | | Addition to lower extremity, below knee, molded distal cushion |
| L5670 | 231.13 | | | Addition to lower extremity, below knee, molded supracondylar suspension (PTS" or similar)" |

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|---|---|---|---|---|
| L5671 | 398.91 | | | Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert |
| L5672 | 281.17 | | | Addition to lower extremity, below knee, removable medial brim suspension |
| L5674 | 56.40 | | | Addition to lower extremity, below knee, suspension sleeve, any material, each |
| L5675 | 92.63 | | | Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each |
| L5676 | 380.67 | | | Addition to lower extremity, below knee, knee joints, single axis, pair |
| L5677 | 527.22 | | | Addition to lower extremity, below knee, knee joints, polycentric, pair |
| L5678 | 31.84 | | | Addition to lower extremity, below knee joint covers, pair |
| L5680 | 277.12 | | | Addition to lower extremity, below knee, thigh lacer, nonmolded |
| L5681 | 1,035.59 | | | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) |
| L5682 | 668.73 | | | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded |
| L5683 | 1,035.59 | | | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) |
| L5684 | 48.35 | | | Addition to lower extremity, below knee, fork strap |
| L5686 | 48.29 | | | Addition to lower extremity, below knee, back check (extension control) |
| L5688 | 56.95 | | | Addition to lower extremity, below knee, waist belt, webbing |
| L5690 | 104.63 | | | Addition to lower extremity, below knee, waist belt, padded and lined |
| L5692 | 126.05 | | | Addition to lower extremity, above knee, pelvic control belt, light |
| L5694 | 193.98 | | | Addition to lower extremity, above knee, pelvic control belt, padded and lined |
| L5695 | 147.25 | | | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each |
| L5696 | 190.15 | | | Addition to lower extremity, above knee or knee disarticulation, pelvic joint |
| L5697 | 85.84 | | | Addition to lower extremity, above knee or knee disarticulation, pelvic band |
| L5698 | 96.36 | | | Addition to lower extremity, above knee or knee disarticulation, Silesian bandage |
| L5699 | 193.44 | | | All lower extremity prostheses, shoulder harness |
| L5700 | 2,336.86 | | | Replacement, socket, below knee, molded to patient model |
| L5701 | 2,899.08 | | | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model |
| L5702 | 3,653.84 | | | Replacement, socket, hip disarticulation, including hip joint, molded to patient model |
| L5704 | 476.49 | | | Custom shaped protective cover, below knee |
| L5705 | 873.54 | | | Custom shaped protective cover, above knee |
| L5706 | 852.05 | | | Custom shaped protective cover, knee disarticulation |
| L5707 | 1,144.71 | | | Custom shaped protective cover, hip disarticulation |
| L5710 | 325.69 | | | Addition, exoskeletal knee-shin system, single axis, manual lock |
| L5711 | 546.33 | | | Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material |
| L5712 | 434.09 | | | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) |

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| L5714 | 390.82 | | | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control |
| L5716 | 702.19 | | | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock |
| L5718 | 843.44 | | | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control |
| L5722 | 791.34 | | | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control |
| L5724 | 1,455.62 | | | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control |
| L5726 | 1,808.24 | | | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control |
| L5728 | 2,544.37 | | | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control |
| L5780 | 978.55 | | | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control |
| L5781 | 3,150.08 | | | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system |
| L5782 | 3,320.90 | | | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty |
| L5785 | 555.55 | | | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) |
| L5790 | 768.85 | | | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) |
| L5795 | 1,148.09 | | | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) |
| L5810 | 520.60 | | | Addition, endoskeletal knee-shin system, single axis, manual lock |
| L5811 | 779.85 | | | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material |
| L5812 | 589.94 | | | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) |
| L5814 | 2,923.87 | | | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock |
| L5816 | 735.44 | | | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock |
| L5818 | 1,026.87 | | | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control |
| L5822 | 1,820.90 | | | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control |
| L5824 | 1,428.96 | | | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control |
| L5826 | 2,500.45 | | | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame |
| L5828 | 3,019.61 | | | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control |
| L5830 | 2,029.01 | | | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control |
| L5840 | 2,971.03 | | | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control |
| L5845 | 1,411.11 | | | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable |
| L5846 | 4,483.00 | | | Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only |
| L5847 | 12,193.31 | | | Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase |
| L5848 | 846.60 | | | Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L5850 | 102.59 | | | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist |
| L5855 | 247.67 | | | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist |
| L5910 | 387.27 | | | Addition, endoskeletal system, below knee, alignable system |
| L5920 | 567.35 | | | Addition, endoskeletal system, above knee or hip disarticulation, alignable system |
| L5925 | 269.47 | | | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock |
| L5930 | 2,783.69 | | | Addition, endoskeletal system, high activity knee control frame |
| L5940 | 402.27 | | | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) |
| L5950 | 783.41 | | | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) |
| L5960 | 861.74 | | | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) |
| L5962 | 471.39 | | | Addition, endoskeletal system, below knee, flexible protective outer surface covering system |
| L5964 | 854.03 | | | Addition, endoskeletal system, above knee, flexible protective outer surface covering system |
| L5966 | 1,100.12 | | | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system |
| L5968 | 2,860.96 | | | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature |
| L5970 | 217.17 | | | All lower extremity prostheses, foot, external keel, SACH foot |
| L5972 | 329.47 | | | All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal) |
| L5974 | 243.63 | | | All lower extremity prostheses, foot, single axis ankle/foot |
| L5975 | 364.98 | | | All lower extremity prosthesis, combination single axis ankle and flexible keel foot |
| L5976 | 551.04 | | | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) |
| L5978 | 297.88 | | | All lower extremity prostheses, foot, multi-axial ankle/foot |
| L5979 | 1,899.49 | | | All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system |
| L5980 | 3,490.61 | | | All lower extremity prostheses, flex-foot system |
| L5981 | 2,599.59 | | | All lower extremity prostheses, flex-walk system or equal |
| L5982 | 615.57 | | | All exoskeletal lower extremity prostheses, axial rotation unit |
| L5984 | 555.17 | | | All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability |
| L5985 | 233.52 | | | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon |
| L5986 | 520.22 | | | All lower extremity prostheses, multi-axial rotation unit (MCP" or equal)" |
| L5987 | 5,663.55 | | | All lower extremity prosthesis, shank foot system with vertical loading pylon |
| L5988 | 1,572.78 | | | Addition to lower limb prosthesis, vertical shock reducing pylon feature |
| L5989 | 2,438.65 | | | Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors |
| L5990 | 1,428.31 | | | Addition to lower extremity prosthesis, user adjustable heel height |
| L5995 | I.C. | | | Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs) |
| L6000 | 1,065.57 | | | Partial hand, Robin-Aids, thumb remaining (or equal) |
| L6010 | 1,185.80 | | | Partial hand, Robin-Aids, little and/or ring finger remaining (or equal) |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L6020 | 1,105.57 | | | Partial hand, Robin-Aids, no finger remaining (or equal) |
| L6025 | 6,300.21 | | | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device |
| L6050 | 1,687.74 | | | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad |
| L6055 | 2,664.40 | | | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad |
| L6100 | 1,698.31 | | | Below elbow, molded socket, flexible elbow hinge, triceps pad |
| L6110 | 1,695.44 | | | Below elbow, molded socket (Muenster or Northwestern suspension types) |
| L6120 | 2,142.54 | | | Below elbow, molded double wall split socket, step-up hinges, half cuff |
| L6130 | 2,328.49 | | | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff |
| L6200 | 2,665.63 | | | Elbow disarticulation, molded socket, outside locking hinge, forearm |
| L6205 | 3,695.18 | | | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm |
| L6250 | 2,209.38 | | | Above elbow, molded double wall socket, internal locking elbow, forearm |
| L6300 | 3,981.36 | | | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm |
| L6310 | 2,433.65 | | | Shoulder disarticulation, passive restoration (complete prosthesis) |
| L6320 | 1,376.83 | | | Shoulder disarticulation, passive restoration (shoulder cap only) |
| L6350 | 3,141.25 | | | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm |
| L6360 | 2,554.41 | | | Interscapular thoracic, passive restoration (complete prosthesis) |
| L6370 | 1,680.22 | | | Interscapular thoracic, passive restoration (shoulder cap only) |
| L6380 | 940.90 | | | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow |
| L6382 | 1,226.24 | | | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow |
| L6384 | 1,529.04 | | | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic |
| L6386 | 362.70 | | | Immediate postsurgical or early fitting, each additional cast change and realignment |
| L6388 | 470.08 | | | Immediate postsurgical or early fitting, application of rigid dressing only |
| L6400 | 1,860.88 | | | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6450 | 3,238.09 | | | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6500 | 2,791.14 | | | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6550 | 3,282.33 | | | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6570 | 4,458.10 | | | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6580 | 1,300.85 | | | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC" or equal pylon |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L6582 | 1,151.14 | | | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC" or equal pylon |
| L6584 | 1,903.87 | | | Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC" or equal pylon |
| L6586 | 1,664.26 | | | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC" or equal pylon |
| L6588 | 2,799.14 | | | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC" or equal pylon |
| L6590 | 2,471.23 | | | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC" or equal pylon |
| L6600 | 150.43 | | | Upper extremity additions, polycentric hinge, pair |
| L6605 | 148.53 | | | Upper extremity additions, single pivot hinge, pair |
| L6610 | 133.52 | | | Upper extremity additions, flexible metal hinge, pair |
| L6615 | 139.31 | | | Upper extremity addition, disconnect locking wrist unit |
| L6616 | 57.56 | | | Upper extremity addition, additional disconnect insert for locking wrist unit, each |
| L6620 | 258.34 | | | Upper extremity addition, flexion/extension wrist unit, with or without friction |
| L6623 | 565.69 | | | Upper extremity addition, spring assisted rotational wrist unit with latch release |
| L6625 | 568.71 | | | Upper extremity addition, rotation wrist unit with cable lock |
| L6628 | 456.19 | | | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal |
| L6629 | 121.17 | | | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal |
| L6630 | 230.45 | | | Upper extremity addition, stainless steel, any wrist |
| L6632 | 56.01 | | | Upper extremity addition, latex suspension sleeve, each |
| L6635 | 144.51 | | | Upper extremity addition, lift assist for elbow |
| L6637 | 392.63 | | | Upper extremity addition, nudge control elbow lock |
| L6638 | 1,968.81 | | | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow |
| L6640 | 224.64 | | | Upper extremity additions, shoulder abduction joint, pair |
| L6641 | 152.48 | | | Upper extremity addition, excursion amplifier, pulley type |
| L6642 | 213.29 | | | Upper extremity addition, excursion amplifier, lever type |
| L6645 | 256.01 | | | Upper extremity addition, shoulder flexion-abduction joint, each |
| L6646 | 2,483.11 | | | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system |
| L6647 | 408.79 | | | Upper extremity addition, shoulder lock mechanism, body powered actuator |
| L6648 | 2,560.98 | | | Upper extremity addition, shoulder lock mechanism, external powered actuator |
| L6650 | 296.02 | | | Upper extremity addition, shoulder universal joint, each |
| L6655 | 65.92 | | | Upper extremity addition, standard control cable, extra |
| L6660 | 93.38 | | | Upper extremity addition, heavy duty control cable |
| L6665 | 44.91 | | | Upper extremity addition, Teflon, or equal, cable lining |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L6670 | 41.06 | | | Upper extremity addition, hook to hand, cable adapter |
| L6672 | 135.22 | | | Upper extremity addition, harness, chest or shoulder, saddle type |
| L6675 | 128.41 | | | Upper extremity addition, harness, (e.g. figure of eight type), single cable design |
| L6676 | 101.74 | | | Upper extremity addition, harness, (e.g. figure of eight type), dual cable design |
| L6680 | 189.33 | | | Upper extremity addition, test socket, wrist disarticulation or below elbow |
| L6682 | 230.39 | | | Upper extremity addition, test socket, elbow disarticulation or above elbow |
| L6684 | 344.57 | | | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic |
| L6686 | 631.27 | | | Upper extremity addition, suction socket |
| L6687 | 462.58 | | | Upper extremity addition, frame type socket, below elbow or wrist disarticulation |
| L6688 | 448.97 | | | Upper extremity addition, frame type socket, above elbow or elbow disarticulation |
| L6689 | 552.19 | | | Upper extremity addition, frame type socket, shoulder disarticulation |
| L6690 | 579.07 | | | Upper extremity addition, frame type socket, interscapular-thoracic |
| L6691 | 369.11 | | | Upper extremity addition, removable insert, each |
| L6692 | 499.41 | | | Upper extremity addition, silicone gel insert or equal, each |
| L6693 | 2,235.13 | | | Upper extremity addition, locking elbow, forearm counterbalance |
| L6700 | 416.01 | | | Terminal device, hook, Dorrance or equal, model #3 |
| L6705 | 256.87 | | | Terminal device, hook, Dorrance or equal, model #5 |
| L6710 | 327.45 | | | Terminal device, hook, Dorrance or equal, model #5X |
| L6715 | 317.29 | | | Terminal device, hook, Dorrance or equal, model #5XA |
| L6720 | 694.05 | | | Terminal device, hook, Dorrance or equal, model #6 |
| L6725 | 351.19 | | | Terminal device, hook, Dorrance or equal, model #7 |
| L6730 | 512.47 | | | Terminal device, hook, Dorrance or equal, model #7LO |
| L6735 | 238.97 | | | Terminal device, hook, Dorrance or equal, model #8 |
| L6740 | 311.55 | | | Terminal device, hook, Dorrance or equal, model #8X |
| L6745 | 300.58 | | | Terminal device, hook, Dorrance or equal, model #88X |
| L6750 | 300.02 | | | Terminal device, hook, Dorrance or equal, model #10P |
| L6755 | 301.12 | | | Terminal device, hook, Dorrance or equal, model #10X |
| L6765 | 307.72 | | | Terminal device, hook, Dorrance or equal, model #12P |
| L6770 | 307.72 | | | Terminal device, hook, Dorrance or equal, model #99X |
| L6775 | 395.62 | | | Terminal device, hook, Dorrance or equal, model #555 |
| L6780 | 384.24 | | | Terminal device, hook, Dorrance or equal, model #SS555 |
| L6790 | 432.71 | | | Terminal device, hook, Accu hook or equal |
| L6795 | 1,043.55 | | | Terminal device, hook, 2 load or equal |
| L6800 | 812.57 | | | Terminal device, hook, APRL VC or equal |
| L6805 | 290.01 | | | Terminal device, modifier wrist flexion unit |
| L6806 | 1,273.30 | | | Terminal device, hook, TRS Grip, Grip III, VC, or equal |
| L6807 | 1,409.05 | | | Terminal device, hook, Grip I, Grip II, VC, or equal |
| L6808 | 1,070.27 | | | Terminal device, hook, TRS Adept, infant or child, VC, or equal |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L6809 | 317.67 | | | Terminal device, hook, TRS Super Sport, passive |
| L6810 | 149.75 | | | Terminal device, pincher tool, Otto Bock or equal |
| L6825 | 888.06 | | | Terminal device, hand, Dorrance, VO |
| L6830 | 1,086.02 | | | Terminal device, hand, APRL, VC |
| L6835 | 1,028.84 | | | Terminal device, hand, Sierra, VO |
| L6840 | 657.52 | | | Terminal device, hand, Becker Imperial |
| L6845 | 619.86 | | | Terminal device, hand, Becker Lock Grip |
| L6850 | 609.15 | | | Terminal device, hand, Becker Plylite |
| L6855 | 937.06 | | | Terminal device, hand, Robin-Aids, VO |
| L6860 | 533.01 | | | Terminal device, hand, Robin-Aids, VO soft |
| L6865 | 310.90 | | | Terminal device, hand, passive hand |
| L6867 | 818.60 | | | Terminal device, hand, Detroit Infant Hand (mechanical) |
| L6868 | 192.27 | | | Terminal device, hand, passive infant hand, Steeper, Hosmer or equal |
| L6870 | 213.75 | | | Terminal device, hand, child mitt |
| L6872 | 881.53 | | | Terminal device, hand, NYU child hand |
| L6873 | 375.16 | | | Terminal device, hand, mechanical infant hand, Steeper or equal |
| L6875 | 623.33 | | | Terminal device, hand, Bock, VC |
| L6880 | 404.39 | | | Terminal device, hand, Bock, VO |
| L6881 | 3,218.65 | | | Automatic grasp feature, addition to upper limb prosthetic terminal device |
| L6882 | 2,441.49 | | | Microprocessor control feature, addition to upper limb prosthetic terminal device |
| L6890 | 150.83 | | | Terminal device, glove for above hands, production glove |
| L6895 | 597.08 | | | Terminal device, glove for above hands, custom glove |
| L6900 | 1,211.34 | | | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining |
| L6905 | 1,177.46 | | | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining |
| L6910 | 1,147.08 | | | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining |
| L6915 | 538.98 | | | Hand restoration (shading and measurements included), replacement glove for above |
| L6920 | 6,116.62 | | | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device |
| L6925 | 7,111.26 | | | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| L6930 | 5,963.63 | | | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device |
| L6935 | 6,942.96 | | | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| L6940 | 7,611.75 | | | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| | | | | charger, switch control of terminal device |
| L6945 | 8,663.93 | | | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| L6950 | 8,003.00 | | | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device |
| L6955 | 9,689.11 | | | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| L6960 | 10,679.98 | | | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device |
| L6965 | 12,530.88 | | | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| L6970 | 13,413.13 | | | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device |
| L6975 | 15,118.15 | | | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| L7010 | 2,929.07 | | | Electronic hand, Otto Bock, Steeper or equal, switch controlled |
| L7015 | 4,979.84 | | | Electronic hand, System Teknik, Variety Village or equal, switch controlled |
| L7020 | 3,033.81 | | | Electronic greifer, Otto Bock or equal, switch controlled |
| L7025 | 2,913.61 | | | Electronic hand, Otto Bock or equal, myoelectronically controlled |
| L7030 | 4,884.14 | | | Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled |
| L7035 | 3,048.69 | | | Electronic greifer, Otto Bock or equal, myoelectronically controlled |
| L7040 | 2,330.10 | | | Prehensile actuator, Hosmer or equal, switch controlled |
| L7045 | 1,296.25 | | | Electronic hook, child, Michigan or equal, switch controlled |
| L7170 | 4,748.03 | | | Electronic elbow, Hosmer or equal, switch controlled |
| L7180 | 30,186.65 | | | Electronic elbow, Boston, Utah or equal, myoelectronically controlled |
| L7185 | 4,945.64 | | | Electronic elbow, adolescent, Variety Village or equal, switch controlled |
| L7186 | 7,804.77 | | | Electronic elbow, child, Variety Village or equal, switch controlled |
| L7190 | 6,627.92 | | | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled |
| L7191 | 8,216.42 | | | Electronic elbow, child, Variety Village or equal, myoelectronically controlled |
| L7260 | 2,096.39 | | | Electronic wrist rotator, Otto Bock or equal |
| L7261 | 3,786.91 | | | Electronic wrist rotator, for Utah arm |
| L7266 | 794.01 | | | Servo control, Steeper or equal |
| L7272 | 1,765.50 | | | Analogue control, UNB or equal |
| L7274 | 5,703.05 | | | Proportional control, 6-12 volt, Liberty, Utah or equal |
| L7360 | 215.91 | | | Six volt battery, Otto Bock or equal, each |
| L7362 | 223.14 | | | Battery charger, six volt, Otto Bock or equal |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L7364 | 403.78 | | | Twelve volt battery, Utah or equal, each |
| L7366 | 549.69 | | | Battery charger, twelve volt, Utah or equal |
| L7367 | 306.51 | | | Lithium ion battery, replacement |
| L7368 | 397.34 | | | Lithium ion battery charger |
| L7900 | 432.10 | | | Male vacuum erection system |
| L8000 | 29.82 | | | Breast prosthesis, mastectomy bra |
| L8001 | 98.74 | | | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral |
| L8002 | 129.88 | | | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral |
| L8015 | 47.19 | | | External breast prosthesis garment, with mastectomy form, post-mastectomy |
| L8020 | 160.88 | | | Breast prosthesis, mastectomy form |
| L8030 | 337.34 | | | Breast prosthesis, silicone or equal |
| L8035 | 2,884.34 | | | Custom breast prosthesis, post mastectomy, molded to patient model |
| L8040 | 2,107.03 | | | Nasal prosthesis, provided by a non-physician |
| L8040 | 842.81 | | | Nasal prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8040 | 2,001.68 | | | Nasal prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8041 | 1,015.91 | | | Midfacial prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8041 | 2,412.81 | | | Midfacial prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8041 | 2,539.79 | | | Midfacial prosthesis, provided by a non-physician |
| L8042 | 2,711.02 | | | Orbital prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8042 | 1,141.48 | | | Orbital prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8042 | 2,853.70 | | | Orbital prosthesis, provided by a non-physician |
| L8043 | 3,036.35 | | | Upper facial prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8043 | 1,278.45 | | | Upper facial prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8043 | 3,196.15 | | | Upper facial prosthesis, provided by a non-physician |
| L8044 | 3,538.58 | | | Hemi-facial prosthesis, provided by a non-physician |
| L8044 | 1,415.43 | | | Hemi-facial prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8044 | 3,361.65 | | | Hemi-facial prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8045 | 2,113.38 | | | Auricular prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8045 | 2,224.61 | | | Auricular prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8045 | 889.84 | | | Auricular prosthesis, provided by a non-physician |
| L8046 | 2,282.96 | | | Partial facial prosthesis, provided by a non-physician |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L8046 | 913.19 | | | Partial facial prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8046 | 2,168.81 | | | Partial facial prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8047 | 1,111.52 | | | Nasal septal prosthesis, provided by a non-physician (Add modifier –KM Replacement of facial prosthesis including new impression/moulage) |
| L8047 | 1,170.02 | | | Nasal septal prosthesis, provided by a non-physician |
| L8047 | 468.00 | | | Nasal septal prosthesis, provided by a non-physician (Add modifier –KN Replacement of facial prosthesis using previous master model) |
| L8110 | 43.27 | | | Gradient compression stocking, below knee, 30-40 mmhg, each |
| L8120 | 60.96 | | | Gradient compression stocking, below knee, 40-50 mmhg, each |
| L8300 | 67.65 | | | Truss, single with standard pad |
| L8310 | 106.80 | | | Truss, double with standard pads |
| L8320 | 56.79 | | | Truss, addition to standard pad, water pad |
| L8330 | 52.79 | | | Truss, addition to standard pad, scrotal pad |
| L8400 | 14.37 | | | Prosthetic sheath, below knee, each |
| L8410 | 22.15 | | | Prosthetic sheath, above knee, each |
| L8415 | 22.92 | | | Prosthetic sheath, upper limb, each |
| L8417 | 59.12 | | | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each |
| L8420 | 16.68 | | | Prosthetic sock, multiple ply, below knee, each |
| L8430 | 19.51 | | | Prosthetic sock, multiple ply, above knee, each |
| L8435 | 21.76 | | | Prosthetic sock, multiple ply, upper limb, each |
| L8440 | 37.72 | | | Prosthetic shrinker, below knee, each |
| L8460 | 61.50 | | | Prosthetic shrinker, above knee, each |
| L8465 | 41.10 | | | Prosthetic shrinker, upper limb, each |
| L8470 | 5.35 | | | Prosthetic sock, single ply, fitting, below knee, each |
| L8480 | 9.36 | | | Prosthetic sock, single ply, fitting, above knee, each |
| L8485 | 9.38 | | | Prosthetic sock, single ply, fitting, upper limb, each |
| L8490 | 133.77 | | | Addition to prosthetic sheath/sock, air seal suction retention system |
| L8500 | 595.90 | | | Artificial larynx, any type |
| L8501 | 129.17 | | | Tracheostomy speaking valve |
| L8507 | 32.98 | | | Tracheo-esophageal voice prosthesis, patient inserted, any type, each |
| L8509 | 85.98 | | | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type |
| L8510 | 198.94 | | | Voice amplifier |
| L8511 | 57.26 | | | Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each |
| L8512 | 1.70 | | | Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10 |
| L8513 | 4.08 | | | Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each |
| L8514 | 74.24 | | | Tracheoesophageal puncture dilator, replacement only, each |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| L8600 | 505.14 | | | Implantable breast prosthesis, silicone or equal |
| L8603 | 351.17 | | | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies |
| L8606 | 172.59 | | | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies |
| L8610 | 469.40 | | | Ocular implant |
| L8612 | 575.41 | | | Aqueous shunt |
| L8613 | 250.55 | | | Ossicular implant |
| L8614 | 15,354.57 | | | Cochlear device/system |
| L8619 | 6,591.62 | | | Cochlear implant external speech processor, replacement |
| L8630 | 360.25 | | | Metacarpophalangeal joint implant |
| L8631 | 1,756.79 | | | Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system) |
| L8641 | 374.30 | | | Metatarsal joint implant |
| L8642 | 227.70 | | | Hallux implant |
| L8658 | 326.35 | | | Interphalangeal joint spacer, silicone or equal, each |
| L8659 | 1,519.23 | | | Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size |
| L8670 | 446.41 | | | Vascular graft material, synthetic, implant |
| V2020 | 56.84 | | | Frames, purchases |
| V2100 | 31.41 | | | Sphere, single vision, plano to plus or minus 4.00, per lens |
| V2101 | 33.10 | | | Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens |
| V2102 | 46.57 | | | Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens |
| V2103 | 27.28 | | | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2104 | 30.21 | | | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2105 | 32.89 | | | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2106 | 39.21 | | | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2107 | 34.71 | | | Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens |
| V2108 | 35.94 | | | Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2109 | 39.76 | | | Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2110 | 40.01 | | | Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens |
| V2111 | 40.90 | | | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2112 | 44.65 | | | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| V2113 | 51.60 | | | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2114 | 54.51 | | | Spherocylinder, single vision sphere over plus or minus 12.00d, per lens |
| V2115 | 59.33 | | | Lenticular (myodisc), per lens, single vision |
| V2116 | 63.95 | | | Lenticular lens, nonaspheric, per lens, single vision |
| V2117 | 68.78 | | | Lenticular, aspheric, per lens, single vision |
| V2118 | 78.41 | | | Aniseikonic lens, single vision |
| V2121 | 68.44 | | | Lenticular lens, per lens, single |
| V2200 | 44.34 | | | Sphere, bifocal, plano to plus or minus 4.00d, per lens |
| V2201 | 47.41 | | | Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens |
| V2202 | 54.06 | | | Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens |
| V2203 | 44.04 | | | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2204 | 46.49 | | | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2205 | 49.43 | | | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2206 | 51.58 | | | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2207 | 50.00 | | | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2208 | 50.95 | | | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2209 | 57.73 | | | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2210 | 57.78 | | | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens |
| V2211 | 64.77 | | | Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2212 | 70.48 | | | Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2213 | 67.93 | | | Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2214 | 67.15 | | | Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens |
| V2215 | 68.17 | | | Lenticular (myodisc), per lens, bifocal |
| V2216 | 98.43 | | | Lenticular, nonaspheric, per lens, bifocal |
| V2217 | 80.14 | | | Lenticular, aspheric lens, bifocal |
| V2218 | 108.16 | | | Aniseikonic, per lens, bifocal |
| V2219 | 35.71 | | | Bifocal seg width over 28mm |
| V2220 | 28.96 | | | Bifocal add over 3.25d |
| V2221 | 85.24 | | | Lenticular lens, per lens, bifocal |
| V2300 | 58.01 | | | Sphere, trifocal, plano to plus or minus 4.00d, per lens |
| V2301 | 78.85 | | | Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens |
| V2302 | 87.69 | | | Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| V2303 | 58.48 | | | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2304 | 60.01 | | | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2305 | 74.76 | | | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens |
| V2306 | 72.37 | | | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2307 | 78.80 | | | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2308 | 81.16 | | | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2309 | 92.66 | | | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2310 | 78.46 | | | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens |
| V2311 | 90.11 | | | Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2312 | 95.82 | | | Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2313 | 103.63 | | | Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2314 | 86.19 | | | Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens |
| V2315 | 127.59 | | | Lenticular (myodisc), per lens, trifocal |
| V2316 | 119.62 | | | Lenticular nonaspheric, per lens, trifocal |
| V2317 | 128.74 | | | Lenticular, aspheric lens, trifocal |
| V2318 | 156.85 | | | Aniseikonic lens, trifocal |
| V2319 | 42.67 | | | Trifocal seg width over 28 mm |
| V2320 | 42.02 | | | Trifocal add over 3.25d |
| V2321 | 125.76 | | | Lenticular lens, per lens, trifocal |
| V2410 | 71.91 | | | Variable asphericity lens, single vision, full field, glass or plastic, per lens |
| V2430 | 88.39 | | | Variable asphericity lens, bifocal, full field, glass or plastic, per lens |
| V2500 | 68.36 | | | Contact lens, PMMA, spherical, per lens |
| V2501 | 132.39 | | | Contact lens, PMMA, toric or prism ballast, per lens |
| V2502 | 160.57 | | | Contact lens, PMMA, bifocal, per lens |
| V2503 | 150.20 | | | Contact lens, PMMA, color vision deficiency, per lens |
| V2510 | 101.58 | | | Contact lens, gas permeable, spherical, per lens |
| V2511 | 170.47 | | | Contact lens, gas permeable, toric, prism ballast, per lens |
| V2512 | 178.63 | | | Contact lens, gas permeable, bifocal, per lens |
| V2513 | 144.74 | | | Contact lens, gas permeable, extended wear, per lens |
| V2520 | 98.45 | | | Contact lens, hydrophilic, spherical, per lens |
| V2521 | 151.24 | | | Contact lens, hydrophilic, toric, or prism ballast, per lens |
| V2522 | 185.68 | | | Contact lens, hydrophilic, bifocal, per lens |
| V2523 | 156.04 | | | Contact lens, hydrophilic, extended wear, per lens |

| Code | Fee New NU | Fee Used UE | Fee Rental RR | 114.3 CMR 40.06(6) - DMEPOS Description |
|---|---|---|---|---|
| V2530 | 238.49 | | | Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see CPT Level I code 92325) |
| V2531 | 447.81 | | | Contact lens, scleral, gas permeable, per lens (for contact lens modification, see CPT Level I code 92325) |
| V2623 | 758.67 | | | Prosthetic eye, plastic, custom |
| V2624 | 48.82 | | | Polishing/resurfacing of ocular prosthesis |
| V2625 | 296.82 | | | Enlargement of ocular prosthesis |
| V2626 | 160.00 | | | Reduction of ocular prosthesis |
| V2627 | 1,033.36 | | | Scleral cover shell |
| V2628 | 244.00 | | | Fabrication and fitting of ocular conformer |
| V2700 | 36.82 | | | Balance lens, per lens |
| V2710 | 51.42 | | | Slab off prism, glass or plastic, per lens |
| V2715 | 9.32 | | | Prism, per lens |
| V2718 | 29.60 | | | Press-on lens, Fresnell prism, per lens |
| V2730 | 17.33 | | | Special base curve, glass or plastic, per lens |
| V2740 | 8.41 | | | Tint, plastic, rose 1 or 2, per lens |
| V2741 | 8.07 | | | Tint, plastic, other than rose 1 or 2, per lens |
| V2742 | 8.03 | | | Tint, glass, rose 1 or 2, per lens |
| V2743 | 10.27 | | | Tint, glass, other than rose 1 or 2, per lens |
| V2744 | 13.16 | | | Tint, photochromatic, per lens |
| V2745 | 8.24 | | | Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens |
| V2750 | 15.31 | | | Antireflective coating, per lens |
| V2755 | 17.76 | | | U-V lens, per lens |
| V2760 | 13.53 | | | Scratch resistant coating, per lens |
| V2762 | 46.92 | | | Polarization, any lens material, per lens |
| V2770 | 20.87 | | | Occluder lens, per lens |
| V2780 | 10.99 | | | Oversize lens, per lens |
| V2782 | 50.68 | | | Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens |
| V2783 | 57.14 | | | Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens |
| V2784 | 37.16 | | | Lens, polycarbonate or equal, any index, per lens |
| V2786 | I.C. | | | Specialty occupational multifocal lens, per lens |

## 40.06(7) Freestanding Diagnostic Facilities / Radiology

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 70010 | 252.95 | 63.41 | 189.54 | Myelography, posterior fossa, radiological supervision and interpretation |
| 70015 | 122.84 | 63.11 | 59.73 | Cisternography, positive contrast, radiological supervision and interpretation |
| 70030 | 27.12 | 9.24 | 17.88 | Radiologic examination, eye, for detection of foreign body |
| 70100 | 32.14 | 9.62 | 22.52 | Radiologic examination, mandible; partial, less than four views |
| 70110 | 40.43 | 13.10 | 27.33 | Radiologic examination, mandible; complete, minimum of four views |
| 70120 | 36.95 | 9.62 | 27.33 | Radiologic examination, mastoids; less than three views per side |
| 70130 | 52.56 | 17.76 | 34.80 | Radiologic examination, mastoids; complete, minimum of three views per side |
| 70134 | 50.45 | 17.76 | 32.69 | Radiologic examination, internal auditory meati, complete |
| 70140 | 37.32 | 9.99 | 27.33 | Radiologic examination, facial bones; less than three views |
| 70150 | 48.70 | 13.90 | 34.80 | Radiologic examination, facial bones; complete, minimum of three views |
| 70160 | 31.76 | 9.24 | 22.52 | Radiologic examination, nasal bones, complete, minimum of three views |
| 70170 | 57.68 | 15.83 | 41.85 | Dacryocystography, nasolacrimal duct, radiological supervision and interpretation |
| 70190 | 38.50 | 11.17 | 27.33 | Radiologic examination; optic foramina |
| 70200 | 49.45 | 14.65 | 34.80 | Radiologic examination; orbits, complete, minimum of four views |
| 70210 | 36.57 | 9.24 | 27.33 | Radiologic examination, sinuses, paranasal, less than three views |
| 70220 | 47.90 | 13.10 | 34.80 | Radiologic examination, sinuses, paranasal, complete, minimum of three views |
| 70240 | 27.87 | 9.99 | 17.88 | Radiologic examination, sella turcica |
| 70250 | 40.05 | 12.72 | 27.33 | Radiologic examination, skull; less than four views |
| 70260 | 57.08 | 17.76 | 39.32 | Radiologic examination, skull; complete, minimum of four views |
| 70300 | 18.16 | 6.18 | 11.98 | Radiologic examination, teeth; single view |
| 70310 | 27.59 | 9.71 | 17.88 | Radiologic examination, teeth; partial examination, less than full mouth |
| 70320 | 46.77 | 11.97 | 34.80 | Radiologic examination, teeth; complete, full mouth |
| 70328 | 30.88 | 9.62 | 21.26 | Radiologic examination, temporomandibular joint, open and closed mouth; unilateral |
| 70330 | 50.05 | 12.72 | 37.33 | Radiologic examination, temporomandibular joint, open and closed mouth; bilateral |
| 70332 | 121.51 | 29.39 | 92.12 | Temporomandibular joint arthrography, radiological supervision and interpretation |
| 70336 | 569.94 | 78.44 | 491.50 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) |
| 70350 | 25.86 | 9.66 | 16.20 | Cephalogram, orthodontic |
| 70355 | 36.44 | 11.21 | 25.23 | Orthopantogram |
| 70360 | 27.12 | 9.24 | 17.88 | Radiologic examination; neck, soft tissue |
| 70370 | 74.32 | 17.00 | 57.32 | Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique |
| 70371 | 137.10 | 44.98 | 92.12 | Complex dynamic pharyngeal and speech evaluation by cine or video recording |
| 70373 | 102.27 | 23.52 | 78.75 | Laryngography, contrast, radiological supervision and interpretation |
| 70380 | 38.68 | 9.24 | 29.44 | Radiologic examination, salivary gland for calculus |
| 70390 | 99.16 | 20.41 | 78.75 | Sialography, radiological supervision and interpretation |
| 70450 | 252.67 | 45.36 | 207.31 | Computed tomography, head or brain; without contrast material |
| 70460 | 308.02 | 60.01 | 248.01 | Computed tomography, head or brain; with contrast material(s) |
| 70470 | 377.66 | 67.27 | 310.39 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections |
| 70480 | 275.38 | 68.07 | 207.31 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material |
| 70481 | 321.12 | 73.11 | 248.01 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 70482 | 386.98 | 76.59 | 310.39 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections |
| 70486 | 267.70 | 60.39 | 207.31 | Computed tomography, maxillofacial area; without contrast material |
| 70487 | 316.84 | 68.83 | 248.01 | Computed tomography, maxillofacial area; with contrast material(s) |
| 70488 | 385.43 | 75.04 | 310.39 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections |
| 70490 | 275.38 | 68.07 | 207.31 | Computed tomography, soft tissue neck; without contrast material |
| 70491 | 321.12 | 73.11 | 248.01 | Computed tomography, soft tissue neck; with contrast material(s) |
| 70492 | 386.98 | 76.59 | 310.39 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections |
| 70496 | 559.35 | 93.02 | 466.33 | Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 70498 | 559.35 | 93.02 | 466.33 | Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 70540 | 556.46 | 70.96 | 485.50 | Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s) |
| 70542 | 667.98 | 85.23 | 582.75 | Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s) |
| 70543 | 1,191.60 | 113.41 | 1,078.19 | Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences |
| 70544 | 554.99 | 63.49 | 491.50 | Magnetic resonance angiography, head; without contrast material(s) |
| 70545 | 554.99 | 63.49 | 491.50 | Magnetic resonance angiography, head; with contrast material(s) |
| 70546 | 1,061.48 | 95.75 | 965.73 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences |
| 70547 | 554.99 | 63.49 | 491.50 | Magnetic resonance angiography, neck; without contrast material(s) |
| 70548 | 554.99 | 63.49 | 491.50 | Magnetic resonance angiography, neck; with contrast material(s) |
| 70549 | 1,061.48 | 95.75 | 965.73 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences |
| 70551 | 570.37 | 78.87 | 491.50 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material |
| 70552 | 684.63 | 94.99 | 589.64 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) |
| 70553 | 1,217.76 | 125.48 | 1,092.28 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences |
| 70557 | 153.07 | 153.07 | | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material |
| 70558 | 169.20 | 169.20 | | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s) |
| 70559 | 169.80 | 169.80 | | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences |
| 71010 | 30.03 | 9.62 | 20.41 | Radiologic examination, chest; single view, frontal |
| 71015 | 33.69 | 11.17 | 22.52 | Radiologic examination, chest; stereo, frontal |
| 71020 | 38.88 | 11.55 | 27.33 | Radiologic examination, chest, two views, frontal and lateral; |
| 71021 | 46.97 | 14.28 | 32.69 | Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure |
| 71022 | 49.20 | 16.51 | 32.69 | Radiologic examination, chest, two views, frontal and lateral; with oblique projections |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 71023 | 55.21 | 20.41 | 34.80 | Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy |
| 71030 | 51.01 | 16.21 | 34.80 | Radiologic examination, chest, complete, minimum of four views; |
| 71034 | 87.79 | 24.69 | 63.10 | Radiologic examination, chest, complete, minimum of four views; with fluoroscopy |
| 71035 | 32.14 | 9.62 | 22.52 | Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) |
| 71040 | 95.02 | 31.08 | 63.94 | Bronchography, unilateral, radiological supervision and interpretation |
| 71060 | 136.70 | 39.64 | 97.06 | Bronchography, bilateral, radiological supervision and interpretation |
| 71090 | 104.36 | 29.82 | 74.54 | Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation |
| 71100 | 36.78 | 11.55 | 25.23 | Radiologic examination, ribs, unilateral; two views |
| 71101 | 43.72 | 14.28 | 29.44 | Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views |
| 71110 | 49.08 | 14.28 | 34.80 | Radiologic examination, ribs, bilateral; three views |
| 71111 | 56.32 | 17.00 | 39.32 | Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views |
| 71120 | 39.39 | 10.79 | 28.60 | Radiologic examination; sternum, minimum of two views |
| 71130 | 42.68 | 11.55 | 31.13 | Radiologic examination; sternoclavicular joint or joints, minimum of three views |
| 71250 | 320.83 | 61.56 | 259.27 | Computed tomography, thorax; without contrast material |
| 71260 | 375.81 | 65.42 | 310.39 | Computed tomography, thorax; with contrast material(s) |
| 71270 | 461.23 | 73.11 | 388.12 | Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections |
| 71275 | 636.30 | 101.06 | 535.24 | Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 71550 | 564.09 | 76.79 | 487.30 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) |
| 71551 | 675.62 | 91.37 | 584.25 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) |
| 71552 | 1,192.81 | 119.42 | 1,073.39 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences |
| 71555 | 588.05 | 96.55 | 491.50 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) |
| 72010 | 69.71 | 24.49 | 45.22 | Radiologic examination, spine, entire, survey study, anteroposterior and lateral |
| 72020 | 25.94 | 8.06 | 17.88 | Radiologic examination, spine, single view, specify level |
| 72040 | 38.04 | 11.55 | 26.49 | Radiologic examination, spine, cervical; two or three views |
| 72050 | 55.83 | 16.51 | 39.32 | Radiologic examination, spine, cervical; minimum of four views |
| 72052 | 68.66 | 19.23 | 49.43 | Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies |
| 72069 | 33.53 | 12.27 | 21.26 | Radiologic examination, spine, thoracolumbar, standing (scoliosis) |
| 72070 | 40.15 | 11.55 | 28.60 | Radiologic examination, spine; thoracic, two views |
| 72072 | 44.24 | 11.55 | 32.69 | Radiologic examination, spine; thoracic, three views |
| 72074 | 51.71 | 11.55 | 40.16 | Radiologic examination, spine; thoracic, minimum of four views |
| 72080 | 41.29 | 11.85 | 29.44 | Radiologic examination, spine; thoracolumbar, two views |
| 72090 | 44.39 | 14.95 | 29.44 | Radiologic examination, spine; scoliosis study, including supine and erect studies |
| 72100 | 41.29 | 11.85 | 29.44 | Radiologic examination, spine, lumbosacral; two or three views |
| 72110 | 56.67 | 16.51 | 40.16 | Radiologic examination, spine, lumbosacral; minimum of four views |
| 72114 | 71.79 | 19.83 | 51.96 | Radiologic examination, spine, lumbosacral; complete, including bending views |
| 72120 | 51.17 | 11.85 | 39.32 | Radiologic examination, spine, lumbosacral, bending views only, minimum of four |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| | | | | views |
| 72125 | 320.83 | 61.56 | 259.27 | Computed tomography, cervical spine; without contrast material |
| 72126 | 374.64 | 64.25 | 310.39 | Computed tomography, cervical spine; with contrast material |
| 72127 | 455.39 | 67.27 | 388.12 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections |
| 72128 | 320.83 | 61.56 | 259.27 | Computed tomography, thoracic spine; without contrast material |
| 72129 | 374.64 | 64.25 | 310.39 | Computed tomography, thoracic spine; with contrast material |
| 72130 | 455.39 | 67.27 | 388.12 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections |
| 72131 | 320.83 | 61.56 | 259.27 | Computed tomography, lumbar spine; without contrast material |
| 72132 | 375.36 | 64.97 | 310.39 | Computed tomography, lumbar spine; with contrast material |
| 72133 | 455.82 | 67.70 | 388.12 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections |
| 72141 | 576.58 | 85.08 | 491.50 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material |
| 72142 | 692.74 | 103.10 | 589.64 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) |
| 72146 | 629.93 | 84.66 | 545.27 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material |
| 72147 | 692.32 | 102.68 | 589.64 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) |
| 72148 | 624.14 | 78.87 | 545.27 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material |
| 72149 | 685.36 | 95.72 | 589.64 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) |
| 72156 | 1,228.93 | 136.65 | 1,092.28 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical |
| 72157 | 1,228.93 | 136.65 | 1,092.28 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic |
| 72158 | 1,218.06 | 125.78 | 1,092.28 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar |
| 72159 | 634.69 | 99.96 | 534.73 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) |
| 72170 | 31.76 | 9.24 | 22.52 | Radiologic examination, pelvis; one or two views |
| 72190 | 40.61 | 11.17 | 29.44 | Radiologic examination, pelvis; complete, minimum of three views |
| 72191 | 616.14 | 95.65 | 520.49 | Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 72192 | 317.35 | 58.08 | 259.27 | Computed tomography, pelvis; without contrast material |
| 72193 | 361.95 | 61.56 | 300.39 | Computed tomography, pelvis; with contrast material(s) |
| 72194 | 436.71 | 64.67 | 372.04 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections |
| 72195 | 564.39 | 77.09 | 487.30 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) |
| 72196 | 675.32 | 91.07 | 584.25 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) |
| 72197 | 1,200.01 | 119.42 | 1,080.59 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences |
| 72198 | 591.04 | 99.54 | 491.50 | Magnetic resonance angiography, pelvis, with or without contrast material(s) |
| 72200 | 31.76 | 9.24 | 22.52 | Radiologic examination, sacroiliac joints; less than three views |
| 72202 | 37.32 | 9.99 | 27.33 | Radiologic examination, sacroiliac joints; three or more views |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 72220 | 34.47 | 9.24 | 25.23 | Radiologic examination, sacrum and coccyx, minimum of two views |
| 72240 | 256.61 | 48.04 | 208.57 | Myelography, cervical, radiological supervision and interpretation |
| 72255 | 237.16 | 47.62 | 189.54 | Myelography, thoracic, radiological supervision and interpretation |
| 72265 | 222.77 | 43.76 | 179.01 | Myelography, lumbosacral, radiological supervision and interpretation |
| 72270 | 337.72 | 69.84 | 267.88 | Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation |
| 72275 | 133.41 | 38.29 | 95.12 | Epidurography, radiological supervision and interpretation |
| 72285 | 428.43 | 61.02 | 367.41 | Diskography, cervical or thoracic, radiological supervision and interpretation |
| 72295 | 388.35 | 44.18 | 344.17 | Diskography, lumbar, radiological supervision and interpretation |
| 73000 | 30.96 | 8.44 | 22.52 | Radiologic examination; clavicle, complete |
| 73010 | 31.76 | 9.24 | 22.52 | Radiologic examination; scapula, complete |
| 73020 | 28.47 | 8.06 | 20.41 | Radiologic examination, shoulder; one view |
| 73030 | 34.85 | 9.62 | 25.23 | Radiologic examination, shoulder; complete, minimum of two views |
| 73040 | 121.27 | 29.15 | 92.12 | Radiologic examination, shoulder, arthrography, radiological supervision and interpretation |
| 73050 | 40.53 | 11.09 | 29.44 | Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction |
| 73060 | 34.47 | 9.24 | 25.23 | Radiologic examination; humerus, minimum of two views |
| 73070 | 30.58 | 8.06 | 22.52 | Radiologic examination, elbow; two views |
| 73080 | 34.47 | 9.24 | 25.23 | Radiologic examination, elbow; complete, minimum of three views |
| 73085 | 121.69 | 29.57 | 92.12 | Radiologic examination, elbow, arthrography, radiological supervision and interpretation |
| 73090 | 30.96 | 8.44 | 22.52 | Radiologic examination; forearm, two views |
| 73092 | 29.70 | 8.44 | 21.26 | Radiologic examination; upper extremity, infant, minimum of two views |
| 73100 | 30.42 | 9.16 | 21.26 | Radiologic examination, wrist; two views |
| 73110 | 32.18 | 9.24 | 22.94 | Radiologic examination, wrist; complete, minimum of three views |
| 73115 | 99.17 | 29.57 | 69.60 | Radiologic examination, wrist, arthrography, radiological supervision and interpretation |
| 73120 | 29.70 | 8.44 | 21.26 | Radiologic examination, hand; two views |
| 73130 | 32.18 | 9.24 | 22.94 | Radiologic examination, hand; minimum of three views |
| 73140 | 24.77 | 6.89 | 17.88 | Radiologic examination, finger(s), minimum of two views |
| 73200 | 275.08 | 58.08 | 217.00 | Computed tomography, upper extremity; without contrast material |
| 73201 | 320.83 | 61.56 | 259.27 | Computed tomography, upper extremity; with contrast material(s) |
| 73202 | 390.71 | 64.97 | 325.74 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections |
| 73206 | 570.62 | 95.23 | 475.39 | Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 73218 | 556.46 | 70.96 | 485.50 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) |
| 73219 | 667.98 | 85.23 | 582.75 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) |
| 73220 | 1,192.20 | 114.01 | 1,078.19 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences |
| 73221 | 556.46 | 70.96 | 485.50 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) |
| 73222 | 667.98 | 85.23 | 582.75 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) |
| 73223 | 1,191.60 | 113.41 | 1,078.19 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 73225 | 578.28 | 96.48 | 481.80 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) |
| 73500 | 29.65 | 9.24 | 20.41 | Radiologic examination, hip, unilateral; one view |
| 73510 | 36.70 | 11.47 | 25.23 | Radiologic examination, hip, unilateral; complete, minimum of two views |
| 73520 | 43.64 | 14.20 | 29.44 | Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis |
| 73525 | 121.27 | 29.15 | 92.12 | Radiologic examination, hip, arthrography, radiological supervision and interpretation |
| 73530 | 37.97 | 15.45 | 22.52 | Radiologic examination, hip, during operative procedure |
| 73540 | 36.32 | 11.09 | 25.23 | Radiologic examination, pelvis and hips, infant or child, minimum of two views |
| 73542 | 122.31 | 30.19 | 92.12 | Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation |
| 73550 | 34.47 | 9.24 | 25.23 | Radiologic examination, femur, two views |
| 73560 | 32.06 | 9.54 | 22.52 | Radiologic examination, knee; one or two views |
| 73562 | 35.15 | 9.92 | 25.23 | Radiologic examination, knee; three views |
| 73564 | 39.60 | 12.27 | 27.33 | Radiologic examination, knee; complete, four or more views |
| 73565 | 30.80 | 9.54 | 21.26 | Radiologic examination, knee; both knees, standing, anteroposterior |
| 73580 | 143.79 | 29.15 | 114.64 | Radiologic examination, knee, arthrography, radiological supervision and interpretation |
| 73590 | 31.76 | 9.24 | 22.52 | Radiologic examination; tibia and fibula, two views |
| 73592 | 30.12 | 8.86 | 21.26 | Radiologic examination; lower extremity, infant, minimum of two views |
| 73600 | 29.70 | 8.44 | 21.26 | Radiologic examination, ankle; two views |
| 73610 | 32.18 | 9.24 | 22.94 | Radiologic examination, ankle; complete, minimum of three views |
| 73615 | 121.69 | 29.57 | 92.12 | Radiologic examination, ankle, arthrography, radiological supervision and interpretation |
| 73620 | 29.70 | 8.44 | 21.26 | Radiologic examination, foot; two views |
| 73630 | 32.18 | 9.24 | 22.94 | Radiologic examination, foot; complete, minimum of three views |
| 73650 | 28.85 | 8.44 | 20.41 | Radiologic examination; calcaneus, minimum of two views |
| 73660 | 24.77 | 6.89 | 17.88 | Radiologic examination; toe(s), minimum of two views |
| 73700 | 275.08 | 58.08 | 217.00 | Computed tomography, lower extremity; without contrast material |
| 73701 | 320.83 | 61.56 | 259.27 | Computed tomography, lower extremity; with contrast material(s) |
| 73702 | 390.41 | 64.67 | 325.74 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections |
| 73706 | 575.27 | 99.88 | 475.39 | Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 73718 | 556.46 | 70.96 | 485.50 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) |
| 73719 | 667.98 | 85.23 | 582.75 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) |
| 73720 | 1,192.20 | 114.01 | 1,078.19 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences |
| 73721 | 556.46 | 70.96 | 485.50 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material |
| 73722 | 668.28 | 85.53 | 582.75 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) |
| 73723 | 1,191.60 | 113.41 | 1,078.19 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences |
| 73725 | 588.42 | 96.92 | 491.50 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) |
| 74000 | 32.14 | 9.62 | 22.52 | Radiologic examination, abdomen; single anteroposterior view |
| 74010 | 37.58 | 12.35 | 25.23 | Radiologic examination, abdomen; anteroposterior and additional oblique and cone views |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 74020 | 41.61 | 14.28 | 27.33 | Radiologic examination, abdomen; complete, including decubitus and/or erect views |
| 74022 | 49.69 | 17.00 | 32.69 | Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest |
| 74150 | 311.12 | 63.11 | 248.01 | Computed tomography, abdomen; without contrast material |
| 74160 | 367.66 | 67.27 | 300.39 | Computed tomography, abdomen; with contrast material(s) |
| 74170 | 445.90 | 73.86 | 372.04 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections |
| 74175 | 620.37 | 99.88 | 520.49 | Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 74181 | 564.69 | 77.39 | 487.30 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) |
| 74182 | 675.19 | 90.94 | 584.25 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) |
| 74183 | 1,200.01 | 119.42 | 1,080.59 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences |
| 74185 | 587.25 | 95.75 | 491.50 | Magnetic resonance angiography, abdomen, with or without contrast material(s) |
| 74190 | 82.77 | 25.45 | 57.32 | Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation |
| 74210 | 71.19 | 19.23 | 51.96 | Radiologic examination; pharynx and/or cervical esophagus |
| 74220 | 76.23 | 24.27 | 51.96 | Radiologic examination; esophagus |
| 74230 | 85.49 | 28.17 | 57.32 | Swallowing function, with cineradiography/videoradiography |
| 74235 | 177.75 | 63.11 | 114.64 | Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation |
| 74240 | 100.86 | 36.92 | 63.94 | Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB |
| 74241 | 102.13 | 36.92 | 65.21 | Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB |
| 74245 | 153.11 | 48.46 | 104.65 | Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films |
| 74246 | 109.47 | 36.92 | 72.55 | Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB |
| 74247 | 111.46 | 36.92 | 74.54 | Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB |
| 74249 | 161.84 | 48.46 | 113.38 | Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through |
| 74250 | 82.39 | 25.07 | 57.32 | Radiologic examination, small intestine, includes multiple serial films; |
| 74251 | 94.24 | 36.92 | 57.32 | Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube |
| 74260 | 91.83 | 26.62 | 65.21 | Duodenography, hypotonic |
| 74270 | 112.30 | 36.92 | 75.38 | Radiologic examination, colon; barium enema, with or without KUB |
| 74280 | 151.06 | 52.74 | 98.32 | Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon |
| 74283 | 220.25 | 107.30 | 112.95 | Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus) |
| 74290 | 49.69 | 17.00 | 32.69 | Cholecystography, oral contrast; |
| 74291 | 28.67 | 10.79 | 17.88 | Cholecystography, oral contrast; additional or repeat examination or multiple day examination |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 74300 | 19.23 | 19.23 | | Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation |
| 74301 | 11.17 | 11.17 | | Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| 74305 | 57.14 | 22.34 | 34.80 | Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation |
| 74320 | 167.27 | 28.55 | 138.72 | Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation |
| 74327 | 115.20 | 37.29 | 77.91 | Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation |
| 74328 | 176.01 | 37.29 | 138.72 | Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation |
| 74329 | 176.01 | 37.29 | 138.72 | Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation |
| 74330 | 186.80 | 48.08 | 138.72 | Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation |
| 74340 | 143.19 | 28.55 | 114.64 | Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation |
| 74350 | 179.12 | 40.40 | 138.72 | Percutaneous placement of gastrostomy tube, radiological supervision and interpretation |
| 74355 | 155.04 | 40.40 | 114.64 | Percutaneous placement of enteroclysis tube, radiological supervision and interpretation |
| 74360 | 167.69 | 28.97 | 138.72 | Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation |
| 74363 | 314.79 | 46.91 | 267.88 | Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation |
| 74400 | 100.36 | 25.82 | 74.54 | Urography (pyelography), intravenous, with or without KUB, with or without tomography |
| 74410 | 111.74 | 25.82 | 85.92 | Urography, infusion, drip technique and/or bolus technique; |
| 74415 | 118.78 | 25.82 | 92.96 | Urography, infusion, drip technique and/or bolus technique; with nephrotomography |
| 74420 | 133.87 | 19.23 | 114.64 | Urography, retrograde, with or without KUB |
| 74425 | 76.55 | 19.23 | 57.32 | Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation |
| 74430 | 63.78 | 17.30 | 46.48 | Cystography, minimum of three views, radiological supervision and interpretation |
| 74440 | 69.42 | 19.99 | 49.43 | Vasography, vesiculography, or epididymography, radiological supervision and interpretation |
| 74445 | 109.82 | 60.39 | 49.43 | Corpora cavernosography, radiological supervision and interpretation |
| 74450 | 81.62 | 17.68 | 63.94 | Urethrocystography, retrograde, radiological supervision and interpretation |
| 74455 | 87.28 | 17.68 | 69.60 | Urethrocystography, voiding, radiological supervision and interpretation |
| 74470 | 83.34 | 28.55 | 54.79 | Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation |
| 74475 | 207.56 | 28.55 | 179.01 | Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation |
| 74480 | 207.56 | 28.55 | 179.01 | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation |
| 74485 | 167.87 | 29.15 | 138.72 | Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation |
| 74710 | 64.54 | 18.06 | 46.48 | Pelvimetry, with or without placental localization |
| 74740 | 77.73 | 20.41 | 57.32 | Hysterosalpingography, radiological supervision and interpretation |
| 74742 | 170.75 | 32.03 | 138.72 | Transcervical catheterization of fallopian tube, radiological supervision and interpretation |
| 74775 | 97.37 | 33.43 | 63.94 | Perineogram (eg, vaginogram, for sex determination or extent of anomalies) |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 75552 | 576.58 | 85.08 | 491.50 | Cardiac magnetic resonance imaging for morphology; without contrast material |
| 75553 | 597.62 | 106.12 | 491.50 | Cardiac magnetic resonance imaging for morphology; with contrast material |
| 75554 | 589.89 | 98.39 | 491.50 | Cardiac magnetic resonance imaging for function, with or without morphology; complete study |
| 75555 | 586.49 | 94.99 | 491.50 | Cardiac magnetic resonance imaging for function, with or without morphology; limited study |
| 75556 | I.C. | | | Cardiac magnetic resonance imaging for velocity flow mapping |
| 75600 | 579.40 | 27.09 | 552.31 | Aortography, thoracic, without serialography, radiological supervision and interpretation |
| 75605 | 613.54 | 61.23 | 552.31 | Aortography, thoracic, by serialography, radiological supervision and interpretation |
| 75625 | 613.12 | 60.81 | 552.31 | Aortography, abdominal, by serialography, radiological supervision and interpretation |
| 75630 | 672.06 | 96.21 | 575.85 | Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation |
| 75635 | 812.42 | 127.53 | 684.89 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 75650 | 631.55 | 79.24 | 552.31 | Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation |
| 75658 | 623.62 | 71.31 | 552.31 | Angiography, brachial, retrograde, radiological supervision and interpretation |
| 75660 | 622.36 | 70.05 | 552.31 | Angiography, external carotid, unilateral, selective, radiological supervision and interpretation |
| 75662 | 642.78 | 90.47 | 552.31 | Angiography, external carotid, bilateral, selective, radiological supervision and interpretation |
| 75665 | 622.24 | 69.93 | 552.31 | Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation |
| 75671 | 641.09 | 88.78 | 552.31 | Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation |
| 75676 | 622.66 | 70.35 | 552.31 | Angiography, carotid, cervical, unilateral, radiological supervision and interpretation |
| 75680 | 641.09 | 88.78 | 552.31 | Angiography, carotid, cervical, bilateral, radiological supervision and interpretation |
| 75685 | 621.94 | 69.63 | 552.31 | Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation |
| 75705 | 669.19 | 116.88 | 552.31 | Angiography, spinal, selective, radiological supervision and interpretation |
| 75710 | 613.42 | 61.11 | 552.31 | Angiography, extremity, unilateral, radiological supervision and interpretation |
| 75716 | 621.94 | 69.63 | 552.31 | Angiography, extremity, bilateral, radiological supervision and interpretation |
| 75722 | 613.96 | 61.65 | 552.31 | Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation |
| 75724 | 633.90 | 81.59 | 552.31 | Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation |
| 75726 | 612.70 | 60.39 | 552.31 | Angiography, visceral, selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation |
| 75731 | 612.70 | 60.39 | 552.31 | Angiography, adrenal, unilateral, selective, radiological supervision and interpretation |
| 75733 | 621.94 | 69.63 | 552.31 | Angiography, adrenal, bilateral, selective, radiological supervision and interpretation |
| 75736 | 612.70 | 60.39 | 552.31 | Angiography, pelvic, selective or supraselective, radiological supervision and interpretation |
| 75741 | 621.94 | 69.63 | 552.31 | Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation |
| 75743 | 640.07 | 87.76 | 552.31 | Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation |
| 75746 | 612.70 | 60.39 | 552.31 | Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation |
| 75756 | 615.35 | 63.04 | 552.31 | Angiography, internal mammary, radiological supervision and interpretation |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 75774 | 571.97 | 19.66 | 552.31 | Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| 75790 | 157.71 | 97.98 | 59.73 | Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation |
| 75801 | 281.74 | 43.73 | 238.01 | Lymphangiography, extremity only, unilateral, radiological supervision and interpretation |
| 75803 | 299.95 | 61.94 | 238.01 | Lymphangiography, extremity only, bilateral, radiological supervision and interpretation |
| 75805 | 311.31 | 43.43 | 267.88 | Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation |
| 75807 | 329.82 | 61.94 | 267.88 | Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation |
| 75809 | 59.87 | 25.07 | 34.80 | Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation |
| 75810 | 613.00 | 60.69 | 552.31 | Splenoportography, radiological supervision and interpretation |
| 75820 | 79.14 | 37.29 | 41.85 | Venography, extremity, unilateral, radiological supervision and interpretation |
| 75822 | 121.32 | 56.53 | 64.79 | Venography, extremity, bilateral, radiological supervision and interpretation |
| 75825 | 613.00 | 60.69 | 552.31 | Venography, caval, inferior, with serialography, radiological supervision and interpretation |
| 75827 | 612.70 | 60.39 | 552.31 | Venography, caval, superior, with serialography, radiological supervision and interpretation |
| 75831 | 612.70 | 60.39 | 552.31 | Venography, renal, unilateral, selective, radiological supervision and interpretation |
| 75833 | 631.55 | 79.24 | 552.31 | Venography, renal, bilateral, selective, radiological supervision and interpretation |
| 75840 | 613.30 | 60.99 | 552.31 | Venography, adrenal, unilateral, selective, radiological supervision and interpretation |
| 75842 | 631.13 | 78.82 | 552.31 | Venography, adrenal, bilateral, selective, radiological supervision and interpretation |
| 75860 | 613.84 | 61.53 | 552.31 | Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation |
| 75870 | 613.84 | 61.53 | 552.31 | Venography, superior sagittal sinus, radiological supervision and interpretation |
| 75872 | 612.70 | 60.39 | 552.31 | Venography, epidural, radiological supervision and interpretation |
| 75880 | 79.14 | 37.29 | 41.85 | Venography, orbital, radiological supervision and interpretation |
| 75885 | 628.52 | 76.21 | 552.31 | Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation |
| 75887 | 628.52 | 76.21 | 552.31 | Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation |
| 75889 | 612.70 | 60.39 | 552.31 | Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation |
| 75891 | 612.70 | 60.39 | 552.31 | Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation |
| 75893 | 580.86 | 28.55 | 552.31 | Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation |
| 75894 | 1,128.98 | 69.93 | 1,059.05 | Transcatheter therapy, embolization, any method, radiological supervision and interpretation |
| 75896 | 991.21 | 70.47 | 920.74 | Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation |
| 75898 | 134.29 | 87.81 | 46.48 | Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion |
| 75900 | 946.02 | 25.82 | 920.20 | Exchange of a previously placed arterial catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 75901 | 105.93 | 25.82 | 80.11 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation |
| 75902 | 100.90 | 20.79 | 80.11 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation |
| 75940 | 581.46 | 29.15 | 552.31 | Percutaneous placement of IVC filter, radiological supervision and interpretation |
| 75945 | 222.45 | 22.19 | 200.26 | Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel |
| 75946 | 123.04 | 22.19 | 100.85 | Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure) |
| 75952 | 257.14 | 257.14 | I.C. | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation |
| 75953 | 94.84 | 94.84 | | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation |
| 75954 | 129.25 | 129.25 | I.C. | Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation |
| 75960 | 697.94 | 44.65 | 653.29 | Transcatheter introduction of intravascular stent(s), (non-coronary vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel |
| 75961 | 686.30 | 225.51 | 460.79 | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation |
| 75962 | 720.49 | 29.57 | 690.92 | Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation |
| 75964 | 387.06 | 19.23 | 367.83 | Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| 75966 | 761.81 | 70.89 | 690.92 | Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation |
| 75968 | 387.19 | 19.36 | 367.83 | Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| 75970 | 551.57 | 45.02 | 506.55 | Transcatheter biopsy, radiological supervision and interpretation |
| 75978 | 719.47 | 28.55 | 690.92 | Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation |
| 75980 | 314.22 | 76.21 | 238.01 | Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation |
| 75982 | 343.67 | 75.79 | 267.88 | Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation |
| 75984 | 124.39 | 38.47 | 85.92 | Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation |
| 75989 | 201.41 | 62.69 | 138.72 | Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation |
| 75992 | 719.89 | 28.97 | 690.92 | Transluminal atherectomy, peripheral artery, radiological supervision and interpretation |
| 75993 | 387.61 | 19.78 | 367.83 | Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| 75994 | 761.81 | 70.89 | 690.92 | Transluminal atherectomy, renal, radiological supervision and interpretation |
| 75995 | 762.23 | 71.31 | 690.92 | Transluminal atherectomy, visceral, radiological supervision and interpretation |
| 75996 | 386.76 | 18.93 | 367.83 | Transluminal atherectomy, each additional visceral artery, radiological supervision and |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| | | | | interpretation (List separately in addition to code for primary procedure) |
| 75998 | 79.53 | 21.31 | 58.22 | Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure) |
| 76000 | 66.14 | 8.82 | 57.32 | Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy) |
| 76001 | 150.38 | 35.74 | 114.64 | Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) |
| 76003 | 86.05 | 28.73 | 57.32 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) |
| 76005 | 87.89 | 30.57 | 57.32 | Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction |
| 76006 | I.C. | | | Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated |
| 76010 | 32.14 | 9.62 | 22.52 | Radiologic examination from nose to rectum for foreign body, single view, child |
| 76012 | 77.19 | 77.19 | | Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; under fluoroscopic guidance |
| 76013 | 89.24 | 89.24 | | Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; under CT guidance |
| 76020 | 32.51 | 9.99 | 22.52 | Bone age studies |
| 76040 | 49.98 | 15.18 | 34.80 | Bone length studies (orthoroentgenogram, scanogram) |
| 76061 | 67.84 | 23.89 | 43.95 | Radiologic examination, osseous survey; limited (eg, for metastases) |
| 76062 | 91.65 | 28.55 | 63.10 | Radiologic examination, osseous survey; complete (axial and appendicular skeleton) |
| 76065 | 69.50 | 36.81 | 32.69 | Radiologic examination, osseous survey, infant |
| 76066 | 65.94 | 16.93 | 49.01 | Joint survey, single view, two or more joints (specify) |
| 76070 | 142.67 | 13.10 | 129.57 | Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine) |
| 76071 | 137.82 | 11.55 | 126.27 | Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) |
| 76075 | 152.03 | 15.83 | 136.20 | Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine) |
| 76076 | 45.51 | 11.97 | 33.54 | Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) |
| 76078 | 44.33 | 10.79 | 33.54 | Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites |
| 76080 | 75.03 | 28.55 | 46.48 | Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation |
| 76082 | 20.99 | 3.41 | 17.58 | Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) |
| 76083 | 20.99 | 3.41 | 17.58 | Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure) |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 76086 | 133.87 | 19.23 | 114.64 | Mammary ductogram or galactogram, single duct, radiological supervision and interpretation |
| 76088 | 184.71 | 23.89 | 160.82 | Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation |
| 76090 | 83.77 | 37.29 | 46.48 | Mammography; unilateral |
| 76091 | 103.55 | 46.23 | 57.32 | Mammography; bilateral |
| 76092 | 91.24 | 37.29 | 53.95 | Screening mammography, bilateral (two view film study of each breast) |
| 76093 | 859.07 | 86.21 | 772.86 | Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral |
| 76094 | 1,134.66 | 86.21 | 1,048.45 | Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral |
| 76095 | 399.36 | 85.18 | 314.18 | Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation |
| 76096 | 87.65 | 30.33 | 57.32 | Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation |
| 76098 | 26.32 | 8.44 | 17.88 | Radiological examination, surgical specimen |
| 76100 | 85.87 | 31.08 | 54.79 | Radiologic examination, single plane body section (eg, tomography), other than with urography |
| 76101 | 93.76 | 31.08 | 62.68 | Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral |
| 76102 | 108.15 | 31.50 | 76.65 | Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral |
| 76120 | 66.89 | 20.41 | 46.48 | Cineradiography/videoradiography, except where specifically included |
| 76125 | 49.08 | 14.28 | 34.80 | Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure) |
| 76140 | I.C. | | | Consultation on x-ray examination made elsewhere, written report |
| 76150 | I.C. | | | Xeroradiography |
| 76350 | I.C. | | | Subtraction in conjunction with contrast studies |
| 76355 | 426.64 | 64.59 | 362.05 | Computed tomography guidance for stereotactic localization |
| 76360 | 423.19 | 61.14 | 362.05 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation |
| 76362 | 605.09 | 211.86 | 393.23 | Computed tomography guidance for, and monitoring of, visceral tissue ablation |
| 76370 | 174.93 | 45.36 | 129.57 | Computed tomography guidance for placement of radiation therapy fields |
| 76375 | 163.48 | 8.44 | 155.04 | Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality |
| 76380 | 205.73 | 52.37 | 153.36 | Computed tomography, limited or localized follow-up study |
| 76390 | 556.51 | 74.71 | 481.80 | Magnetic resonance spectroscopy |
| 76393 | 570.34 | 80.04 | 490.30 | Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation |
| 76394 | 745.96 | 225.38 | 520.58 | Magnetic resonance guidance for, and monitoring of, visceral tissue ablation |
| 76400 | 576.16 | 84.66 | 491.50 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply |
| 76496 | I.C. | I.C. | I.C. | Unlisted fluoroscopic procedure (eg, diagnostic, interventional) |
| 76497 | I.C. | I.C. | I.C. | Unlisted computed tomography procedure (eg, diagnostic, interventional) |
| 76498 | I.C. | I.C. | I.C. | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) |
| 76499 | I.C. | I.C. | I.C. | Unlisted diagnostic radiographic procedure |
| 76506 | 98.18 | 35.50 | 62.68 | Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 76511 | 115.29 | 52.91 | 62.38 | Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification |
| 76512 | 101.96 | 37.84 | 64.12 | Ophthalmic ultrasound, echography, diagnostic; contact B-scan (with or without simultaneous A-scan) |
| 76513 | 105.76 | 37.84 | 67.92 | Ophthalmic ultrasound, echography, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy |
| 76514 | 12.91 | 10.08 | 2.83 | Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) |
| 76516 | 83.88 | 31.20 | 52.68 | Ophthalmic biometry by ultrasound echography, A-scan; |
| 76519 | 87.68 | 31.20 | 56.48 | Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation |
| 76529 | 83.21 | 32.33 | 50.88 | Ophthalmic ultrasonic foreign body localization |
| 76536 | 92.41 | 29.73 | 62.68 | Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation |
| 76604 | 86.25 | 28.93 | 57.32 | Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation |
| 76645 | 75.63 | 29.15 | 46.48 | Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation |
| 76700 | 130.19 | 43.43 | 86.76 | Ultrasound, abdominal, B-scan and/or real time with image documentation; complete |
| 76705 | 94.56 | 31.88 | 62.68 | Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up) |
| 76770 | 126.40 | 39.64 | 86.76 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete |
| 76775 | 93.76 | 31.08 | 62.68 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited |
| 76778 | 126.40 | 39.64 | 86.76 | Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study |
| 76800 | 121.55 | 58.87 | 62.68 | Ultrasound, spinal canal and contents |
| 76801 | 145.71 | 53.59 | 92.12 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester ( |
| 76802 | 93.30 | 45.02 | 48.28 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester ( |
| 76805 | 145.71 | 53.59 | 92.12 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation |
| 76810 | 105.39 | 54.11 | 51.28 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) |
| 76811 | 266.99 | 104.87 | 162.12 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation |
| 76812 | 154.86 | 97.88 | 56.98 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) |
| 76815 | 97.49 | 34.81 | 62.68 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses |
| 76816 | 95.15 | 46.14 | 49.01 | Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| | | | | previous scan), transabdominal approach, per fetus |
| 76817 | 106.56 | 40.69 | 65.87 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal |
| 76818 | 128.40 | 57.11 | 71.29 | Fetal biophysical profile; with non-stress testing |
| 76819 | 112.73 | 41.44 | 71.29 | Fetal biophysical profile; without non-stress testing |
| 76825 | 177.13 | 90.37 | 86.76 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; |
| 76826 | 76.15 | 44.72 | 31.43 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study |
| 76827 | 108.27 | 31.75 | 76.52 | Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete |
| 76828 | 80.60 | 30.99 | 49.61 | Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study |
| 76830 | 103.99 | 36.92 | 67.07 | Ultrasound, transvaginal |
| 76831 | 105.78 | 38.71 | 67.07 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed |
| 76856 | 103.99 | 36.92 | 67.07 | Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete |
| 76857 | 88.39 | 20.41 | 67.98 | Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles) |
| 76870 | 101.26 | 34.19 | 67.07 | Ultrasound, scrotum and contents |
| 76872 | 118.61 | 37.21 | 81.40 | Ultrasound, transrectal; |
| 76873 | 175.43 | 82.11 | 93.32 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) |
| 76880 | 94.56 | 31.88 | 62.68 | Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation |
| 76885 | 106.71 | 39.64 | 67.07 | Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation) |
| 76886 | 96.11 | 33.43 | 62.68 | Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation) |
| 76930 | 103.90 | 36.83 | 67.07 | Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation |
| 76932 | 103.90 | 36.83 | 67.07 | Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation |
| 76936 | 383.37 | 106.76 | 276.61 | Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) |
| 76937 | 35.63 | 17.03 | 18.60 | Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure) |
| 76940 | 179.49 | 106.72 | 72.77 | Ultrasound guidance for, and monitoring of, visceral tissue ablation |
| 76941 | 139.33 | 72.44 | 66.89 | Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation |
| 76942 | 146.11 | 36.04 | 110.07 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation |
| 76945 | 103.05 | 36.16 | 66.89 | Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation |
| 76946 | 87.60 | 20.53 | 67.07 | Ultrasonic guidance for amniocentesis, imaging supervision and interpretation |
| 76948 | 87.48 | 20.41 | 67.07 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation |
| 76950 | 88.40 | 31.08 | 57.32 | Ultrasonic guidance for placement of radiation therapy fields |
| 76965 | 314.98 | 70.64 | 244.34 | Ultrasonic guidance for interstitial radioelement application |
| 76970 | 67.64 | 21.16 | 46.48 | Ultrasound study follow-up (specify) |
| 76975 | 110.62 | 43.55 | 67.07 | Gastrointestinal endoscopic ultrasound, supervision and interpretation |
| 76977 | 39.52 | 3.03 | 36.49 | Ultrasound bone density measurement and interpretation, peripheral site(s), any method |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 76986 | 179.15 | 64.51 | 114.64 | Ultrasonic guidance, intraoperative |
| 76999 | I.C. | I.C. | I.C. | Unlisted ultrasound procedure (eg, diagnostic, interventional) |
| 77261 | I.C. | | | Therapeutic radiology treatment planning; simple |
| 77262 | I.C. | | | Therapeutic radiology treatment planning; intermediate |
| 77263 | I.C. | | | Therapeutic radiology treatment planning; complex |
| 77280 | 188.96 | 36.87 | 152.09 | Therapeutic radiology simulation-aided field setting; simple |
| 77285 | 300.07 | 55.43 | 244.64 | Therapeutic radiology simulation-aided field setting; intermediate |
| 77290 | 367.34 | 81.58 | 285.76 | Therapeutic radiology simulation-aided field setting; complex |
| 77295 | 1,465.63 | 239.68 | 1,225.95 | Therapeutic radiology simulation-aided field setting; three-dimensional |
| 77299 | I.C. | I.C. | I.C. | Unlisted procedure, therapeutic radiology clinical treatment planning |
| 77300 | 92.02 | 33.01 | 59.01 | Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician |
| 77301 | 1,640.93 | 414.98 | 1,225.95 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications |
| 77305 | 119.42 | 37.29 | 82.13 | Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest) |
| 77310 | 157.97 | 55.43 | 102.54 | Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest) |
| 77315 | 197.91 | 81.58 | 116.33 | Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) |
| 77321 | 227.83 | 50.39 | 177.44 | Special teletherapy port plan, particles, hemibody, total body |
| 77326 | 153.02 | 49.22 | 103.80 | Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) |
| 77327 | 225.15 | 73.06 | 152.09 | Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources) |
| 77328 | 326.94 | 109.94 | 217.00 | Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources) |
| 77331 | 67.79 | 46.11 | 21.68 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician |
| 77332 | 87.14 | 28.13 | 59.01 | Treatment devices, design and construction; simple (simple block, simple bolus) |
| 77333 | 127.95 | 44.56 | 83.39 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) |
| 77334 | 207.52 | 65.00 | 142.52 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) |
| 77336 | I.C. | | | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy |
| 77370 | I.C. | | | Special medical radiation physics consultation |
| 77399 | I.C. | I.C. | I.C. | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services |
| 77401 | I.C. | | | Radiation treatment delivery, superficial and/or ortho voltage |
| 77402 | I.C. | | | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 77403 | I.C. | | | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV |
| 77404 | I.C. | | | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV |
| 77406 | I.C. | | | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater |
| 77407 | I.C. | | | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV |
| 77408 | I.C. | | | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV |
| 77409 | I.C. | | | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV |
| 77411 | I.C. | | | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater |
| 77412 | I.C. | | | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); up to 5 MeV |
| 77413 | I.C. | | | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV |
| 77414 | I.C. | | | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 11-19 MeV |
| 77416 | I.C. | | | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 20 MeV or greater |
| 77417 | I.C. | | | Therapeutic radiology port film(s) |
| 77418 | I.C. | | | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams (eg, binary, dynamic MLC), per treatment session |
| 77427 | I.C. | | | Radiation treatment management, five treatments |
| 77431 | I.C. | | | Radiation therapy management with complete course of therapy consisting of one or two fractions only |
| 77432 | I.C. | | | Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session) |
| 77470 | 599.33 | 109.94 | 489.39 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation) |
| 77499 | I.C. | I.C. | I.C. | Unlisted procedure, therapeutic radiology treatment management |
| 77520 | I.C. | | | Proton treatment delivery; simple, without compensation |
| 77522 | I.C. | | | Proton treatment delivery; simple, with compensation |
| 77523 | I.C. | | | Proton treatment delivery; intermediate |
| 77525 | I.C. | | | Proton treatment delivery; complex |
| 77600 | 216.27 | 82.48 | 133.79 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) |
| 77605 | 290.01 | 111.43 | 178.58 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) |
| 77610 | 216.09 | 82.30 | 133.79 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators |
| 77615 | 288.52 | 109.94 | 178.58 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators |
| 77620 | 216.22 | 82.43 | 133.79 | Hyperthermia generated by intracavitary probe(s) |
| 77750 | 315.84 | 257.26 | 58.58 | Infusion or instillation of radioelement solution |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 77761 | 305.80 | 195.37 | 110.43 | Intracavitary radiation source application; simple |
| 77762 | 458.86 | 300.57 | 158.29 | Intracavitary radiation source application; intermediate |
| 77763 | 646.35 | 449.76 | 196.59 | Intracavitary radiation source application; complex |
| 77776 | 320.31 | 224.52 | 95.79 | Interstitial radiation source application; simple |
| 77777 | 578.63 | 392.88 | 185.75 | Interstitial radiation source application; intermediate |
| 77778 | 812.73 | 587.54 | 225.19 | Interstitial radiation source application; complex |
| 77781 | 978.22 | 87.34 | 890.88 | Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters |
| 77782 | 1,022.10 | 131.22 | 890.88 | Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters |
| 77783 | 1,086.30 | 195.42 | 890.88 | Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters |
| 77784 | 1,185.19 | 294.31 | 890.88 | Remote afterloading high intensity brachytherapy; over 12 source positions or catheters |
| 77789 | 78.60 | 59.03 | 19.57 | Surface application of radiation source |
| 77790 | 77.11 | 55.43 | 21.68 | Supervision, handling, loading of radiation source |
| 77799 | I.C. | I.C. | I.C. | Unlisted procedure, clinical brachytherapy |
| 78000 | 53.11 | 10.42 | 42.69 | Thyroid uptake; single determination |
| 78001 | 71.22 | 13.90 | 57.32 | Thyroid uptake; multiple determinations |
| 78003 | 60.07 | 17.38 | 42.69 | Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies) |
| 78006 | 130.89 | 26.24 | 104.65 | Thyroid imaging, with uptake; single determination |
| 78007 | 140.00 | 26.62 | 113.38 | Thyroid imaging, with uptake; multiple determinations |
| 78010 | 101.23 | 20.79 | 80.44 | Thyroid imaging; only |
| 78011 | 129.80 | 23.89 | 105.91 | Thyroid imaging; with vascular flow |
| 78015 | 149.54 | 36.16 | 113.38 | Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only) |
| 78016 | 196.86 | 44.35 | 152.51 | Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery) |
| 78018 | 284.71 | 46.28 | 238.43 | Thyroid carcinoma metastases imaging; whole body |
| 78020 | 91.50 | 32.08 | 59.42 | Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure) |
| 78070 | 124.37 | 43.93 | 80.44 | Parathyroid imaging |
| 78075 | 278.92 | 40.49 | 238.43 | Adrenal imaging, cortex and/or medulla |
| 78099 | I.C. | I.C. | I.C. | Unlisted endocrine procedure, diagnostic nuclear medicine |
| 78102 | 119.36 | 29.77 | 89.59 | Bone marrow imaging; limited area |
| 78103 | 179.59 | 40.44 | 139.15 | Bone marrow imaging; multiple areas |
| 78104 | 221.76 | 42.75 | 179.01 | Bone marrow imaging; whole body |
| 78110 | 52.27 | 10.42 | 41.85 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling |
| 78111 | 125.35 | 11.97 | 113.38 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings |
| 78120 | 89.00 | 12.35 | 76.65 | Red cell volume determination (separate procedure); single sampling |
| 78121 | 144.29 | 17.00 | 127.29 | Red cell volume determination (separate procedure); multiple samplings |
| 78122 | 226.26 | 24.31 | 201.95 | Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique) |
| 78130 | 157.82 | 33.06 | 124.76 | Red cell survival study; |
| 78135 | 248.24 | 34.61 | 213.63 | Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration) |
| 78140 | 205.43 | 32.63 | 172.80 | Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic) |
| 78160 | 179.52 | 18.70 | 160.82 | Plasma radioiron disappearance (turnover) rate |
| 78162 | 165.69 | 25.28 | 140.41 | Radioiron oral absorption |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 78170 | 255.94 | 22.86 | 233.08 | Radioiron red cell utilization |
| 78172 | 28.17 | 28.17 | | Chelatable iron for estimation of total body iron |
| 78185 | 125.39 | 21.59 | 103.80 | Spleen imaging only, with or without vascular flow |
| 78190 | 310.18 | 59.64 | 250.54 | Kinetics, study of platelet survival, with or without differential organ/tissue localization |
| 78191 | 353.98 | 32.63 | 321.35 | Platelet survival study |
| 78195 | 243.34 | 64.33 | 179.01 | Lymphatics and lymph nodes imaging |
| 78199 | I.C. | I.C. | I.C. | Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine |
| 78201 | 127.32 | 23.52 | 103.80 | Liver imaging; static only |
| 78202 | 153.44 | 27.42 | 126.02 | Liver imaging; with vascular flow |
| 78205 | 297.78 | 38.51 | 259.27 | Liver imaging (SPECT); |
| 78206 | 305.30 | 52.03 | 253.27 | Liver imaging (SPECT); with vascular flow |
| 78215 | 154.79 | 26.24 | 128.55 | Liver and spleen imaging; static only |
| 78216 | 183.04 | 30.53 | 152.51 | Liver and spleen imaging; with vascular flow |
| 78220 | 189.59 | 26.24 | 163.35 | Liver function study with hepatobiliary agents, with serial images |
| 78223 | 205.80 | 44.98 | 160.82 | Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function |
| 78230 | 119.68 | 23.89 | 95.79 | Salivary gland imaging; |
| 78231 | 167.37 | 28.22 | 139.15 | Salivary gland imaging; with serial images |
| 78232 | 180.23 | 25.19 | 155.04 | Salivary gland function study |
| 78258 | 165.66 | 39.64 | 126.02 | Esophageal motility |
| 78261 | 217.61 | 37.76 | 179.85 | Gastric mucosa imaging |
| 78262 | 223.55 | 36.96 | 186.59 | Gastroesophageal reflux study |
| 78264 | 223.11 | 42.00 | 181.11 | Gastric emptying study |
| 78267 | I.C. | | | Urea breath test, C-14; acquisition for analysis |
| 78268 | I.C. | | | Urea breath test, C-14; analysis |
| 78270 | 79.13 | 10.79 | 68.34 | Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor |
| 78271 | 83.34 | 10.79 | 72.55 | Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor |
| 78272 | 116.82 | 14.70 | 102.12 | Vitamin B-12 absorption studies combined, with and without intrinsic factor |
| 78278 | 266.80 | 53.17 | 213.63 | Acute gastrointestinal blood loss imaging |
| 78282 | 20.41 | 20.41 | | Gastrointestinal protein loss |
| 78290 | 170.33 | 36.54 | 133.79 | Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus) |
| 78291 | 181.96 | 47.33 | 134.63 | Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt) |
| 78299 | I.C. | I.C. | I.C. | Unlisted gastrointestinal procedure, diagnostic nuclear medicine |
| 78300 | 143.01 | 33.43 | 109.58 | Bone and/or joint imaging; limited area |
| 78305 | 205.12 | 44.30 | 160.82 | Bone and/or joint imaging; multiple areas |
| 78306 | 233.60 | 46.16 | 187.44 | Bone and/or joint imaging; whole body |
| 78315 | 264.55 | 54.72 | 209.83 | Bone and/or joint imaging; three phase study |
| 78320 | 315.59 | 56.32 | 259.27 | Bone and/or joint imaging; tomographic (SPECT) |
| 78350 | 45.09 | 11.55 | 33.54 | Bone density (bone mineral content) study, one or more sites; single photon absorptiometry |
| 78351 | I.C. | | | Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites |
| 78399 | I.C. | I.C. | I.C. | Unlisted musculoskeletal procedure, diagnostic nuclear medicine |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 78414 | 24.31 | 24.31 | | Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations |
| 78428 | 142.43 | 43.26 | 99.17 | Cardiac shunt detection |
| 78445 | 108.37 | 26.24 | 82.13 | Non-cardiac vascular flow imaging (ie, angiography, venography) |
| 78455 | 214.18 | 39.27 | 174.91 | Venous thrombosis study (eg, radioactive fibrinogen) |
| 78456 | 231.27 | 53.96 | 177.31 | Acute venous thrombosis imaging, peptide |
| 78457 | 157.53 | 41.20 | 116.33 | Venous thrombosis imaging, venogram; unilateral |
| 78458 | 225.65 | 49.05 | 176.60 | Venous thrombosis imaging, venogram; bilateral |
| 78459 | 82.09 | 82.09 | | Myocardial imaging, positron emission tomography (PET), metabolic evaluation |
| 78460 | 150.08 | 46.28 | 103.80 | Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification |
| 78461 | 273.62 | 66.31 | 207.31 | Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification |
| 78464 | 369.01 | 58.62 | 310.39 | Myocardial perfusion imaging; tomographic (SPECT), single study at rest or stress (exercise and/or pharmacologic), with or without quantification |
| 78465 | 596.05 | 78.78 | 517.27 | Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification |
| 78466 | 152.40 | 37.76 | 114.64 | Myocardial imaging, infarct avid, planar; qualitative or quantitative |
| 78468 | 203.99 | 43.17 | 160.82 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique |
| 78469 | 278.66 | 49.38 | 229.28 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification |
| 78472 | 295.32 | 53.21 | 242.11 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing |
| 78473 | 440.78 | 78.73 | 362.05 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification |
| 78478 | 102.44 | 33.68 | 68.76 | Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure) |
| 78480 | 102.44 | 33.68 | 68.76 | Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure) |
| 78481 | 283.03 | 53.75 | 229.28 | Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification |
| 78483 | 424.89 | 80.00 | 344.89 | Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/ or pharmacologic), wall motion study plus ejection fraction, with or without quantification |
| 78491 | 83.24 | 83.24 | | Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress |
| 78492 | 103.81 | 103.81 | | Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress |
| 78494 | 371.95 | 63.66 | 308.29 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing |
| 78496 | 335.33 | 27.04 | 308.29 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 78499 | I.C. | I.C. | I.C. | Unlisted cardiovascular procedure, diagnostic nuclear medicine |
| 78580 | 190.05 | 39.64 | 150.41 | Pulmonary perfusion imaging, particulate |
| 78584 | 193.15 | 52.74 | 140.41 | Pulmonary perfusion imaging, particulate, with ventilation; single breath |
| 78585 | 305.66 | 58.50 | 247.16 | Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath |
| 78586 | 134.96 | 21.16 | 113.80 | Pulmonary ventilation imaging, aerosol; single projection |
| 78587 | 148.89 | 26.24 | 122.65 | Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views) |
| 78588 | 199.21 | 58.50 | 140.71 | Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections |
| 78591 | 146.35 | 21.59 | 124.76 | Pulmonary ventilation imaging, gaseous, single breath, single projection |
| 78593 | 177.49 | 26.24 | 151.25 | Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection |
| 78594 | 246.01 | 28.17 | 217.84 | Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views) |
| 78596 | 377.79 | 67.40 | 310.39 | Pulmonary quantitative differential function (ventilation/perfusion) study |
| 78599 | I.C. | I.C. | I.C. | Unlisted respiratory procedure, diagnostic nuclear medicine |
| 78600 | 149.54 | 23.52 | 126.02 | Brain imaging, limited procedure; static |
| 78601 | 176.14 | 27.00 | 149.14 | Brain imaging, limited procedure; with vascular flow |
| 78605 | 177.74 | 28.60 | 149.14 | Brain imaging, complete study; static |
| 78606 | 204.46 | 34.61 | 169.85 | Brain imaging, complete study; with vascular flow |
| 78607 | 354.18 | 66.31 | 287.87 | Brain imaging, complete study; tomographic (SPECT) |
| 78608 | I.C. | | | Brain imaging, positron emission tomography (PET); metabolic evaluation |
| 78609 | I.C. | | | Brain imaging, positron emission tomography (PET); perfusion evaluation |
| 78610 | 85.85 | 16.25 | 69.60 | Brain imaging, vascular flow only |
| 78615 | 192.19 | 23.18 | 169.01 | Cerebral vascular flow |
| 78630 | 257.51 | 36.54 | 220.97 | Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography |
| 78635 | 145.83 | 33.72 | 112.11 | Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography |
| 78645 | 180.94 | 30.53 | 150.41 | Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation |
| 78647 | 307.90 | 48.63 | 259.27 | Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT) |
| 78650 | 236.09 | 32.46 | 203.63 | Cerebrospinal fluid leakage detection and localization |
| 78660 | 121.13 | 28.17 | 92.96 | Radiopharmaceutical dacryocystography |
| 78699 | I.C. | I.C. | I.C. | Unlisted nervous system procedure, diagnostic nuclear medicine |
| 78700 | 157.68 | 23.89 | 133.79 | Kidney imaging; static only |
| 78701 | 182.13 | 26.24 | 155.89 | Kidney imaging; with vascular flow |
| 78704 | 213.29 | 39.64 | 173.65 | Kidney imaging; with function study (ie, imaging renogram) |
| 78707 | 247.36 | 51.61 | 195.75 | Kidney imaging with vascular flow and function; single study without pharmacological intervention |
| 78708 | 260.46 | 64.71 | 195.75 | Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) |
| 78709 | 270.83 | 75.08 | 195.75 | Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) |

| Code | Fee Global | Fee PC | Fee TC | 40.06(7) – Radiologic Service Description |
|---|---|---|---|---|
| 78710 | 294.63 | 35.36 | 259.27 | Kidney imaging, tomographic (SPECT) |
| 78715 | 85.85 | 16.25 | 69.60 | Kidney vascular flow only |
| 78725 | 98.86 | 20.11 | 78.75 | Kidney function study, non-imaging radioisotopic study |
| 78730 | 83.60 | 19.66 | 63.94 | Urinary bladder residual study |
| 78740 | 123.06 | 30.10 | 92.96 | Ureteral reflux study (radiopharmaceutical voiding cystogram) |
| 78760 | 152.53 | 35.36 | 117.17 | Testicular imaging; |
| 78761 | 178.50 | 38.09 | 140.41 | Testicular imaging; with vascular flow |
| 78799 | I.C. | I.C. | I.C. | Unlisted genitourinary procedure, diagnostic nuclear medicine |
| 78800 | 184.50 | 35.36 | 149.14 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area |
| 78801 | 227.70 | 42.37 | 185.33 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas |
| 78802 | 289.23 | 46.28 | 242.95 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging |
| 78803 | 346.49 | 58.62 | 287.87 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT) |
| 78804 | 246.98 | 57.15 | 189.83 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging |
| 78805 | 188.41 | 39.27 | 149.14 | Radiopharmaceutical localization of inflammatory process; limited area |
| 78806 | 328.67 | 46.28 | 282.39 | Radiopharmaceutical localization of inflammatory process; whole body |
| 78807 | 346.91 | 59.04 | 287.87 | Radiopharmaceutical localization of inflammatory process; tomographic (SPECT) |
| 78810 | 107.27 | 107.27 | | Tumor imaging, positron emission tomography (PET), metabolic evaluation |
| 78890 | 60.05 | 3.03 | 57.02 | Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes |
| 78891 | 120.10 | 5.76 | 114.34 | Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes |
| 78990 | I.C. | | | Provision of diagnostic radiopharmaceutical(s) |
| 78999 | I.C. | I.C. | I.C. | Unlisted miscellaneous procedure, diagnostic nuclear medicine |
| 79000 | 210.21 | 95.57 | 114.64 | Radiopharmaceutical therapy, hyper-thyroidism; initial, including evaluation of patient |
| 79001 | 113.59 | 56.27 | 57.32 | Radiopharmaceutical therapy, hyper-thyroidism; subsequent, each therapy |
| 79020 | 210.59 | 95.95 | 114.64 | Radiopharmaceutical therapy, thyroid suppression (euthyroid cardiac disease), including evaluation of patient |
| 79030 | 226.76 | 112.12 | 114.64 | Radiopharmaceutical ablation of gland for thyroid carcinoma |
| 79035 | 250.06 | 135.42 | 114.64 | Radiopharmaceutical therapy for metastases of thyroid carcinoma |
| 79100 | 185.61 | 70.97 | 114.64 | Radiopharmaceutical therapy, polycythemia vera, chronic leukemia, each treatment by intravenous injection |
| 79200 | 221.17 | 106.53 | 114.64 | Intracavitary radioactive colloid therapy |
| 79300 | 86.34 | 86.34 | | Interstitial radioactive colloid therapy |
| 79400 | 219.79 | 105.15 | 114.64 | Radiopharmaceutical therapy, nonthyroid, nonhematologic by intravenous injection |
| 79403 | 310.83 | 125.79 | 185.04 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion |
| 79420 | 79.70 | 79.70 | | Intravascular radiopharmaceutical therapy, particulate |
| 79440 | 223.03 | 108.39 | 114.64 | Intra-articular radiopharmaceutical therapy |
| 79900 | I.C. | | | Provision of therapeutic radiopharmaceutical(s) |
| 79999 | I.C. | I.C. | I.C. | Unlisted radiopharmaceutical therapeutic procedure |

## 40.06(10) Freestanding Surgical Services / Surgery
### (a) Ambulatory Surgery Global Facility Fees

| Group | Boston / New Bedford / Worcester | Pittsfield / Rural | Springfield | Barnstable | National (Out of State) |
|---|---|---|---|---|---|
| **1** | $347.14 | $337.96 | $339.23 | $366.91 | $333 |
| **2** | $464.94 | $452.64 | $454.34 | $491.42 | $446 |
| **3** | $531.66 | $517.59 | $519.54 | $561.94 | $510 |
| **4** | $656.76 | $639.38 | $641.79 | $694.16 | $630 |
| **5** | $747.46 | $727.67 | $730.41 | $790.02 | $717 |
| **6** | $854.71 | $836.06 | $838.65 | $894.84 | $826 |
| **7** | $1037.26 | $1009.81 | $1013.61 | $1096.33 | $995 |
| **8** | $1007.96 | $985.25 | $988.40 | $1056.81 | $973 |
| **9** | $1395.88 | $1358.93 | $1364.05 | $1475.35 | $1339 |

Groups 6 and 8 amount contains $150.00 for intraocular lenses (IOLs)

## 40.06(8) Freestanding Surgical Services / Surgery

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 10021 | | 143.03 | Fine needle aspiration; without imaging guidance |
| 10022 | | 159.71 | Fine needle aspiration; with imaging guidance |
| 10040 | | 89.29 | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) |
| 10060 | | 97.70 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single |
| 10061 | | 173.10 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple |
| 10080 | | 179.36 | Incision and drainage of pilonidal cyst; simple |
| 10081 | | 272.54 | Incision and drainage of pilonidal cyst; complicated |
| 10120 | | 111.15 | Incision and removal of foreign body, subcutaneous tissues; simple |
| 10121 | 02 | 250.81 | Incision and removal of foreign body, subcutaneous tissues; complicated |
| 10140 | | 126.75 | Incision and drainage of hematoma, seroma or fluid collection |
| 10160 | | 79.92 | Puncture aspiration of abscess, hematoma, bulla, or cyst |
| 10180 | 02 | 230.84 | Incision and drainage, complex, postoperative wound infection |
| 11000 | | 48.45 | Debridement of extensive eczematous or infected skin; up to 10% of body surface |
| 11001 | | 21.61 | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure) |
| 11010 | 02 | 458.32 | Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues |
| 11011 | 02 | 543.98 | Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle |
| 11012 | 02 | 797.42 | Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone |
| 11040 | | 42.15 | Debridement; skin, partial thickness |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 11041 | | 60.42 | Debridement; skin, full thickness |
| 11042 | 02 | 86.42 | Debridement; skin, and subcutaneous tissue |
| 11043 | 02 | 242.19 | Debridement; skin, subcutaneous tissue, and muscle |
| 11044 | 02 | 317.38 | Debridement; skin, subcutaneous tissue, muscle, and bone |
| 11055 | | 40.00 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion |
| 11056 | | 50.76 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions |
| 11057 | | 62.06 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions |
| 11100 | | 85.16 | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion |
| 11101 | | 30.39 | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure) |
| 11200 | | 75.22 | Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions |
| 11201 | | 18.28 | Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure) |
| 11300 | | 62.59 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less |
| 11301 | | 80.77 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm |
| 11302 | | 96.62 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm |
| 11303 | | 115.88 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm |
| 11305 | | 62.17 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less |
| 11306 | | 85.92 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm |
| 11307 | | 99.17 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm |
| 11308 | | 116.69 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm |
| 11310 | | 76.24 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| 11311 | | 93.67 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm |
| 11312 | | 108.05 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm |
| 11313 | | 141.11 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm |
| 11400 | | 118.46 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less |
| 11401 | | 136.94 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm |
| 11402 | | 155.99 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm |
| 11403 | | 175.21 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm |
| 11404 | 01 | 199.36 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm |

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| 11406 | 02 | 243.75 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm |
| 11420 | | 114.57 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| 11421 | | 145.13 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm |
| 11422 | | 162.25 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm |
| 11423 | | 192.12 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm |
| 11424 | 02 | 218.01 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm |
| 11426 | 02 | 302.84 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| 11440 | | 139.08 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less |
| 11441 | | 160.88 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm |
| 11442 | | 179.14 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm |
| 11443 | | 218.15 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm |
| 11444 | 01 | 276.63 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm |
| 11446 | 02 | 352.99 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm |
| 11450 | 02 | 327.65 | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair |
| 11451 | 02 | 446.79 | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair |
| 11462 | 02 | 322.25 | Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair |
| 11463 | 02 | 456.36 | Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair |
| 11470 | 02 | 350.02 | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair |
| 11471 | 02 | 469.07 | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair |
| 11600 | | 164.41 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less |
| 11601 | | 186.74 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm |
| 11602 | | 198.89 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm |
| 11603 | | 219.38 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm |
| 11604 | 02 | 240.85 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm |
| 11606 | 02 | 312.42 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm |
| 11620 | | 158.62 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| 11621 | | 185.65 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm |
| 11622 | | 210.67 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm |
| 11623 | | 247.26 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm |
| 11624 | 02 | 284.15 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| | | | to 4.0 cm |
| 11626 | 02 | 372.50 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| 11640 | | 167.90 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less |
| 11641 | | 215.84 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm |
| 11642 | | 249.28 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm |
| 11643 | | 287.89 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm |
| 11644 | 02 | 363.40 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm |
| 11646 | 02 | 485.41 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm |
| 11719 | | 17.25 | Trimming of nondystrophic nails, any number |
| 11720 | | 27.00 | Debridement of nail(s) by any method(s); one to five |
| 11721 | | 39.99 | Debridement of nail(s) by any method(s); six or more |
| 11730 | | 88.91 | Avulsion of nail plate, partial or complete, simple; single |
| 11732 | | 41.42 | Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure) |
| 11740 | | 50.98 | Evacuation of subungual hematoma |
| 11750 | | 165.63 | Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; |
| 11752 | | 237.03 | Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx |
| 11755 | | 97.87 | Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) |
| 11760 | | 143.44 | Repair of nail bed |
| 11762 | | 216.37 | Reconstruction of nail bed with graft |
| 11765 | | 75.87 | Wedge excision of skin of nail fold (eg, for ingrown toenail) |
| 11770 | 03 | 255.50 | Excision of pilonidal cyst or sinus; simple |
| 11771 | 03 | 476.75 | Excision of pilonidal cyst or sinus; extensive |
| 11772 | 03 | 589.67 | Excision of pilonidal cyst or sinus; complicated |
| 11900 | | 47.61 | Injection, intralesional; up to and including seven lesions |
| 11901 | | 59.19 | Injection, intralesional; more than seven lesions |
| 11920 | | 150.90 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less |
| 11921 | | 179.76 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm |
| 11922 | | 35.87 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure) |
| 11950 | | 82.25 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less |
| 11951 | | 111.70 | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc |
| 11952 | | 148.86 | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc |

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| 11954 | | 179.52 | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc |
| 11960 | 02 | 817.28 | Insertion of tissue expander(s) for other than breast, including subsequent expansion |
| 11970 | 03 | 550.88 | Replacement of tissue expander with permanent prosthesis |
| 11971 | 01 | 387.11 | Removal of tissue expander(s) without insertion of prosthesis |
| 11975 | | 120.77 | Insertion, implantable contraceptive capsules |
| 11976 | | 145.08 | Removal, implantable contraceptive capsules |
| 11977 | | 231.23 | Removal with reinsertion, implantable contraceptive capsules |
| 11980 | | 105.78 | Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) |
| 11981 | | 134.26 | Insertion, non-biodegradable drug delivery implant |
| 11982 | | 156.46 | Removal, non-biodegradable drug delivery implant |
| 11983 | | 233.34 | Removal with reinsertion, non-biodegradable drug delivery implant |
| 12001 | | 153.21 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less |
| 12002 | | 162.38 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm |
| 12004 | | 190.25 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm |
| 12005 | 02 | 236.39 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm |
| 12006 | 02 | 293.70 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm |
| 12007 | 02 | 331.20 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm |
| 12011 | | 162.52 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| 12013 | | 178.12 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| 12014 | | 209.39 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| 12015 | | 263.46 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| 12016 | 02 | 311.27 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |
| 12017 | 02 | 271.85 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| 12018 | 02 | 320.34 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm |
| 12020 | 01 | 219.20 | Treatment of superficial wound dehiscence; simple closure |
| 12021 | 01 | 149.63 | Treatment of superficial wound dehiscence; with packing |
| 12031 | | 183.85 | Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less |
| 12032 | | 262.10 | Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm |
| 12034 | 02 | 251.24 | Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm |
| 12035 | 02 | 361.49 | Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| 12036 | 02 | 392.99 | Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm |
| 12037 | 02 | 463.63 | Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm |
| 12041 | | 199.79 | Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less |
| 12042 | | 244.94 | Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm |
| 12044 | 02 | 262.00 | Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm |
| 12045 | 02 | 303.89 | Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm |
| 12046 | 02 | 451.24 | Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm |
| 12047 | 02 | 460.30 | Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm |
| 12051 | | 235.00 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| 12052 | | 244.38 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| 12053 | | 260.59 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| 12054 | 02 | 288.32 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| 12055 | 02 | 370.65 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |
| 12056 | 02 | 497.78 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| 12057 | 02 | 499.51 | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm |
| 13100 | 02 | 273.11 | Repair, complex, trunk; 1.1 cm to 2.5 cm |
| 13101 | 03 | 313.62 | Repair, complex, trunk; 2.6 cm to 7.5 cm |
| 13102 | | 81.55 | Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13120 | 02 | 285.02 | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm |
| 13121 | 03 | 339.26 | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm |
| 13122 | | 95.17 | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13131 | 02 | 315.10 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm |
| 13132 | 03 | 432.98 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm |
| 13133 | | 139.05 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13150 | 03 | 385.64 | Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less |
| 13151 | 03 | 405.26 | Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm |
| 13152 | 03 | 508.42 | Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm |
| 13153 | | 152.83 | Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13160 | 02 | 738.61 | Secondary closure of surgical wound or dehiscence, extensive or complicated |
| 14000 | 02 | 597.38 | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less |
| 14001 | 03 | 761.43 | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm |
| 14020 | 03 | 652.68 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less |
| 14021 | 03 | 844.01 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm |
| 14040 | 02 | 663.96 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less |

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| 14041 | 03 | 906.84 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm |
| 14060 | 03 | 724.21 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less |
| 14061 | 03 | 981.21 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm |
| 14300 | 04 | 946.21 | Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area |
| 14350 | 03 | 701.44 | Filleted finger or toe flap, including preparation of recipient site |
| 15000 | 02 | 324.56 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children |
| 15001 | | 98.94 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure) |
| 15050 | 02 | 429.93 | Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter |
| 15100 | 02 | 907.19 | Split graft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050) |
| 15101 | 03 | 232.91 | Split graft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15120 | 02 | 857.42 | Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050) |
| 15121 | 03 | 303.65 | Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 15200 | 03 | 780.29 | Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less |
| 15201 | 02 | 98.72 | Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure) |
| 15220 | 02 | 767.40 | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less |
| 15221 | 02 | 87.43 | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure) |
| 15240 | 03 | 797.17 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less |
| 15241 | 03 | 137.56 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure) |
| 15260 | 02 | 817.88 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less |
| 15261 | 02 | 205.05 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure) |
| 15342 | | 118.15 | Application of bilaminate skin substitute/neodermis; 25 sq cm |
| 15343 | | 21.41 | Application of bilaminate skin substitute/neodermis; each additional 25 sq cm (List separately in addition to code for primary procedure) |
| 15350 | 02 | 512.26 | Application of allograft, skin; 100 sq cm or less |
| 15351 | 02 | 81.23 | Application of allograft, skin; each additional 100 sq cm (List separately in addition to code for primary procedure) |
| 15400 | 02 | 341.06 | Application of xenograft, skin; 100 sq cm or less |
| 15401 | 02 | 93.04 | Application of xenograft, skin; each additional 100 sq cm (List separately in addition to code for primary procedure) |
| 15570 | 03 | 768.27 | Formation of direct or tubed pedicle, with or without transfer; trunk |
| 15572 | 03 | 736.03 | Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| 15574 | 03 | 776.02 | Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet |
| 15576 | 03 | 749.24 | Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral |
| 15600 | 03 | 375.69 | Delay of flap or sectioning of flap (division and inset); at trunk |
| 15610 | 03 | 257.49 | Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs |
| 15620 | 04 | 435.53 | Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet |
| 15630 | 03 | 421.84 | Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips |
| 15650 | 05 | 444.66 | Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location |
| 15732 | 03 | 1,486.77 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) |
| 15734 | 03 | 1,490.73 | Muscle, myocutaneous, or fasciocutaneous flap; trunk |
| 15736 | 03 | 1,442.78 | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity |
| 15738 | 03 | 1,500.92 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity |
| 15740 | 02 | 821.80 | Flap; island pedicle |
| 15750 | 02 | 852.57 | Flap; neurovascular pedicle |
| 15756 | | 2,311.26 | Free muscle or myocutaneous flap with microvascular anastomosis |
| 15757 | | 2,364.40 | Free skin flap with microvascular anastomosis |
| 15758 | | 2,364.77 | Free fascial flap with microvascular anastomosis |
| 15760 | 02 | 764.61 | Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area |
| 15770 | 03 | 593.40 | Graft; derma-fat-fascia |
| 15775 | 03 | 281.74 | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | 03 | 457.34 | Punch graft for hair transplant; more than 15 punch grafts |
| 15780 | | 587.25 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) |
| 15781 | | 417.94 | Dermabrasion; segmental, face |
| 15782 | | 351.29 | Dermabrasion; regional, other than face |
| 15783 | | 378.09 | Dermabrasion; superficial, any site, (eg, tattoo removal) |
| 15786 | | 149.16 | Abrasion; single lesion (eg, keratosis, scar) |
| 15787 | | 26.53 | Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure) |
| 15788 | | 223.51 | Chemical peel, facial; epidermal |
| 15789 | | 464.42 | Chemical peel, facial; dermal |
| 15792 | | 206.95 | Chemical peel, nonfacial; epidermal |
| 15793 | | 321.47 | Chemical peel, nonfacial; dermal |
| 15810 | | 356.80 | Salabrasion; 20 sq cm or less |
| 15811 | | 487.76 | Salabrasion; over 20 sq cm |
| 15819 | | 684.74 | Cervicoplasty |
| 15820 | 03 | 493.38 | Blepharoplasty, lower eyelid; |
| 15821 | 03 | 531.19 | Blepharoplasty, lower eyelid; with extensive herniated fat pad |
| 15822 | 03 | 420.02 | Blepharoplasty, upper eyelid; |
| 15823 | 05 | 605.56 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid |
| 15824 | 03 | I.C. | Rhytidectomy; forehead |
| 15825 | 03 | I.C. | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 15826 | 03 | I.C. | Rhytidectomy; glabellar frown lines |
| 15828 | 03 | I.C. | Rhytidectomy; cheek, chin, and neck |
| 15829 | 05 | I.C. | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap |
| 15831 | 03 | 860.44 | Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) |
| 15832 | 03 | 833.34 | Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh |
| 15833 | 03 | 790.11 | Excision, excessive skin and subcutaneous tissue (including lipectomy); leg |
| 15834 | 03 | 775.99 | Excision, excessive skin and subcutaneous tissue (including lipectomy); hip |
| 15835 | 03 | 960.66 | Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock |
| 15836 | | 673.39 | Excision, excessive skin and subcutaneous tissue (including lipectomy); arm |
| 15837 | | 678.72 | Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand |
| 15838 | | 546.21 | Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad |
| 15839 | | 715.62 | Excision, excessive skin and subcutaneous tissue (including lipectomy); other area |
| 15840 | 04 | 964.61 | Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) |
| 15841 | 04 | 1,607.64 | Graft for facial nerve paralysis; free muscle graft (including obtaining graft) |
| 15842 | | 2,543.41 | Graft for facial nerve paralysis; free muscle flap by microsurgical technique |
| 15845 | 04 | 896.61 | Graft for facial nerve paralysis; regional muscle transfer |
| 15850 | | 97.52 | Removal of sutures under anesthesia (other than local), same surgeon |
| 15851 | | 106.73 | Removal of sutures under anesthesia (other than local), other surgeon |
| 15852 | | 113.66 | Dressing change (for other than burns) under anesthesia (other than local) |
| 15860 | | 132.29 | Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft |
| 15876 | 03 | I.C. | Suction assisted lipectomy; head and neck |
| 15877 | 03 | I.C. | Suction assisted lipectomy; trunk |
| 15878 | 03 | I.C. | Suction assisted lipectomy; upper extremity |
| 15879 | 03 | I.C. | Suction assisted lipectomy; lower extremity |
| 15920 | 03 | 565.89 | Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture |
| 15922 | 04 | 719.48 | Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure |
| 15931 | 03 | 624.93 | Excision, sacral pressure ulcer, with primary suture; |
| 15933 | 03 | 784.19 | Excision, sacral pressure ulcer, with primary suture; with ostectomy |
| 15934 | 03 | 870.22 | Excision, sacral pressure ulcer, with skin flap closure; |
| 15935 | 04 | 1,043.46 | Excision, sacral pressure ulcer, with skin flap closure; with ostectomy |
| 15936 | 04 | 866.18 | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; |
| 15937 | 04 | 1,009.54 | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy |
| 15940 | 03 | 649.84 | Excision, ischial pressure ulcer, with primary suture; |
| 15941 | 03 | 878.49 | Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy) |
| 15944 | 03 | 841.92 | Excision, ischial pressure ulcer, with skin flap closure; |
| 15945 | 04 | 938.14 | Excision, ischial pressure ulcer, with skin flap closure; with ostectomy |
| 15946 | 04 | 1,503.68 | Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure |
| 15950 | 03 | 543.33 | Excision, trochanteric pressure ulcer, with primary suture; |
| 15951 | 04 | 779.70 | Excision, trochanteric pressure ulcer, with primary suture; with ostectomy |
| 15952 | 03 | 802.01 | Excision, trochanteric pressure ulcer, with skin flap closure; |
| 15953 | 04 | 907.64 | Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy |
| 15956 | 03 | 1,101.25 | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 15958 | 04 | 1,112.15 | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy |
| 15999 | | I.C. | Unlisted procedure, excision pressure ulcer |
| 16000 | | 71.91 | Initial treatment, first degree burn, when no more than local treatment is required |
| 16010 | | 63.03 | Dressings and/or debridement, initial or subsequent; under anesthesia, small |
| 16015 | 02 | 145.19 | Dressings and/or debridement, initial or subsequent; under anesthesia, medium or large, or with major debridement |
| 16020 | | 87.49 | Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small |
| 16025 | | 150.92 | Dressings and/or debridement, initial or subsequent; without anesthesia, medium (eg, whole face or whole extremity) |
| 16030 | | 177.77 | Dressings and/or debridement, initial or subsequent; without anesthesia, large (eg, more than one extremity) |
| 16035 | | 215.90 | Escharotomy; initial incision |
| 16036 | | 85.76 | Escharotomy; each additional incision (List separately in addition to code for primary procedure) |
| 17000 | | 65.14 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion |
| 17003 | | 10.59 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (List separately in addition to code for first lesion) |
| 17004 | | 207.21 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions |
| 17106 | | 388.20 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm |
| 17107 | | 681.24 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm |
| 17108 | | 937.16 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm |
| 17110 | | 94.72 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14 lesions |
| 17111 | | 107.01 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more lesions |
| 17250 | | 72.20 | Chemical cauterization of granulation tissue (proud flesh, sinus or fistula) |
| 17260 | | 89.77 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less |
| 17261 | | 114.21 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm |
| 17262 | | 141.65 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm |
| 17263 | | 157.76 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm |
| 17264 | | 170.16 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm |
| 17266 | | 198.79 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm |
| 17270 | | 123.96 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less |
| 17271 | | 133.74 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 17272 | | 153.45 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm |
| 17273 | | 173.77 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm |
| 17274 | | 210.33 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm |
| 17276 | | 251.27 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm |
| 17280 | | 114.21 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| 17281 | | 147.78 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm |
| 17282 | | 171.70 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm |
| 17283 | | 211.37 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm |
| 17284 | | 250.08 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm |
| 17286 | | 331.54 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm |
| 17304 | | 638.34 | Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens |
| 17305 | | 272.28 | Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue, up to 5 specimens |
| 17306 | | 273.12 | Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue, up to 5 specimens |
| 17307 | | 271.02 | Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to 5 specimens, each stage |
| 17310 | | 107.18 | Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in addition to code for primary procedure) |
| 17340 | | 45.76 | Cryotherapy (CO2 slush, liquid N2) for acne |
| 17360 | | 117.57 | Chemical exfoliation for acne (eg, acne paste, acid) |
| 17380 | | I.C. | Electrolysis epilation, each 1/2 hour |
| 17999 | | I.C. | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 19000 | | 119.65 | Puncture aspiration of cyst of breast; |
| 19001 | | 50.34 | Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure) |
| 19020 | 02 | 399.77 | Mastotomy with exploration or drainage of abscess, deep |
| 19030 | | 202.15 | Injection procedure only for mammary ductogram or galactogram |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 19100 | 01 | 142.12 | Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure) |
| 19101 | 02 | 324.82 | Biopsy of breast; open, incisional |
| 19102 | 02 | 247.99 | Biopsy of breast; percutaneous, needle core, using imaging guidance |
| 19103 | 02 | 653.65 | Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance |
| 19110 | 02 | 423.01 | Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct |
| 19112 | 03 | 396.31 | Excision of lactiferous duct fistula |
| 19120 | 03 | 422.75 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions |
| 19125 | 03 | 453.94 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion |
| 19126 | 03 | 163.86 | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure) |
| 19140 | 04 | 519.65 | Mastectomy for gynecomastia |
| 19160 | 03 | 393.13 | Mastectomy, partial; |
| 19162 | 07 | 828.18 | Mastectomy, partial; with axillary lymphadenectomy |
| 19180 | 04 | 576.56 | Mastectomy, simple, complete |
| 19182 | 04 | 522.37 | Mastectomy, subcutaneous |
| 19200 | | 976.87 | Mastectomy, radical, including pectoral muscles, axillary lymph nodes |
| 19220 | | 998.30 | Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation) |
| 19240 | | 1,010.12 | Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle |
| 19260 | | 1,117.20 | Excision of chest wall tumor including ribs |
| 19271 | | 1,562.22 | Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy |
| 19272 | | 1,711.79 | Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy |
| 19290 | 01 | 176.87 | Preoperative placement of needle localization wire, breast; |
| 19291 | 01 | 98.73 | Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure) |
| 19295 | | 117.07 | Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure) |
| 19316 | 04 | 764.00 | Mastopexy |
| 19318 | 04 | 1,121.58 | Reduction mammaplasty |
| 19324 | 04 | 450.41 | Mammaplasty, augmentation; without prosthetic implant |
| 19325 | 09 | 628.75 | Mammaplasty, augmentation; with prosthetic implant |
| 19328 | 01 | 449.73 | Removal of intact mammary implant |
| 19330 | 01 | 571.10 | Removal of mammary implant material |
| 19340 | 02 | 394.44 | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| 19342 | 03 | 843.50 | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| 19350 | 04 | 969.07 | Nipple/areola reconstruction |
| 19355 | 04 | 853.45 | Correction of inverted nipples |
| 19357 | 05 | 1,338.29 | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion |
| 19361 | | 1,297.01 | Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 19364 | | 2,681.91 | Breast reconstruction with free flap |
| 19366 | 05 | 1,356.89 | Breast reconstruction with other technique |
| 19367 | | 1,767.72 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; |
| 19368 | | 2,201.56 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging) |
| 19369 | | 2,074.48 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site |
| 19370 | 04 | 627.35 | Open periprosthetic capsulotomy, breast |
| 19371 | 04 | 720.55 | Periprosthetic capsulectomy, breast |
| 19380 | 05 | 706.79 | Revision of reconstructed breast |
| 19396 | | 333.88 | Preparation of moulage for custom breast implant |
| 19499 | | I.C. | Unlisted procedure, breast |
| 20000 | | 185.73 | Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial |
| 20005 | 02 | 281.68 | Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated |
| 20100 | | 659.12 | Exploration of penetrating wound (separate procedure); neck |
| 20101 | | 254.90 | Exploration of penetrating wound (separate procedure); chest |
| 20102 | | 308.76 | Exploration of penetrating wound (separate procedure); abdomen/flank/back |
| 20103 | | 394.69 | Exploration of penetrating wound (separate procedure); extremity |
| 20150 | | 854.22 | Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision |
| 20200 | 02 | 195.82 | Biopsy, muscle; superficial |
| 20205 | 03 | 271.53 | Biopsy, muscle; deep |
| 20206 | 01 | 173.06 | Biopsy, muscle, percutaneous needle |
| 20220 | 01 | 249.38 | Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) |
| 20225 | 02 | 281.81 | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) |
| 20240 | 02 | 243.40 | Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur) |
| 20245 | 03 | 577.00 | Biopsy, bone, open; deep (eg, humerus, ischium, femur) |
| 20250 | 03 | 398.68 | Biopsy, vertebral body, open; thoracic |
| 20251 | 03 | 455.71 | Biopsy, vertebral body, open; lumbar or cervical |
| 20500 | | 297.85 | Injection of sinus tract; therapeutic (separate procedure) |
| 20501 | | 157.59 | Injection of sinus tract; diagnostic (sinogram) |
| 20520 | | 170.91 | Removal of foreign body in muscle or tendon sheath; simple |
| 20525 | 03 | 290.59 | Removal of foreign body in muscle or tendon sheath; deep or complicated |
| 20526 | | 78.44 | Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel |
| 20550 | | 60.31 | Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") |
| 20551 | | 59.05 | Injection(s); single tendon origin/insertion |
| 20552 | | 57.76 | Injection(s); single or multiple trigger point(s), one or two muscle(s) |
| 20553 | | 65.79 | Injection(s); single or multiple trigger point(s), three or more muscle(s) |
| 20600 | | 53.97 | Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes) |
| 20605 | | 59.36 | Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) |
| 20610 | | 72.41 | Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 20612 | | 58.43 | Aspiration and/or injection of ganglion cyst(s) any location |
| 20615 | | 199.95 | Aspiration and injection for treatment of bone cyst |
| 20650 | 03 | 196.30 | Insertion of wire or pin with application of skeletal traction, including removal (separate procedure) |
| 20660 | | 241.46 | Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure) |
| 20661 | | 425.97 | Application of halo, including removal; cranial |
| 20662 | | 486.81 | Application of halo, including removal; pelvic |
| 20663 | | 432.93 | Application of halo, including removal; femoral |
| 20664 | | 653.88 | Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia |
| 20665 | | 142.11 | Removal of tongs or halo applied by another physician |
| 20670 | 01 | 356.02 | Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure) |
| 20680 | 03 | 278.18 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) |
| 20690 | 02 | 253.57 | Application of a uniplane (pins or wires in one plane), unilateral, external fixation system |
| 20692 | 03 | 420.17 | Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type) |
| 20693 | 03 | 485.02 | Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s)) |
| 20694 | 01 | 466.36 | Removal, under anesthesia, of external fixation system |
| 20802 | | 2,661.80 | Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation |
| 20805 | | 3,503.53 | Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation |
| 20808 | | 4,386.98 | Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation |
| 20816 | | 2,924.89 | Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation |
| 20822 | | 2,587.77 | Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation |
| 20824 | | 2,897.72 | Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation |
| 20827 | | 2,710.20 | Replantation, thumb (includes distal tip to MP joint), complete amputation |
| 20838 | | 2,727.91 | Replantation, foot, complete amputation |
| 20900 | 03 | 546.08 | Bone graft, any donor area; minor or small (eg, dowel or button) |
| 20902 | 04 | 611.89 | Bone graft, any donor area; major or large |
| 20910 | 03 | 518.70 | Cartilage graft; costochondral |
| 20912 | 03 | 515.59 | Cartilage graft; nasal septum |
| 20920 | 04 | 403.57 | Fascia lata graft; by stripper |
| 20922 | 03 | 564.37 | Fascia lata graft; by incision and area exposure, complex or sheet |
| 20924 | 04 | 523.22 | Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris) |
| 20926 | 04 | 442.37 | Tissue grafts, other (eg, paratenon, fat, dermis) |
| 20930 | | I.C. | Allograft for spine surgery only; morselized |
| 20931 | | 119.75 | Allograft for spine surgery only; structural |
| 20936 | | I.C. | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision |
| 20937 | | 182.35 | Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) |
| 20938 | | 198.54 | Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) |
| 20950 | | 110.54 | Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| | | | needle manometer technique) in detection of muscle compartment syndrome |
| 20955 | | 2,688.05 | Bone graft with microvascular anastomosis; fibula |
| 20956 | | 2,735.26 | Bone graft with microvascular anastomosis; iliac crest |
| 20957 | | 2,542.45 | Bone graft with microvascular anastomosis; metatarsal |
| 20962 | | 2,779.61 | Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal |
| 20969 | | 2,968.81 | Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe |
| 20970 | | 2,878.72 | Free osteocutaneous flap with microvascular anastomosis; iliac crest |
| 20972 | | 2,756.93 | Free osteocutaneous flap with microvascular anastomosis; metatarsal |
| 20973 | | 2,957.28 | Free osteocutaneous flap with microvascular anastomosis; great toe with web space |
| 20974 | | 52.81 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) |
| 20975 | 02 | 186.27 | Electrical stimulation to aid bone healing; invasive (operative) |
| 20979 | | 57.34 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) |
| 20982 | | 4,735.76 | Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance |
| 20999 | | I.C. | Unlisted procedure, musculoskeletal system, general |
| 21010 | 02 | 706.74 | Arthrotomy, temporomandibular joint |
| 21015 | 03 | 451.11 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp |
| 21025 | 02 | 837.07 | Excision of bone (eg, for osteomyelitis or bone abscess); mandible |
| 21026 | 02 | 489.46 | Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s) |
| 21029 | 02 | 679.58 | Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia) |
| 21030 | 01 | 479.24 | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage |
| 21031 | 01 | 325.44 | Excision of torus mandibularis |
| 21032 | 01 | 327.25 | Excision of maxillary torus palatinus |
| 21034 | 03 | 1,230.11 | Excision of malignant tumor of maxilla or zygoma |
| 21040 | 02 | 465.81 | Excision of benign tumor or cyst of mandible, by enucleation and/or curettage |
| 21044 | 02 | 843.87 | Excision of malignant tumor of mandible; |
| 21045 | | 1,134.32 | Excision of malignant tumor of mandible; radical resection |
| 21046 | 02 | 1,061.00 | Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) |
| 21047 | 02 | 1,327.96 | Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s)) |
| 21048 | | 1,091.66 | Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) |
| 21049 | | 1,263.51 | Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s)) |
| 21050 | 03 | 868.17 | Condylectomy, temporomandibular joint (separate procedure) |
| 21060 | 02 | 840.11 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) |
| 21070 | 03 | 629.48 | Coronoidectomy (separate procedure) |
| 21076 | | 1,090.27 | Impression and custom preparation; surgical obturator prosthesis |
| 21077 | | 2,752.33 | Impression and custom preparation; orbital prosthesis |
| 21079 | | 1,835.13 | Impression and custom preparation; interim obturator prosthesis |
| 21080 | | 2,100.50 | Impression and custom preparation; definitive obturator prosthesis |
| 21081 | | 1,896.88 | Impression and custom preparation; mandibular resection prosthesis |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 21082 | | 1,676.68 | Impression and custom preparation; palatal augmentation prosthesis |
| 21083 | | 1,613.12 | Impression and custom preparation; palatal lift prosthesis |
| 21084 | | 1,861.72 | Impression and custom preparation; speech aid prosthesis |
| 21085 | | 721.56 | Impression and custom preparation; oral surgical splint |
| 21086 | | 2,029.74 | Impression and custom preparation; auricular prosthesis |
| 21087 | | 2,025.65 | Impression and custom preparation; nasal prosthesis |
| 21088 | | I.C. | Impression and custom preparation; facial prosthesis |
| 21089 | | I.C. | Unlisted maxillofacial prosthetic procedure |
| 21100 | 02 | 402.26 | Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) |
| 21110 | 01 | 502.21 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal |
| 21116 | | 340.91 | Injection procedure for temporomandibular joint arthrography |
| 21120 | | 568.25 | Genioplasty; augmentation (autograft, allograft, prosthetic material) |
| 21121 | 07 | 747.79 | Genioplasty; sliding osteotomy, single piece |
| 21122 | 07 | 640.66 | Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) |
| 21123 | 07 | 810.26 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) |
| 21125 | | 924.08 | Augmentation, mandibular body or angle; prosthetic material |
| 21127 | 09 | 1,058.25 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) |
| 21137 | | 702.76 | Reduction forehead; contouring only |
| 21138 | | 904.46 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) |
| 21139 | | 999.34 | Reduction forehead; contouring and setback of anterior frontal sinus wall |
| 21141 | | 1,325.59 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft |
| 21142 | | 1,301.56 | Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft |
| 21143 | | 1,363.87 | Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft |
| 21145 | | 1,422.85 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) |
| 21146 | | 1,514.09 | Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) |
| 21147 | | 1,519.23 | Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) |
| 21150 | | 1,584.80 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) |
| 21151 | | 1,892.76 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) |
| 21154 | | 2,175.41 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I |
| 21155 | | 2,435.46 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I |
| 21159 | | 2,871.18 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I |
| 21160 | | 2,936.23 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 21172 | | 1,708.92 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) |
| 21175 | | 2,207.31 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) |
| 21179 | | 1,553.99 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) |
| 21180 | | 1,703.49 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) |
| 21181 | 07 | 737.26 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial |
| 21182 | | 2,132.22 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm |
| 21183 | | 2,329.63 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm |
| 21184 | | 2,539.38 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm |
| 21188 | | 1,552.61 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) |
| 21193 | | 1,247.81 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft |
| 21194 | | 1,390.10 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) |
| 21195 | | 1,251.44 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation |
| 21196 | | 1,355.54 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation |
| 21198 | | 1,030.79 | Osteotomy, mandible, segmental; |
| 21199 | | 1,035.59 | Osteotomy, mandible, segmental; with genioglossus advancement |
| 21206 | 05 | 1,023.23 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) |
| 21208 | 07 | 1,029.12 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| 21209 | 05 | 775.84 | Osteoplasty, facial bones; reduction |
| 21210 | 07 | 993.90 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| 21215 | 07 | 1,011.10 | Graft, bone; mandible (includes obtaining graft) |
| 21230 | 07 | 801.43 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) |
| 21235 | 07 | 751.22 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) |
| 21240 | 04 | 1,106.11 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) |
| 21242 | 05 | 1,052.97 | Arthroplasty, temporomandibular joint, with allograft |
| 21243 | 05 | 1,603.03 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement |
| 21244 | 07 | 905.04 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) |
| 21245 | 07 | 1,156.95 | Reconstruction of mandible or maxilla, subperiosteal implant; partial |
| 21246 | 07 | 1,126.61 | Reconstruction of mandible or maxilla, subperiosteal implant; complete |
| 21247 | | 1,688.14 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) |
| 21248 | 07 | 1,017.59 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial |
| 21249 | 07 | 1,408.84 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete |
| 21255 | | 1,208.90 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) |
| 21256 | | 1,160.27 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| | | | autografts) (eg, micro-ophthalmia) |
| 21260 | | 1,045.20 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach |
| 21261 | | 2,074.86 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach |
| 21263 | | 1,690.58 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement |
| 21267 | 07 | 1,317.75 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach |
| 21268 | | 1,595.93 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach |
| 21270 | 05 | 913.04 | Malar augmentation, prosthetic material |
| 21275 | 07 | 828.72 | Secondary revision of orbitocraniofacial reconstruction |
| 21280 | 05 | 492.79 | Medial canthopexy (separate procedure) |
| 21282 | 05 | 336.01 | Lateral canthopexy |
| 21295 | 01 | 181.37 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach |
| 21296 | 01 | 357.43 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach |
| 21299 | | I.C. | Unlisted craniofacial and maxillofacial procedure |
| 21300 | 02 | 130.78 | Closed treatment of skull fracture without operation |
| 21310 | 02 | 122.31 | Closed treatment of nasal bone fracture without manipulation |
| 21315 | 02 | 188.87 | Closed treatment of nasal bone fracture; without stabilization |
| 21320 | 02 | 254.32 | Closed treatment of nasal bone fracture; with stabilization |
| 21325 | 04 | 310.96 | Open treatment of nasal fracture; uncomplicated |
| 21330 | 05 | 442.47 | Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation |
| 21335 | 07 | 634.47 | Open treatment of nasal fracture; with concomitant open treatment of fractured septum |
| 21336 | 04 | 487.39 | Open treatment of nasal septal fracture, with or without stabilization |
| 21337 | 02 | 325.32 | Closed treatment of nasal septal fracture, with or without stabilization |
| 21338 | 04 | 514.92 | Open treatment of nasoethmoid fracture; without external fixation |
| 21339 | 05 | 616.83 | Open treatment of nasoethmoid fracture; with external fixation |
| 21340 | 04 | 803.01 | Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus |
| 21343 | | 953.42 | Open treatment of depressed frontal sinus fracture |
| 21344 | | 1,382.52 | Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches |
| 21345 | 07 | 815.39 | Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint |
| 21346 | | 985.83 | Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation |
| 21347 | | 930.71 | Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches |
| 21348 | | 1,159.29 | Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft) |
| 21355 | 03 | 350.41 | Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation |
| 21356 | | 660.95 | Open treatment of depressed zygomatic arch fracture (eg, Gillies approach) |
| 21360 | | 847.64 | Open treatment of depressed malar fracture, including zygomatic arch and malar tripod |
| 21365 | | 1,106.25 | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 21366 | | 1,210.63 | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft) |
| 21385 | | 666.17 | Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation) |
| 21386 | | 687.95 | Open treatment of orbital floor blowout fracture; periorbital approach |
| 21387 | | 711.44 | Open treatment of orbital floor blowout fracture; combined approach |
| 21390 | | 744.09 | Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant |
| 21395 | | 909.57 | Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft) |
| 21400 | 02 | 213.81 | Closed treatment of fracture of orbit, except blowout; without manipulation |
| 21401 | 03 | 348.11 | Closed treatment of fracture of orbit, except blowout; with manipulation |
| 21406 | | 552.94 | Open treatment of fracture of orbit, except blowout; without implant |
| 21407 | | 649.58 | Open treatment of fracture of orbit, except blowout; with implant |
| 21408 | | 899.32 | Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft) |
| 21421 | 04 | 626.91 | Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint |
| 21422 | | 813.76 | Open treatment of palatal or maxillary fracture (LeFort I type); |
| 21423 | | 783.80 | Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches |
| 21431 | | 735.83 | Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint |
| 21432 | | 605.03 | Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation |
| 21433 | | 1,752.96 | Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches |
| 21435 | | 1,255.66 | Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation) |
| 21436 | | 1,916.33 | Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft) |
| 21440 | 03 | 449.25 | Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) |
| 21445 | 04 | 662.80 | Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) |
| 21450 | 03 | 569.34 | Closed treatment of mandibular fracture; without manipulation |
| 21451 | 04 | 567.06 | Closed treatment of mandibular fracture; with manipulation |
| 21452 | 02 | 410.67 | Percutaneous treatment of mandibular fracture, with external fixation |
| 21453 | 03 | 668.85 | Closed treatment of mandibular fracture with interdental fixation |
| 21454 | 05 | 538.71 | Open treatment of mandibular fracture with external fixation |
| 21461 | 04 | 858.85 | Open treatment of mandibular fracture; without interdental fixation |
| 21462 | 05 | 990.28 | Open treatment of mandibular fracture; with interdental fixation |
| 21465 | 04 | 902.31 | Open treatment of mandibular condylar fracture |
| 21470 | | 1,142.86 | Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints |
| 21480 | 01 | 107.00 | Closed treatment of temporomandibular dislocation; initial or subsequent |
| 21485 | 02 | 411.58 | Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent |
| 21490 | 03 | 911.19 | Open treatment of temporomandibular dislocation |
| 21493 | 03 | 171.21 | Closed treatment of hyoid fracture; without manipulation |
| 21494 | 04 | 492.61 | Closed treatment of hyoid fracture; with manipulation |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| 21495 | | 481.39 | Open treatment of hyoid fracture |
| 21497 | 02 | 431.97 | Interdental wiring, for condition other than fracture |
| 21499 | | I.C. | Unlisted musculoskeletal procedure, head |
| 21501 | 02 | 354.32 | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; |
| 21502 | 02 | 536.88 | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy |
| 21510 | | 481.49 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax |
| 21550 | | 235.92 | Biopsy, soft tissue of neck or thorax |
| 21555 | 02 | 391.65 | Excision tumor, soft tissue of neck or thorax; subcutaneous |
| 21556 | 02 | 401.51 | Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular |
| 21557 | | 594.69 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax |
| 21600 | 02 | 533.33 | Excision of rib, partial |
| 21610 | 02 | 998.13 | Costotransversectomy (separate procedure) |
| 21615 | | 699.00 | Excision first and/or cervical rib; |
| 21616 | | 839.99 | Excision first and/or cervical rib; with sympathectomy |
| 21620 | | 539.44 | Ostectomy of sternum, partial |
| 21627 | | 558.43 | Sternal debridement |
| 21630 | | 1,230.17 | Radical resection of sternum; |
| 21632 | | 1,232.48 | Radical resection of sternum; with mediastinal lymphadenectomy |
| 21685 | | 960.39 | Hyoid myotomy and suspension |
| 21700 | 02 | 500.44 | Division of scalenus anticus; without resection of cervical rib |
| 21705 | | 632.25 | Division of scalenus anticus; with resection of cervical rib |
| 21720 | 03 | 473.18 | Division of sternocleidomastoid for torticollis, open operation; without cast application |
| 21725 | 03 | 528.59 | Division of sternocleidomastoid for torticollis, open operation; with cast application |
| 21740 | | 1,057.45 | Reconstructive repair of pectus excavatum or carinatum; open |
| 21742 | | I.C. | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy |
| 21743 | | I.C. | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy |
| 21750 | | 713.09 | Closure of median sternotomy separation with or without debridement (separate procedure) |
| 21800 | 01 | 128.02 | Closed treatment of rib fracture, uncomplicated, each |
| 21805 | 02 | 255.41 | Open treatment of rib fracture without fixation, each |
| 21810 | | 491.94 | Treatment of rib fracture requiring external fixation (flail chest) |
| 21820 | 01 | 164.53 | Closed treatment of sternum fracture |
| 21825 | | 591.35 | Open treatment of sternum fracture with or without skeletal fixation |
| 21899 | | I.C. | Unlisted procedure, neck or thorax |
| 21920 | | 220.15 | Biopsy, soft tissue of back or flank; superficial |
| 21925 | 02 | 464.32 | Biopsy, soft tissue of back or flank; deep |
| 21930 | 02 | 436.87 | Excision, tumor, soft tissue of back or flank |
| 21935 | 03 | 1,173.88 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank |
| 22100 | | 744.25 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical |
| 22101 | | 755.88 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| 22102 | | 762.94 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar |
| 22103 | | 152.74 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) |
| 22110 | | 949.90 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical |
| 22112 | | 946.37 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic |
| 22114 | | 946.43 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar |
| 22116 | | 151.20 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22210 | | 1,703.48 | Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical |
| 22212 | | 1,391.03 | Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic |
| 22214 | | 1,413.66 | Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar |
| 22216 | | 395.14 | Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) |
| 22220 | | 1,517.97 | Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; cervical |
| 22222 | | 1,411.04 | Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; thoracic |
| 22224 | | 1,526.41 | Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; lumbar |
| 22226 | | 395.07 | Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22305 | 01 | 222.27 | Closed treatment of vertebral process fracture(s) |
| 22310 | 01 | 317.63 | Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing |
| 22315 | 02 | 948.16 | Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction |
| 22318 | | 1,533.68 | Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting |
| 22319 | | 1,703.74 | Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting |
| 22325 | | 1,295.59 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar |
| 22326 | | 1,406.48 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical |
| 22327 | | 1,346.85 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic |
| 22328 | | 293.57 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (List separately in addition to code for primary procedure) |
| 22505 | 02 | 120.04 | Manipulation of spine requiring anesthesia, any region |
| 22520 | | 4,654.99 | Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic |
| 22521 | | 4,119.22 | Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar |
| 22522 | | 245.39 | Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) |
| 22532 | | 1,664.99 | Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| | | | (other than for decompression); thoracic |
| 22533 | | 1,554.11 | Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar |
| 22534 | | 389.41 | Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22548 | | 1,819.67 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process |
| 22554 | | 1,347.20 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); cervical below C2 |
| 22556 | | 1,638.72 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic |
| 22558 | | 1,512.31 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar |
| 22585 | | 361.57 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) |
| 22590 | | 1,470.46 | Arthrodesis, posterior technique, craniocervical (occiput-C2) |
| 22595 | | 1,400.67 | Arthrodesis, posterior technique, atlas-axis (C1-C2) |
| 22600 | | 1,182.13 | Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment |
| 22610 | | 1,176.80 | Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique) |
| 22612 | | 1,503.47 | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique) |
| 22614 | | 421.59 | Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) |
| 22630 | | 1,492.96 | Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; lumbar |
| 22632 | | 342.08 | Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure) |
| 22800 | | 1,317.96 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments |
| 22802 | | 2,143.59 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments |
| 22804 | | 2,506.91 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments |
| 22808 | | 1,831.86 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments |
| 22810 | | 2,073.12 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments |
| 22812 | | 2,241.03 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments |
| 22818 | | 2,174.56 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments |
| 22819 | | 2,404.62 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments |
| 22830 | | 803.66 | Exploration of spinal fusion |
| 22840 | | 820.02 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) |
| 22841 | | I.C. | Internal spinal fixation by wiring of spinous processes |
| 22842 | | 822.67 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 22843 | | 862.17 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments |
| 22844 | | 1,076.87 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments |
| 22845 | | 788.18 | Anterior instrumentation; 2 to 3 vertebral segments |
| 22846 | | 817.56 | Anterior instrumentation; 4 to 7 vertebral segments |
| 22847 | | 902.71 | Anterior instrumentation; 8 or more vertebral segments |
| 22848 | | 392.56 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum |
| 22849 | | 1,296.36 | Reinsertion of spinal fixation device |
| 22850 | | 708.27 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) |
| 22851 | | 434.90 | Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace |
| 22852 | | 676.29 | Removal of posterior segmental instrumentation |
| 22855 | | 1,078.49 | Removal of anterior instrumentation |
| 22899 | | I.C. | Unlisted procedure, spine |
| 22900 | 04 | 377.60 | Excision, abdominal wall tumor, subfascial (eg, desmoid) |
| 22999 | | I.C. | Unlisted procedure, abdomen, musculoskeletal system |
| 23000 | 02 | 400.39 | Removal of subdeltoid calcareous deposits, open |
| 23020 | 02 | 700.28 | Capsular contracture release (eg, Sever type procedure) |
| 23030 | 01 | 271.14 | Incision and drainage, shoulder area; deep abscess or hematoma |
| 23031 | 03 | 228.71 | Incision and drainage, shoulder area; infected bursa |
| 23035 | 03 | 726.22 | Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area |
| 23040 | 03 | 723.64 | Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body |
| 23044 | 04 | 577.20 | Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body |
| 23065 | | 209.15 | Biopsy, soft tissue of shoulder area; superficial |
| 23066 | 02 | 389.47 | Biopsy, soft tissue of shoulder area; deep |
| 23075 | 02 | 193.55 | Excision, soft tissue tumor, shoulder area; subcutaneous |
| 23076 | 02 | 562.49 | Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular |
| 23077 | 03 | 1,124.95 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area |
| 23100 | 02 | 496.26 | Arthrotomy, glenohumeral joint, including biopsy |
| 23101 | 07 | 465.14 | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage |
| 23105 | 04 | 653.00 | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy |
| 23106 | 04 | 497.29 | Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy |
| 23107 | 04 | 679.38 | Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body |
| 23120 | 05 | 576.58 | Claviculectomy; partial |
| 23125 | 05 | 721.23 | Claviculectomy; total |
| 23130 | 05 | 622.01 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release |
| 23140 | 04 | 517.18 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; |
| 23145 | 05 | 706.91 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) |
| 23146 | 05 | 635.63 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft |
| 23150 | 04 | 654.30 | Excision or curettage of bone cyst or benign tumor of proximal humerus; |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 23155 | 05 | 789.65 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) |
| 23156 | 05 | 680.62 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft |
| 23170 | 02 | 556.70 | Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle |
| 23172 | 02 | 564.51 | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula |
| 23174 | 02 | 758.15 | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck |
| 23180 | 04 | 752.11 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle |
| 23182 | 04 | 720.69 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula |
| 23184 | 04 | 800.47 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus |
| 23190 | 04 | 570.35 | Ostectomy of scapula, partial (eg, superior medial angle) |
| 23195 | 05 | 746.45 | Resection, humeral head |
| 23200 | | 886.58 | Radical resection for tumor; clavicle |
| 23210 | | 920.45 | Radical resection for tumor; scapula |
| 23220 | | 1,079.98 | Radical resection of bone tumor, proximal humerus; |
| 23221 | | 1,257.81 | Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft) |
| 23222 | | 1,690.40 | Radical resection of bone tumor, proximal humerus; with prosthetic replacement |
| 23330 | 01 | 159.83 | Removal of foreign body, shoulder; subcutaneous |
| 23331 | 01 | 601.03 | Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal) |
| 23332 | | 888.36 | Removal of foreign body, shoulder; complicated (eg, total shoulder) |
| 23350 | | 201.80 | Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography |
| 23395 | 05 | 1,254.09 | Muscle transfer, any type, shoulder or upper arm; single |
| 23397 | 07 | 1,169.03 | Muscle transfer, any type, shoulder or upper arm; multiple |
| 23400 | 07 | 1,007.09 | Scapulopexy (eg, Sprengels deformity or for paralysis) |
| 23405 | 02 | 651.24 | Tenotomy, shoulder area; single tendon |
| 23406 | 02 | 814.33 | Tenotomy, shoulder area; multiple tendons through same incision |
| 23410 | 05 | 927.05 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute |
| 23412 | 07 | 985.66 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic |
| 23415 | 05 | 761.94 | Coracoacromial ligament release, with or without acromioplasty |
| 23420 | 07 | 1,022.38 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) |
| 23430 | 04 | 768.51 | Tenodesis of long tendon of biceps |
| 23440 | 04 | 796.98 | Resection or transplantation of long tendon of biceps |
| 23450 | 05 | 987.79 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation |
| 23455 | 07 | 1,054.21 | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure) |
| 23460 | 05 | 1,136.70 | Capsulorrhaphy, anterior, any type; with bone block |
| 23462 | 07 | 1,108.89 | Capsulorrhaphy, anterior, any type; with coracoid process transfer |
| 23465 | 05 | 1,131.47 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block |
| 23466 | 07 | 1,082.82 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability |
| 23470 | | 1,243.58 | Arthroplasty, glenohumeral joint; hemiarthroplasty |
| 23472 | | 1,481.85 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) |
| 23480 | 04 | 846.91 | Osteotomy, clavicle, with or without internal fixation; |
| 23485 | 07 | 990.01 | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) |
| 23490 | 03 | 858.05 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 23491 | 03 | 1,058.42 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus |
| 23500 | 01 | 242.02 | Closed treatment of clavicular fracture; without manipulation |
| 23505 | 01 | 381.45 | Closed treatment of clavicular fracture; with manipulation |
| 23515 | 03 | 591.08 | Open treatment of clavicular fracture, with or without internal or external fixation |
| 23520 | 01 | 244.61 | Closed treatment of sternoclavicular dislocation; without manipulation |
| 23525 | 01 | 373.42 | Closed treatment of sternoclavicular dislocation; with manipulation |
| 23530 | 03 | 560.36 | Open treatment of sternoclavicular dislocation, acute or chronic; |
| 23532 | 04 | 634.17 | Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |
| 23540 | 01 | 272.37 | Closed treatment of acromioclavicular dislocation; without manipulation |
| 23545 | 01 | 326.34 | Closed treatment of acromioclavicular dislocation; with manipulation |
| 23550 | 03 | 575.47 | Open treatment of acromioclavicular dislocation, acute or chronic; |
| 23552 | 04 | 666.89 | Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |
| 23570 | 01 | 249.29 | Closed treatment of scapular fracture; without manipulation |
| 23575 | 01 | 414.72 | Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement) |
| 23585 | 03 | 703.15 | Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation |
| 23600 | 01 | 366.13 | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation |
| 23605 | 02 | 485.35 | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction |
| 23615 | 04 | 765.91 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); |
| 23616 | 04 | 1,504.25 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); with proximal humeral prosthetic replacement |
| 23620 | 01 | 321.40 | Closed treatment of greater humeral tuberosity fracture; without manipulation |
| 23625 | 02 | 433.85 | Closed treatment of greater humeral tuberosity fracture; with manipulation |
| 23630 | 05 | 591.77 | Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation |
| 23650 | 01 | 336.26 | Closed treatment of shoulder dislocation, with manipulation; without anesthesia |
| 23655 | 01 | 366.21 | Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia |
| 23660 | 03 | 586.75 | Open treatment of acute shoulder dislocation |
| 23665 | 02 | 467.15 | Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation |
| 23670 | 03 | 624.90 | Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation |
| 23675 | 02 | 576.44 | Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation |
| 23680 | 03 | 770.01 | Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation |
| 23700 | 01 | 204.58 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) |
| 23800 | 04 | 1,045.52 | Arthrodesis, glenohumeral joint; |
| 23802 | 07 | 1,141.03 | Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft) |
| 23900 | | 1,333.92 | Interthoracoscapular amputation (forequarter) |
| 23920 | | 1,045.09 | Disarticulation of shoulder; |
| 23921 | 03 | 452.35 | Disarticulation of shoulder; secondary closure or scar revision |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 23929 | | I.C. | Unlisted procedure, shoulder |
| 23930 | 01 | 236.80 | Incision and drainage, upper arm or elbow area; deep abscess or hematoma |
| 23931 | 02 | 177.43 | Incision and drainage, upper arm or elbow area; bursa |
| 23935 | 02 | 517.97 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow |
| 24000 | 04 | 472.93 | Arthrotomy, elbow, including exploration, drainage, or removal of foreign body |
| 24006 | 04 | 720.75 | Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure) |
| 24065 | | 172.06 | Biopsy, soft tissue of upper arm or elbow area; superficial |
| 24066 | 02 | 461.09 | Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular) |
| 24075 | 02 | 375.92 | Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous |
| 24076 | 02 | 476.95 | Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular) |
| 24077 | 03 | 855.03 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area |
| 24100 | 01 | 397.29 | Arthrotomy, elbow; with synovial biopsy only |
| 24101 | 04 | 508.09 | Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| 24102 | 04 | 629.63 | Arthrotomy, elbow; with synovectomy |
| 24105 | 03 | 336.82 | Excision, olecranon bursa |
| 24110 | 02 | 596.84 | Excision or curettage of bone cyst or benign tumor, humerus; |
| 24115 | 03 | 714.28 | Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft) |
| 24116 | 03 | 888.60 | Excision or curettage of bone cyst or benign tumor, humerus; with allograft |
| 24120 | 03 | 529.75 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; |
| 24125 | 03 | 589.45 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft) |
| 24126 | 03 | 639.49 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft |
| 24130 | 03 | 517.61 | Excision, radial head |
| 24134 | 02 | 800.89 | Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus |
| 24136 | 02 | 644.17 | Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck |
| 24138 | 02 | 666.99 | Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process |
| 24140 | 03 | 790.22 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus |
| 24145 | 03 | 665.60 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck |
| 24147 | 02 | 685.65 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process |
| 24149 | | 1,084.37 | Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure) |
| 24150 | | 990.78 | Radical resection for tumor, shaft or distal humerus; |
| 24151 | | 1,157.87 | Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft) |
| 24152 | | 752.70 | Radical resection for tumor, radial head or neck; |
| 24153 | | 703.27 | Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft) |
| 24155 | 03 | 847.38 | Resection of elbow joint (arthrectomy) |
| 24160 | 02 | 618.96 | Implant removal; elbow joint |
| 24164 | 03 | 503.43 | Implant removal; radial head |
| 24200 | | 154.81 | Removal of foreign body, upper arm or elbow area; subcutaneous |
| 24201 | 02 | 431.41 | Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular) |
| 24220 | | 486.83 | Injection procedure for elbow arthrography |
| 24300 | | 389.73 | Manipulation, elbow, under anesthesia |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 24301 | 04 | 775.79 | Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331) |
| 24305 | 04 | 597.54 | Tendon lengthening, upper arm or elbow, each tendon |
| 24310 | 03 | 492.94 | Tenotomy, open, elbow to shoulder, each tendon |
| 24320 | 03 | 760.02 | Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure) |
| 24330 | 03 | 736.75 | Flexor-plasty, elbow (eg, Steindler type advancement); |
| 24331 | 03 | 814.36 | Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement |
| 24332 | | 585.82 | Tenolysis, triceps |
| 24340 | 03 | 627.42 | Tenodesis of biceps tendon at elbow (separate procedure) |
| 24341 | 03 | 663.21 | Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff) |
| 24342 | 03 | 810.02 | Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft |
| 24343 | | 700.88 | Repair lateral collateral ligament, elbow, with local tissue |
| 24344 | | 1,070.22 | Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft) |
| 24345 | 02 | 696.66 | Repair medial collateral ligament, elbow, with local tissue |
| 24346 | | 1,064.32 | Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft) |
| 24350 | 03 | 456.38 | Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); |
| 24351 | 03 | 499.20 | Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment |
| 24352 | 03 | 532.77 | Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection |
| 24354 | 03 | 532.07 | Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping |
| 24356 | 03 | 548.09 | Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial ostectomy |
| 24360 | 05 | 919.90 | Arthroplasty, elbow; with membrane (eg, fascial) |
| 24361 | 05 | 1,040.76 | Arthroplasty, elbow; with distal humeral prosthetic replacement |
| 24362 | 05 | 1,054.36 | Arthroplasty, elbow; with implant and fascia lata ligament reconstruction |
| 24363 | 07 | 1,357.63 | Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow) |
| 24365 | 05 | 655.06 | Arthroplasty, radial head; |
| 24366 | 05 | 703.30 | Arthroplasty, radial head; with implant |
| 24400 | 04 | 847.38 | Osteotomy, humerus, with or without internal fixation |
| 24410 | 04 | 1,066.14 | Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure) |
| 24420 | 03 | 1,021.40 | Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876) |
| 24430 | 03 | 958.38 | Repair of nonunion or malunion, humerus; without graft (eg, compression technique) |
| 24435 | 04 | 1,018.98 | Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft) |
| 24470 | 03 | 694.80 | Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus) |
| 24495 | 02 | 720.61 | Decompression fasciotomy, forearm, with brachial artery exploration |
| 24498 | 03 | 900.21 | Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft |
| 24500 | 01 | 363.37 | Closed treatment of humeral shaft fracture; without manipulation |
| 24505 | 01 | 527.97 | Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction |
| 24515 | 04 | 891.36 | Open treatment of humeral shaft fracture with plate/screws, with or without cerclage |
| 24516 | 04 | 881.66 | Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws |
| 24530 | 01 | 375.91 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation |
| 24535 | 01 | 647.15 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction |
| 24538 | 02 | 766.83 | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 24545 | 04 | 801.70 | Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension |
| 24546 | 05 | 1,146.54 | Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension |
| 24560 | 01 | 331.90 | Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation |
| 24565 | 02 | 542.86 | Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation |
| 24566 | 02 | 675.13 | Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation |
| 24575 | 03 | 803.29 | Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation |
| 24576 | 01 | 329.88 | Closed treatment of humeral condylar fracture, medial or lateral; without manipulation |
| 24577 | 01 | 566.03 | Closed treatment of humeral condylar fracture, medial or lateral; with manipulation |
| 24579 | 03 | 867.37 | Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation |
| 24582 | 02 | 745.33 | Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation |
| 24586 | 04 | 1,117.91 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); |
| 24587 | 05 | 1,108.19 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty |
| 24600 | 01 | 411.63 | Treatment of closed elbow dislocation; without anesthesia |
| 24605 | 02 | 451.41 | Treatment of closed elbow dislocation; requiring anesthesia |
| 24615 | 03 | 728.08 | Open treatment of acute or chronic elbow dislocation |
| 24620 | 02 | 553.08 | Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation |
| 24635 | 03 | 1,162.22 | Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation |
| 24640 | | 130.51 | Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation |
| 24650 | | 283.45 | Closed treatment of radial head or neck fracture; without manipulation |
| 24655 | 01 | 471.50 | Closed treatment of radial head or neck fracture; with manipulation |
| 24665 | 04 | 662.68 | Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; |
| 24666 | 04 | 744.51 | Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement |
| 24670 | 01 | 294.94 | Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation |
| 24675 | 01 | 484.28 | Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation |
| 24685 | 03 | 692.85 | Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation |
| 24800 | 04 | 839.74 | Arthrodesis, elbow joint; local |
| 24802 | 05 | 1,018.89 | Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft) |
| 24900 | | 714.05 | Amputation, arm through humerus; with primary closure |
| 24920 | | 720.45 | Amputation, arm through humerus; open, circular (guillotine) |
| 24925 | 03 | 565.02 | Amputation, arm through humerus; secondary closure or scar revision |
| 24930 | | 747.15 | Amputation, arm through humerus; re-amputation |
| 24931 | | 792.85 | Amputation, arm through humerus; with implant |
| 24935 | | 998.23 | Stump elongation, upper extremity |
| 24940 | | I.C. | Cineplasty, upper extremity, complete procedure |
| 24999 | | I.C. | Unlisted procedure, humerus or elbow |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 25000 | 03 | 436.25 | Incision, extensor tendon sheath, wrist (eg, deQuervains disease) |
| 25001 | | 315.69 | Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis) |
| 25020 | 03 | 669.46 | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve |
| 25023 | 03 | 1,194.12 | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve |
| 25024 | 03 | 719.85 | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve |
| 25025 | 03 | 1,123.37 | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve |
| 25028 | 01 | 577.26 | Incision and drainage, forearm and/or wrist; deep abscess or hematoma |
| 25031 | 02 | 521.50 | Incision and drainage, forearm and/or wrist; bursa |
| 25035 | 02 | 903.97 | Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess) |
| 25040 | 05 | 614.58 | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body |
| 25065 | | 196.85 | Biopsy, soft tissue of forearm and/or wrist; superficial |
| 25066 | 02 | 478.25 | Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular) |
| 25075 | 02 | 413.46 | Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous |
| 25076 | 03 | 627.14 | Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular) |
| 25077 | 03 | 942.07 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area |
| 25085 | 03 | 540.54 | Capsulotomy, wrist (eg, contracture) |
| 25100 | 02 | 392.74 | Arthrotomy, wrist joint; with biopsy |
| 25101 | 03 | 449.31 | Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| 25105 | 04 | 563.43 | Arthrotomy, wrist joint; with synovectomy |
| 25107 | 03 | 626.30 | Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex |
| 25110 | 03 | 470.88 | Excision, lesion of tendon sheath, forearm and/or wrist |
| 25111 | 03 | 346.36 | Excision of ganglion, wrist (dorsal or volar); primary |
| 25112 | 04 | 418.84 | Excision of ganglion, wrist (dorsal or volar); recurrent |
| 25115 | 04 | 981.11 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors |
| 25116 | 04 | 870.77 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum |
| 25118 | 02 | 432.07 | Synovectomy, extensor tendon sheath, wrist, single compartment; |
| 25119 | 03 | 583.71 | Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna |
| 25120 | 03 | 783.44 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); |
| 25125 | 03 | 875.43 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft) |
| 25126 | 03 | 881.69 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft |
| 25130 | 03 | 496.39 | Excision or curettage of bone cyst or benign tumor of carpal bones; |
| 25135 | 03 | 608.95 | Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft) |
| 25136 | 03 | 527.33 | Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft |
| 25145 | 02 | 795.18 | Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist |
| 25150 | 02 | 656.29 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna |
| 25151 | 02 | 863.26 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | radius |
| 25170 | | 1,124.02 | Radical resection for tumor, radius or ulna |
| 25210 | 03 | 541.25 | Carpectomy; one bone |
| 25215 | 04 | 708.79 | Carpectomy; all bones of proximal row |
| 25230 | 04 | 483.03 | Radial styloidectomy (separate procedure) |
| 25240 | 04 | 518.34 | Excision distal ulna partial or complete (eg, Darrach type or matched resection) |
| 25246 | | 480.73 | Injection procedure for wrist arthrography |
| 25248 | 02 | 581.79 | Exploration with removal of deep foreign body, forearm or wrist |
| 25250 | 01 | 531.72 | Removal of wrist prosthesis; (separate procedure) |
| 25251 | 01 | 731.83 | Removal of wrist prosthesis; complicated, including total wrist |
| 25259 | | 390.03 | Manipulation, wrist, under anesthesia |
| 25260 | 04 | 914.79 | Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle |
| 25263 | 02 | 910.55 | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle |
| 25265 | 03 | 1,035.04 | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle |
| 25270 | 04 | 784.61 | Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle |
| 25272 | 03 | 857.83 | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle |
| 25274 | 04 | 961.67 | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle |
| 25275 | 04 | 675.83 | Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation) |
| 25280 | 04 | 854.14 | Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| 25290 | 03 | 877.75 | Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| 25295 | 03 | 808.53 | Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| 25300 | 03 | 729.31 | Tenodesis at wrist; flexors of fingers |
| 25301 | 03 | 699.35 | Tenodesis at wrist; extensors of fingers |
| 25310 | 03 | 909.72 | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon |
| 25312 | 04 | 1,008.23 | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon |
| 25315 | 03 | 1,057.14 | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; |
| 25316 | 03 | 1,229.47 | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer |
| 25320 | 03 | 925.61 | Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability |
| 25332 | 05 | 864.21 | Arthroplasty, wrist, with or without interposition, with or without external or internal fixation |
| 25335 | 03 | 1,038.97 | Centralization of wrist on ulna (eg, radial club hand) |
| 25337 | 05 | 896.78 | Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint |
| 25350 | 03 | 974.96 | Osteotomy, radius; distal third |
| 25355 | 03 | 1,063.03 | Osteotomy, radius; middle or proximal third |
| 25360 | 03 | 957.12 | Osteotomy; ulna |
| 25365 | 03 | 1,198.64 | Osteotomy; radius AND ulna |
| 25370 | 03 | 1,258.23 | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna |
| 25375 | 04 | 1,262.37 | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 25390 | 03 | 1,069.72 | Osteoplasty, radius OR ulna; shortening |
| 25391 | 04 | 1,287.80 | Osteoplasty, radius OR ulna; lengthening with autograft |
| 25392 | 03 | 1,272.55 | Osteoplasty, radius AND ulna; shortening (excluding 64876) |
| 25393 | 04 | 1,419.19 | Osteoplasty, radius AND ulna; lengthening with autograft |
| 25394 | | 789.03 | Osteoplasty, carpal bone, shortening |
| 25400 | 03 | 1,118.28 | Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique) |
| 25405 | 04 | 1,353.05 | Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft) |
| 25415 | 03 | 1,279.05 | Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique) |
| 25420 | 04 | 1,476.89 | Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft) |
| 25425 | 03 | 1,486.33 | Repair of defect with autograft; radius OR ulna |
| 25426 | 04 | 1,405.32 | Repair of defect with autograft; radius AND ulna |
| 25430 | | 694.00 | Insertion of vascular pedicle into carpal bone (eg, Hori procedure) |
| 25431 | | 760.26 | Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone |
| 25440 | 04 | 840.58 | Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation) |
| 25441 | 05 | 968.46 | Arthroplasty with prosthetic replacement; distal radius |
| 25442 | 05 | 823.07 | Arthroplasty with prosthetic replacement; distal ulna |
| 25443 | 05 | 802.76 | Arthroplasty with prosthetic replacement; scaphoid carpal (navicular) |
| 25444 | 05 | 853.63 | Arthroplasty with prosthetic replacement; lunate |
| 25445 | 05 | 742.36 | Arthroplasty with prosthetic replacement; trapezium |
| 25446 | 07 | 1,200.65 | Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist) |
| 25447 | 05 | 798.87 | Arthroplasty, interposition, intercarpal or carpometacarpal joints |
| 25449 | 05 | 1,055.10 | Revision of arthroplasty, including removal of implant, wrist joint |
| 25450 | 03 | 767.01 | Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna |
| 25455 | 03 | 873.78 | Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna |
| 25490 | 03 | 993.98 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius |
| 25491 | 03 | 1,049.65 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna |
| 25492 | 03 | 1,179.44 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna |
| 25500 | | 270.78 | Closed treatment of radial shaft fracture; without manipulation |
| 25505 | 01 | 525.33 | Closed treatment of radial shaft fracture; with manipulation |
| 25515 | 03 | 704.77 | Open treatment of radial shaft fracture, with or without internal or external fixation |
| 25520 | 01 | 580.20 | Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation) |
| 25525 | 04 | 940.70 | Open treatment of radial shaft fracture, with internal and/ or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation |
| 25526 | 05 | 1,126.66 | Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage complex |
| 25530 | | 263.23 | Closed treatment of ulnar shaft fracture; without manipulation |
| 25535 | 01 | 506.80 | Closed treatment of ulnar shaft fracture; with manipulation |
| 25545 | 03 | 702.10 | Open treatment of ulnar shaft fracture, with or without internal or external fixation |
| 25560 | | 272.21 | Closed treatment of radial and ulnar shaft fractures; without manipulation |
| 25565 | 02 | 549.35 | Closed treatment of radial and ulnar shaft fractures; with manipulation |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 25574 | 03 | 599.31 | Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna |
| 25575 | 03 | 841.92 | Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna |
| 25600 | | 299.90 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation |
| 25605 | 03 | 586.60 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation |
| 25611 | 03 | 704.25 | Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation |
| 25620 | 05 | 671.21 | Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation |
| 25622 | | 306.01 | Closed treatment of carpal scaphoid (navicular) fracture; without manipulation |
| 25624 | 02 | 486.87 | Closed treatment of carpal scaphoid (navicular) fracture; with manipulation |
| 25628 | 03 | 687.82 | Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation |
| 25630 | | 314.74 | Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone |
| 25635 | 01 | 463.80 | Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone |
| 25645 | 03 | 592.83 | Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone |
| 25650 | | 332.11 | Closed treatment of ulnar styloid fracture |
| 25651 | | 455.05 | Percutaneous skeletal fixation of ulnar styloid fracture |
| 25652 | | 611.86 | Open treatment of ulnar styloid fracture |
| 25660 | 01 | 396.85 | Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation |
| 25670 | 03 | 635.42 | Open treatment of radiocarpal or intercarpal dislocation, one or more bones |
| 25671 | 01 | 507.35 | Percutaneous skeletal fixation of distal radioulnar dislocation |
| 25675 | 01 | 470.00 | Closed treatment of distal radioulnar dislocation with manipulation |
| 25676 | 02 | 651.26 | Open treatment of distal radioulnar dislocation, acute or chronic |
| 25680 | 02 | 447.93 | Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation |
| 25685 | 03 | 745.46 | Open treatment of trans-scaphoperilunar type of fracture dislocation |
| 25690 | 01 | 462.42 | Closed treatment of lunate dislocation, with manipulation |
| 25695 | 02 | 655.89 | Open treatment of lunate dislocation |
| 25800 | 04 | 798.35 | Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints) |
| 25805 | 05 | 910.85 | Arthrodesis, wrist; with sliding graft |
| 25810 | 05 | 863.80 | Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft) |
| 25820 | 04 | 647.52 | Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal) |
| 25825 | 05 | 781.33 | Arthrodesis, wrist; with autograft (includes obtaining graft) |
| 25830 | 05 | 1,043.73 | Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure) |
| 25900 | | 921.74 | Amputation, forearm, through radius and ulna; |
| 25905 | | 922.34 | Amputation, forearm, through radius and ulna; open, circular (guillotine) |
| 25907 | 03 | 845.04 | Amputation, forearm, through radius and ulna; secondary closure or scar revision |
| 25909 | | 914.07 | Amputation, forearm, through radius and ulna; re-amputation |
| 25915 | | 1,552.64 | Krukenberg procedure |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 25920 | | 702.56 | Disarticulation through wrist; |
| 25922 | 03 | 618.63 | Disarticulation through wrist; secondary closure or scar revision |
| 25924 | | 703.84 | Disarticulation through wrist; re-amputation |
| 25927 | | 880.53 | Transmetacarpal amputation; |
| 25929 | 03 | 573.38 | Transmetacarpal amputation; secondary closure or scar revision |
| 25931 | | 834.30 | Transmetacarpal amputation; re-amputation |
| 25999 | | I.C. | Unlisted procedure, forearm or wrist |
| 26010 | | 302.18 | Drainage of finger abscess; simple |
| 26011 | 01 | 474.34 | Drainage of finger abscess; complicated (eg, felon) |
| 26020 | 02 | 431.82 | Drainage of tendon sheath, digit and/or palm, each |
| 26025 | 01 | 428.92 | Drainage of palmar bursa; single, bursa |
| 26030 | 02 | 502.26 | Drainage of palmar bursa; multiple bursa |
| 26034 | 02 | 527.35 | Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess) |
| 26035 | | 740.17 | Decompression fingers and/or hand, injection injury (eg, grease gun) |
| 26037 | | 582.72 | Decompressive fasciotomy, hand (excludes 26035) |
| 26040 | 04 | 309.96 | Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous |
| 26045 | 03 | 470.35 | Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial |
| 26055 | 02 | 727.25 | Tendon sheath incision (eg, for trigger finger) |
| 26060 | 02 | 263.99 | Tenotomy, percutaneous, single, each digit |
| 26070 | 02 | 293.01 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint |
| 26075 | 04 | 315.44 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each |
| 26080 | 04 | 379.90 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each |
| 26100 | 02 | 327.04 | Arthrotomy with biopsy; carpometacarpal joint, each |
| 26105 | 01 | 331.50 | Arthrotomy with biopsy; metacarpophalangeal joint, each |
| 26110 | 01 | 316.40 | Arthrotomy with biopsy; interphalangeal joint, each |
| 26115 | 02 | 724.49 | Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous |
| 26116 | 02 | 482.60 | Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular) |
| 26117 | 03 | 654.97 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger |
| 26121 | 04 | 608.70 | Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) |
| 26123 | 04 | 760.66 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); |
| 26125 | 04 | 297.86 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure) |
| 26130 | 03 | 450.82 | Synovectomy, carpometacarpal joint |
| 26135 | 04 | 562.93 | Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit |
| 26140 | 02 | 511.54 | Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint |
| 26145 | 03 | 517.92 | Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon |
| 26160 | 03 | 667.81 | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 26170 | 03 | 406.80 | Excision of tendon, palm, flexor, single (separate procedure), each |
| 26180 | 03 | 443.57 | Excision of tendon, finger, flexor (separate procedure), each tendon |
| 26185 | 04 | 471.02 | Sesamoidectomy, thumb or finger (separate procedure) |
| 26200 | 02 | 456.19 | Excision or curettage of bone cyst or benign tumor of metacarpal; |
| 26205 | 03 | 612.81 | Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft) |
| 26210 | 02 | 442.86 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; |
| 26215 | 03 | 559.14 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft) |
| 26230 | 07 | 515.21 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal |
| 26235 | 03 | 503.62 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger |
| 26236 | 03 | 446.80 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger |
| 26250 | 03 | 586.56 | Radical resection, metacarpal (eg, tumor); |
| 26255 | 03 | 900.21 | Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft) |
| 26260 | 03 | 553.54 | Radical resection, proximal or middle phalanx of finger (eg, tumor); |
| 26261 | 03 | 635.31 | Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft) |
| 26262 | 02 | 461.62 | Radical resection, distal phalanx of finger (eg, tumor) |
| 26320 | 02 | 346.56 | Removal of implant from finger or hand |
| 26340 | | 304.88 | Manipulation, finger joint, under anesthesia, each joint |
| 26350 | 01 | 904.86 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon |
| 26352 | 04 | 1,000.66 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon |
| 26356 | 04 | 1,136.76 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon |
| 26357 | 04 | 1,056.86 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon |
| 26358 | 04 | 1,117.72 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon |
| 26370 | 04 | 972.78 | Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon |
| 26372 | 04 | 1,098.45 | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon |
| 26373 | 03 | 1,053.86 | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon |
| 26390 | 04 | 972.24 | Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod |
| 26392 | 03 | 1,176.17 | Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod |
| 26410 | 03 | 725.63 | Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon |
| 26412 | 03 | 853.14 | Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon |
| 26415 | 04 | 859.66 | Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod |
| 26416 | 03 | 1,037.61 | Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod |
| 26418 | 04 | 723.78 | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 26420 | 04 | 886.02 | Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon |
| 26426 | 03 | 840.31 | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger |
| 26428 | 03 | 916.40 | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger |
| 26432 | 03 | 619.24 | Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger) |
| 26433 | 03 | 671.26 | Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger) |
| 26434 | 03 | 763.44 | Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft) |
| 26437 | 03 | 750.79 | Realignment of extensor tendon, hand, each tendon |
| 26440 | 03 | 809.16 | Tenolysis, flexor tendon; palm OR finger, each tendon |
| 26442 | 03 | 1,041.40 | Tenolysis, flexor tendon; palm AND finger, each tendon |
| 26445 | 03 | 768.85 | Tenolysis, extensor tendon, hand OR finger; each tendon |
| 26449 | 03 | 984.78 | Tenolysis, complex, extensor tendon, finger, including forearm, each tendon |
| 26450 | 03 | 474.04 | Tenotomy, flexor, palm, open, each tendon |
| 26455 | 03 | 470.13 | Tenotomy, flexor, finger, open, each tendon |
| 26460 | 03 | 454.56 | Tenotomy, extensor, hand or finger, open, each tendon |
| 26471 | 02 | 733.18 | Tenodesis; of proximal interphalangeal joint, each joint |
| 26474 | 02 | 724.23 | Tenodesis; of distal joint, each joint |
| 26476 | 01 | 696.74 | Lengthening of tendon, extensor, hand or finger, each tendon |
| 26477 | 01 | 701.88 | Shortening of tendon, extensor, hand or finger, each tendon |
| 26478 | 01 | 762.19 | Lengthening of tendon, flexor, hand or finger, each tendon |
| 26479 | 01 | 752.89 | Shortening of tendon, flexor, hand or finger, each tendon |
| 26480 | 03 | 943.16 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon |
| 26483 | 03 | 1,028.94 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon |
| 26485 | 02 | 998.76 | Transfer or transplant of tendon, palmar; without free tendon graft, each tendon |
| 26489 | 03 | 923.75 | Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon |
| 26490 | 03 | 909.59 | Opponensplasty; superficialis tendon transfer type, each tendon |
| 26492 | 03 | 994.46 | Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon |
| 26494 | 03 | 933.52 | Opponensplasty; hypothenar muscle transfer |
| 26496 | 03 | 977.26 | Opponensplasty; other methods |
| 26497 | 03 | 991.26 | Transfer of tendon to restore intrinsic function; ring and small finger |
| 26498 | 04 | 1,287.81 | Transfer of tendon to restore intrinsic function; all four fingers |
| 26499 | 03 | 941.22 | Correction claw finger, other methods |
| 26500 | 04 | 759.27 | Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure) |
| 26502 | 04 | 830.66 | Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure) |
| 26504 | 04 | 860.03 | Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure) |
| 26508 | 03 | 764.33 | Release of thenar muscle(s) (eg, thumb contracture) |
| 26510 | 03 | 727.17 | Cross intrinsic transfer, each tendon |
| 26516 | 01 | 835.18 | Capsulodesis, metacarpophalangeal joint; single digit |
| 26517 | 03 | 955.86 | Capsulodesis, metacarpophalangeal joint; two digits |
| 26518 | 03 | 961.01 | Capsulodesis, metacarpophalangeal joint; three or four digits |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 26520 | 03 | 839.59 | Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint |
| 26525 | 03 | 845.96 | Capsulectomy or capsulotomy; interphalangeal joint, each joint |
| 26530 | 03 | 536.86 | Arthroplasty, metacarpophalangeal joint; each joint |
| 26531 | 07 | 629.15 | Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint |
| 26535 | 05 | 376.76 | Arthroplasty, interphalangeal joint; each joint |
| 26536 | 05 | 679.20 | Arthroplasty, interphalangeal joint; with prosthetic implant, each joint |
| 26540 | 04 | 792.09 | Repair of collateral ligament, metacarpophalangeal or interphalangeal joint |
| 26541 | 07 | 948.15 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft) |
| 26542 | 04 | 809.07 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement) |
| 26545 | 04 | 828.21 | Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint |
| 26546 | 04 | 1,017.82 | Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation) |
| 26548 | 04 | 902.26 | Repair and reconstruction, finger, volar plate, interphalangeal joint |
| 26550 | 02 | 1,630.42 | Pollicization of a digit |
| 26551 | | 3,412.39 | Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft |
| 26553 | | 2,793.01 | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single |
| 26554 | | 3,952.51 | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double |
| 26555 | 03 | 1,490.44 | Transfer, finger to another position without microvascular anastomosis |
| 26556 | | 3,474.94 | Transfer, free toe joint, with microvascular anastomosis |
| 26560 | 02 | 657.44 | Repair of syndactyly (web finger) each web space; with skin flaps |
| 26561 | 03 | 980.98 | Repair of syndactyly (web finger) each web space; with skin flaps and grafts |
| 26562 | 04 | 1,341.77 | Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails) |
| 26565 | 05 | 809.31 | Osteotomy; metacarpal, each |
| 26567 | 05 | 809.38 | Osteotomy; phalanx of finger, each |
| 26568 | 03 | 1,060.17 | Osteoplasty, lengthening, metacarpal or phalanx |
| 26580 | 05 | 1,326.53 | Repair cleft hand |
| 26587 | 05 | 951.05 | Reconstruction of polydactylous digit, soft tissue and bone |
| 26590 | 05 | 1,330.84 | Repair macrodactylia, each digit |
| 26591 | 03 | 576.14 | Repair, intrinsic muscles of hand, each muscle |
| 26593 | 03 | 708.14 | Release, intrinsic muscles of hand, each muscle |
| 26596 | 02 | 748.42 | Excision of constricting ring of finger, with multiple Z-plasties |
| 26600 | | 254.90 | Closed treatment of metacarpal fracture, single; without manipulation, each bone |
| 26605 | 02 | 342.58 | Closed treatment of metacarpal fracture, single; with manipulation, each bone |
| 26607 | 02 | 494.61 | Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone |
| 26608 | 04 | 495.81 | Percutaneous skeletal fixation of metacarpal fracture, each bone |
| 26615 | 04 | 458.92 | Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone |
| 26641 | | 391.13 | Closed treatment of carpometacarpal dislocation, thumb, with manipulation |
| 26645 | 01 | 442.55 | Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation |
| 26650 | 02 | 528.17 | Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation |
| 26665 | 04 | 607.95 | Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation |
| 26670 | | 357.80 | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | without anesthesia |
| 26675 | 02 | 457.61 | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia |
| 26676 | 02 | 521.59 | Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint |
| 26685 | 03 | 561.21 | Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint |
| 26686 | 03 | 633.47 | Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction |
| 26700 | | 347.38 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia |
| 26705 | 02 | 429.81 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia |
| 26706 | 02 | 430.35 | Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation |
| 26715 | 04 | 483.77 | Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation |
| 26720 | | 233.77 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each |
| 26725 | | 397.88 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each |
| 26727 | 07 | 491.52 | Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each |
| 26735 | 04 | 500.04 | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each |
| 26740 | | 231.92 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each |
| 26742 | 02 | 407.41 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each |
| 26746 | 05 | 494.54 | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each |
| 26750 | | 203.37 | Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each |
| 26755 | | 333.16 | Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each |
| 26756 | 02 | 440.17 | Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each |
| 26765 | 04 | 376.96 | Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each |
| 26770 | | 309.26 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia |
| 26775 | | 401.72 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia |
| 26776 | 02 | 465.20 | Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation |
| 26785 | 02 | 380.63 | Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single |
| 26820 | 05 | 925.85 | Fusion in opposition, thumb, with autogenous graft (includes obtaining graft) |
| 26841 | 04 | 873.92 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; |
| 26842 | 04 | 928.17 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft) |
| 26843 | 03 | 856.79 | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; |
| 26844 | 03 | 945.98 | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft) |
| 26850 | 04 | 824.00 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; |
| 26852 | 04 | 915.27 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 26860 | 03 | 684.95 | Arthrodesis, interphalangeal joint, with or without internal fixation; |
| 26861 | 02 | 112.92 | Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure) |
| 26862 | 04 | 848.29 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |
| 26863 | 03 | 254.65 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure) |
| 26910 | 03 | 812.11 | Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer |
| 26951 | 02 | 640.78 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure |
| 26952 | 04 | 779.80 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood) |
| 26989 | | I.C. | Unlisted procedure, hands or fingers |
| 26990 | 01 | 636.61 | Incision and drainage, pelvis or hip joint area; deep abscess or hematoma |
| 26991 | 01 | 597.30 | Incision and drainage, pelvis or hip joint area; infected bursa |
| 26992 | | 1,011.29 | Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess) |
| 27000 | 02 | 462.14 | Tenotomy, adductor of hip, percutaneous (separate procedure) |
| 27001 | 03 | 555.06 | Tenotomy, adductor of hip, open |
| 27003 | 03 | 586.11 | Tenotomy, adductor, subcutaneous, open, with obturator neurectomy |
| 27005 | | 743.99 | Tenotomy, hip flexor(s), open (separate procedure) |
| 27006 | | 749.44 | Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure) |
| 27025 | | 832.39 | Fasciotomy, hip or thigh, any type |
| 27030 | | 962.43 | Arthrotomy, hip, with drainage (eg, infection) |
| 27033 | 03 | 990.54 | Arthrotomy, hip, including exploration or removal of loose or foreign body |
| 27035 | 04 | 1,209.48 | Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves |
| 27036 | | 972.83 | Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas) |
| 27040 | 01 | 226.17 | Biopsy, soft tissue of pelvis and hip area; superficial |
| 27041 | 02 | 692.86 | Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular |
| 27047 | 02 | 585.16 | Excision, tumor, pelvis and hip area; subcutaneous tissue |
| 27048 | 03 | 474.16 | Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular |
| 27049 | 03 | 943.62 | Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm) |
| 27050 | 03 | 372.08 | Arthrotomy, with biopsy; sacroiliac joint |
| 27052 | 03 | 513.73 | Arthrotomy, with biopsy; hip joint |
| 27054 | | 674.20 | Arthrotomy with synovectomy, hip joint |
| 27060 | 05 | 430.00 | Excision; ischial bursa |
| 27062 | 05 | 448.86 | Excision; trochanteric bursa or calcification |
| 27065 | 05 | 483.23 | Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft |
| 27066 | 05 | 798.80 | Excision of bone cyst or benign tumor; deep, with or without autograft |
| 27067 | 05 | 1,041.03 | Excision of bone cyst or benign tumor; with autograft requiring separate incision |
| 27070 | | 864.94 | Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur) |
| 27071 | | 939.13 | Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | intramuscular) |
| 27075 | | 2,227.93 | Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis |
| 27076 | | 1,559.93 | Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum |
| 27077 | | 2,595.05 | Radical resection of tumor or infection; innominate bone, total |
| 27078 | | 1,006.01 | Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur |
| 27079 | | 1,010.26 | Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps |
| 27080 | 02 | 483.52 | Coccygectomy, primary |
| 27086 | 01 | 161.54 | Removal of foreign body, pelvis or hip; subcutaneous tissue |
| 27087 | 03 | 643.80 | Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular) |
| 27090 | | 840.42 | Removal of hip prosthesis; (separate procedure) |
| 27091 | | 1,530.47 | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer |
| 27093 | | 567.02 | Injection procedure for hip arthrography; without anesthesia |
| 27095 | | 513.74 | Injection procedure for hip arthrography; with anesthesia |
| 27096 | | 449.93 | Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid |
| 27097 | 03 | 648.29 | Release or recession, hamstring, proximal |
| 27098 | 03 | 676.87 | Transfer, adductor to ischium |
| 27100 | 04 | 841.75 | Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft) |
| 27105 | 04 | 890.88 | Transfer paraspinal muscle to hip (includes fascial or tendon extension graft) |
| 27110 | 04 | 942.36 | Transfer iliopsoas; to greater trochanter of femur |
| 27111 | 04 | 898.07 | Transfer iliopsoas; to femoral neck |
| 27120 | | 1,261.37 | Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type) |
| 27122 | | 1,099.31 | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure) |
| 27125 | | 1,069.47 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) |
| 27130 | | 1,416.40 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft |
| 27132 | | 1,647.90 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft |
| 27134 | | 1,963.32 | Revision of total hip arthroplasty; both components, with or without autograft or allograft |
| 27137 | | 1,487.11 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft |
| 27138 | | 1,549.31 | Revision of total hip arthroplasty; femoral component only, with or without allograft |
| 27140 | | 917.76 | Osteotomy and transfer of greater trochanter of femur (separate procedure) |
| 27146 | | 1,255.55 | Osteotomy, iliac, acetabular or innominate bone; |
| 27147 | | 1,431.73 | Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip |
| 27151 | | 1,306.55 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy |
| 27156 | | 1,731.91 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip |
| 27158 | | 1,311.23 | Osteotomy, pelvis, bilateral (eg, congenital malformation) |
| 27161 | | 1,222.61 | Osteotomy, femoral neck (separate procedure) |
| 27165 | | 1,306.79 | Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast |
| 27170 | | 1,161.05 | Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27175 | | 639.20 | Treatment of slipped femoral epiphysis; by traction, without reduction |
| 27176 | | 893.07 | Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ |
| 27177 | | 1,100.61 | Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft) |
| 27178 | | 866.35 | Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning |
| 27179 | | 973.46 | Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure) |
| 27181 | | 1,043.66 | Open treatment of slipped femoral epiphysis; osteotomy and internal fixation |
| 27185 | | 712.11 | Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur |
| 27187 | | 1,013.66 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur |
| 27193 | 01 | 536.47 | Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation |
| 27194 | 02 | 780.05 | Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia |
| 27200 | | 205.63 | Closed treatment of coccygeal fracture |
| 27202 | 02 | 1,034.01 | Open treatment of coccygeal fracture |
| 27215 | | 729.95 | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation |
| 27216 | | 1,059.46 | Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum) |
| 27217 | | 1,029.66 | Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami) |
| 27218 | | 1,346.65 | Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum) |
| 27220 | | 561.16 | Closed treatment of acetabulum (hip socket) fracture(s); without manipulation |
| 27222 | | 958.51 | Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction |
| 27226 | | 970.33 | Open treatment of posterior or anterior acetabular wall fracture, with internal fixation |
| 27227 | | 1,647.10 | Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation |
| 27228 | | 1,899.78 | Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation |
| 27230 | 01 | 507.84 | Closed treatment of femoral fracture, proximal end, neck; without manipulation |
| 27232 | | 757.13 | Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction |
| 27235 | | 915.40 | Percutaneous skeletal fixation of femoral fracture, proximal end, neck |
| 27236 | | 1,127.13 | Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement |
| 27238 | 01 | 449.93 | Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation |
| 27240 | | 926.78 | Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction |
| 27244 | | 1,155.66 | Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage |
| 27245 | | 1,445.42 | Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage |
| 27246 | 01 | 439.82 | Closed treatment of greater trochanteric fracture, without manipulation |
| 27248 | | 791.03 | Open treatment of greater trochanteric fracture, with or without internal or external fixation |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27250 | 01 | 487.37 | Closed treatment of hip dislocation, traumatic; without anesthesia |
| 27252 | 02 | 752.05 | Closed treatment of hip dislocation, traumatic; requiring anesthesia |
| 27253 | | 961.57 | Open treatment of hip dislocation, traumatic, without internal fixation |
| 27254 | | 1,285.72 | Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation |
| 27256 | | 317.27 | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation |
| 27257 | 03 | 338.26 | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia |
| 27258 | | 1,115.38 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); |
| 27259 | | 1,516.67 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening |
| 27265 | 01 | 414.10 | Closed treatment of post hip arthroplasty dislocation; without anesthesia |
| 27266 | 02 | 583.86 | Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia |
| 27275 | 02 | 186.48 | Manipulation, hip joint, requiring general anesthesia |
| 27280 | | 1,010.04 | Arthrodesis, sacroiliac joint (including obtaining graft) |
| 27282 | | 814.89 | Arthrodesis, symphysis pubis (including obtaining graft) |
| 27284 | | 1,593.40 | Arthrodesis, hip joint (including obtaining graft); |
| 27286 | | 1,635.01 | Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy |
| 27290 | | 1,580.11 | Interpelviabdominal amputation (hindquarter amputation) |
| 27295 | | 1,273.48 | Disarticulation of hip |
| 27299 | | I.C. | Unlisted procedure, pelvis or hip joint |
| 27301 | 03 | 582.56 | Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region |
| 27303 | | 658.14 | Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess) |
| 27305 | 02 | 476.70 | Fasciotomy, iliotibial (tenotomy), open |
| 27306 | 03 | 398.67 | Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure) |
| 27307 | 03 | 479.22 | Tenotomy, percutaneous, adductor or hamstring; multiple tendons |
| 27310 | 04 | 713.81 | Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection) |
| 27315 | 02 | 494.55 | Neurectomy, hamstring muscle |
| 27320 | 02 | 481.21 | Neurectomy, popliteal (gastrocnemius) |
| 27323 | 01 | 184.59 | Biopsy, soft tissue of thigh or knee area; superficial |
| 27324 | 01 | 389.06 | Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) |
| 27327 | 02 | 411.28 | Excision, tumor, thigh or knee area; subcutaneous |
| 27328 | 03 | 426.30 | Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular |
| 27329 | 04 | 994.22 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area |
| 27330 | 04 | 405.36 | Arthrotomy, knee; with synovial biopsy only |
| 27331 | 04 | 483.01 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies |
| 27332 | 04 | 651.62 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral |
| 27333 | 04 | 590.31 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral |
| 27334 | 04 | 682.58 | Arthrotomy, with synovectomy, knee; anterior OR posterior |
| 27335 | 04 | 772.52 | Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area |
| 27340 | 03 | 369.20 | Excision, prepatellar bursa |
| 27345 | 04 | 488.74 | Excision of synovial cyst of popliteal space (eg, Baker's cyst) |
| 27347 | 04 | 473.65 | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee |
| 27350 | 04 | 652.48 | Patellectomy or hemipatellectomy |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27355 | 03 | 613.86 | Excision or curettage of bone cyst or benign tumor of femur; |
| 27356 | 04 | 736.07 | Excision or curettage of bone cyst or benign tumor of femur; with allograft |
| 27357 | 05 | 816.75 | Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft) |
| 27358 | 05 | 309.73 | Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure) |
| 27360 | 05 | 865.91 | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) |
| 27365 | | 1,186.59 | Radical resection of tumor, bone, femur or knee |
| 27370 | | 544.57 | Injection procedure for knee arthrography |
| 27372 | 07 | 466.23 | Removal of foreign body, deep, thigh region or knee area |
| 27380 | 01 | 611.53 | Suture of infrapatellar tendon; primary |
| 27381 | 03 | 822.84 | Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft |
| 27385 | 03 | 651.48 | Suture of quadriceps or hamstring muscle rupture; primary |
| 27386 | 03 | 850.22 | Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft |
| 27390 | 01 | 447.24 | Tenotomy, open, hamstring, knee to hip; single tendon |
| 27391 | 02 | 586.30 | Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg |
| 27392 | 03 | 716.36 | Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral |
| 27393 | 02 | 519.88 | Lengthening of hamstring tendon; single tendon |
| 27394 | 03 | 669.32 | Lengthening of hamstring tendon; multiple tendons, one leg |
| 27395 | 03 | 896.06 | Lengthening of hamstring tendon; multiple tendons, bilateral |
| 27396 | 03 | 634.23 | Transplant, hamstring tendon to patella; single tendon |
| 27397 | 03 | 862.54 | Transplant, hamstring tendon to patella; multiple tendons |
| 27400 | 03 | 691.76 | Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure) |
| 27403 | 04 | 656.71 | Arthrotomy with meniscus repair, knee |
| 27405 | 04 | 684.06 | Repair, primary, torn ligament and/or capsule, knee; collateral |
| 27407 | 04 | 786.56 | Repair, primary, torn ligament and/or capsule, knee; cruciate |
| 27409 | 04 | 966.72 | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments |
| 27418 | 03 | 836.04 | Anterior tibial tubercleplasty (eg, Maquet type procedure) |
| 27420 | 03 | 759.43 | Reconstruction of dislocating patella; (eg, Hauser type procedure) |
| 27422 | 07 | 758.09 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) |
| 27424 | 03 | 758.25 | Reconstruction of dislocating patella; with patellectomy |
| 27425 | 07 | 454.28 | Lateral retinacular release, open |
| 27427 | 03 | 725.64 | Ligamentous reconstruction (augmentation), knee; extra-articular |
| 27428 | 04 | 1,065.56 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) |
| 27429 | 04 | 1,183.55 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular |
| 27430 | 04 | 748.70 | Quadricepsplasty (eg, Bennett or Thompson type) |
| 27435 | 04 | 757.88 | Capsulotomy, posterior capsular release, knee |
| 27437 | 04 | 660.94 | Arthroplasty, patella; without prosthesis |
| 27438 | 05 | 834.46 | Arthroplasty, patella; with prosthesis |
| 27440 | | 695.50 | Arthroplasty, knee, tibial plateau; |
| 27441 | 05 | 741.57 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy |
| 27442 | 05 | 879.44 | Arthroplasty, femoral condyles or tibial plateau(s), knee; |
| 27443 | 05 | 828.39 | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy |
| 27445 | | 1,271.08 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27446 | | 1,146.95 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment |
| 27447 | | 1,526.98 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) |
| 27448 | | 835.53 | Osteotomy, femur, shaft or supracondylar; without fixation |
| 27450 | | 1,043.61 | Osteotomy, femur, shaft or supracondylar; with fixation |
| 27454 | | 1,277.04 | Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure) |
| 27455 | | 963.22 | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure |
| 27457 | | 992.26 | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure |
| 27465 | | 1,025.33 | Osteoplasty, femur; shortening (excluding 64876) |
| 27466 | | 1,184.99 | Osteoplasty, femur; lengthening |
| 27468 | | 1,335.90 | Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer |
| 27470 | | 1,184.89 | Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique) |
| 27472 | | 1,293.25 | Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft) |
| 27475 | | 670.57 | Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur |
| 27477 | | 744.30 | Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal |
| 27479 | | 962.94 | Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula |
| 27485 | | 689.05 | Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus) |
| 27486 | | 1,385.63 | Revision of total knee arthroplasty, with or without allograft; one component |
| 27487 | | 1,771.21 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component |
| 27488 | | 1,159.32 | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee |
| 27495 | | 1,148.01 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur |
| 27496 | 05 | 499.04 | Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); |
| 27497 | 03 | 538.88 | Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve |
| 27498 | 03 | 593.57 | Decompression fasciotomy, thigh and/or knee, multiple compartments; |
| 27499 | 03 | 676.25 | Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve |
| 27500 | 01 | 547.15 | Closed treatment of femoral shaft fracture, without manipulation |
| 27501 | 02 | 571.96 | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation |
| 27502 | 02 | 793.64 | Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction |
| 27503 | 03 | 800.38 | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction |
| 27506 | | 1,276.53 | Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws |
| 27507 | | 1,013.76 | Open treatment of femoral shaft fracture with plate/screws, with or without cerclage |
| 27508 | 01 | 542.07 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation |
| 27509 | 03 | 662.37 | Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation |
| 27510 | 01 | 691.74 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation |
| 27511 | | 1,054.28 | Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation |
| 27513 | | 1,348.48 | Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation |
| 27514 | | 1,298.74 | Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation |
| 27516 | 01 | 535.27 | Closed treatment of distal femoral epiphyseal separation; without manipulation |
| 27517 | 01 | 749.55 | Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction |
| 27519 | | 1,130.62 | Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation |
| 27520 | 01 | 341.69 | Closed treatment of patellar fracture, without manipulation |
| 27524 | | 770.53 | Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair |
| 27530 | 01 | 408.62 | Closed treatment of tibial fracture, proximal (plateau); without manipulation |
| 27532 | 01 | 641.43 | Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction |
| 27535 | | 916.42 | Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation |
| 27536 | | 1,152.50 | Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation |
| 27538 | 01 | 505.59 | Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation |
| 27540 | | 957.09 | Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation |
| 27550 | 01 | 518.37 | Closed treatment of knee dislocation; without anesthesia |
| 27552 | 01 | 626.59 | Closed treatment of knee dislocation; requiring anesthesia |
| 27556 | | 1,106.73 | Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction |
| 27557 | | 1,270.09 | Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair |
| 27558 | | 1,309.32 | Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation/reconstruction |
| 27560 | 01 | 393.29 | Closed treatment of patellar dislocation; without anesthesia |
| 27562 | 01 | 444.77 | Closed treatment of patellar dislocation; requiring anesthesia |
| 27566 | 02 | 913.46 | Open treatment of patellar dislocation, with or without partial or total patellectomy |
| 27570 | 01 | 150.61 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) |
| 27580 | | 1,448.84 | Arthrodesis, knee, any technique |
| 27590 | | 801.07 | Amputation, thigh, through femur, any level; |
| 27591 | | 910.39 | Amputation, thigh, through femur, any level; immediate fitting technique including first cast |
| 27592 | | 697.18 | Amputation, thigh, through femur, any level; open, circular (guillotine) |
| 27594 | 03 | 520.00 | Amputation, thigh, through femur, any level; secondary closure or scar revision |
| 27596 | | 748.30 | Amputation, thigh, through femur, any level; re-amputation |
| 27598 | | 749.88 | Disarticulation at knee |
| 27599 | | I.C. | Unlisted procedure, femur or knee |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27600 | 03 | 437.51 | Decompression fasciotomy, leg; anterior and/or lateral compartments only |
| 27601 | 03 | 449.65 | Decompression fasciotomy, leg; posterior compartment(s) only |
| 27602 | 03 | 532.36 | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s) |
| 27603 | 02 | 654.82 | Incision and drainage, leg or ankle; deep abscess or hematoma |
| 27604 | 02 | 549.36 | Incision and drainage, leg or ankle; infected bursa |
| 27605 | 01 | 492.98 | Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia |
| 27606 | 01 | 599.24 | Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia |
| 27607 | 02 | 616.53 | Incision (eg, osteomyelitis or bone abscess), leg or ankle |
| 27610 | 02 | 653.41 | Arthrotomy, ankle, including exploration, drainage, or removal of foreign body |
| 27612 | 03 | 570.60 | Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening |
| 27613 | | 246.45 | Biopsy, soft tissue of leg or ankle area; superficial |
| 27614 | 02 | 605.66 | Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular) |
| 27615 | 03 | 968.41 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area |
| 27618 | 02 | 594.66 | Excision, tumor, leg or ankle area; subcutaneous tissue |
| 27619 | 03 | 800.65 | Excision, tumor, leg or ankle area; deep (subfascial or intramuscular) |
| 27620 | 04 | 486.96 | Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| 27625 | 04 | 630.28 | Arthrotomy, with synovectomy, ankle; |
| 27626 | 04 | 675.08 | Arthrotomy, with synovectomy, ankle; including tenosynovectomy |
| 27630 | 03 | 581.19 | Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle |
| 27635 | 03 | 619.72 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; |
| 27637 | 03 | 772.83 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft) |
| 27638 | 03 | 804.59 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft |
| 27640 | 02 | 939.47 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia |
| 27641 | 02 | 764.36 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula |
| 27645 | | 1,125.44 | Radical resection of tumor, bone; tibia |
| 27646 | | 1,010.76 | Radical resection of tumor, bone; fibula |
| 27647 | 03 | 851.10 | Radical resection of tumor, bone; talus or calcaneus |
| 27648 | | 436.36 | Injection procedure for ankle arthrography |
| 27650 | 03 | 730.49 | Repair, primary, open or percutaneous, ruptured Achilles tendon; |
| 27652 | 03 | 778.92 | Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) |
| 27654 | 03 | 732.85 | Repair, secondary, Achilles tendon, with or without graft |
| 27656 | 02 | 607.94 | Repair, fascial defect of leg |
| 27658 | 01 | 598.98 | Repair, flexor tendon, leg; primary, without graft, each tendon |
| 27659 | 02 | 767.55 | Repair, flexor tendon, leg; secondary, with or without graft, each tendon |
| 27664 | 02 | 670.15 | Repair, extensor tendon, leg; primary, without graft, each tendon |
| 27665 | 02 | 696.05 | Repair, extensor tendon, leg; secondary, with or without graft, each tendon |
| 27675 | 02 | 551.04 | Repair, dislocating peroneal tendons; without fibular osteotomy |
| 27676 | 03 | 644.20 | Repair, dislocating peroneal tendons; with fibular osteotomy |
| 27680 | 03 | 463.64 | Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon |
| 27681 | 02 | 541.33 | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s)) |
| 27685 | 03 | 619.59 | Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) |
| 27686 | 03 | 848.90 | Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27687 | 03 | 495.19 | Gastrocnemius recession (eg, Strayer procedure) |
| 27690 | 04 | 644.05 | Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) |
| 27691 | 04 | 755.11 | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) |
| 27692 | 03 | 119.02 | Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure) |
| 27695 | 02 | 527.35 | Repair, primary, disrupted ligament, ankle; collateral |
| 27696 | 02 | 627.47 | Repair, primary, disrupted ligament, ankle; both collateral ligaments |
| 27698 | 02 | 694.20 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) |
| 27700 | 05 | 631.83 | Arthroplasty, ankle; |
| 27702 | | 1,019.34 | Arthroplasty, ankle; with implant (total ankle) |
| 27703 | | 1,146.15 | Arthroplasty, ankle; revision, total ankle |
| 27704 | 02 | 541.86 | Removal of ankle implant |
| 27705 | 02 | 789.78 | Osteotomy; tibia |
| 27707 | 02 | 397.20 | Osteotomy; fibula |
| 27709 | 02 | 769.19 | Osteotomy; tibia and fibula |
| 27712 | | 1,060.77 | Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure) |
| 27715 | | 1,071.11 | Osteoplasty, tibia and fibula, lengthening or shortening |
| 27720 | | 902.17 | Repair of nonunion or malunion, tibia; without graft, (eg, compression technique) |
| 27722 | | 892.89 | Repair of nonunion or malunion, tibia; with sliding graft |
| 27724 | | 1,285.88 | Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft) |
| 27725 | | 1,167.40 | Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method |
| 27727 | | 1,032.96 | Repair of congenital pseudarthrosis, tibia |
| 27730 | 02 | 1,053.85 | Arrest, epiphyseal (epiphysiodesis), open; distal tibia |
| 27732 | 02 | 712.02 | Arrest, epiphyseal (epiphysiodesis), open; distal fibula |
| 27734 | 02 | 620.92 | Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula |
| 27740 | 02 | 1,266.50 | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; |
| 27742 | 02 | 970.66 | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur |
| 27745 | 03 | 774.85 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia |
| 27750 | 01 | 362.25 | Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation |
| 27752 | 01 | 560.63 | Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction |
| 27756 | 03 | 564.03 | Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws) |
| 27758 | 04 | 881.59 | Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage |
| 27759 | 04 | 1,023.03 | Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage |
| 27760 | 01 | 348.91 | Closed treatment of medial malleolus fracture; without manipulation |
| 27762 | 01 | 523.52 | Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction |
| 27766 | 03 | 658.98 | Open treatment of medial malleolus fracture, with or without internal or external fixation |
| 27780 | 01 | 319.32 | Closed treatment of proximal fibula or shaft fracture; without manipulation |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27781 | 01 | 453.92 | Closed treatment of proximal fibula or shaft fracture; with manipulation |
| 27784 | 03 | 575.02 | Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation |
| 27786 | 01 | 335.15 | Closed treatment of distal fibular fracture (lateral malleolus); without manipulation |
| 27788 | 01 | 461.94 | Closed treatment of distal fibular fracture (lateral malleolus); with manipulation |
| 27792 | 03 | 618.03 | Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation |
| 27808 | 01 | 359.95 | Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation |
| 27810 | 01 | 511.83 | Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation |
| 27814 | 03 | 816.68 | Open treatment of bimalleolar ankle fracture, with or without internal or external fixation |
| 27816 | 01 | 332.82 | Closed treatment of trimalleolar ankle fracture; without manipulation |
| 27818 | 01 | 531.32 | Closed treatment of trimalleolar ankle fracture; with manipulation |
| 27822 | 03 | 908.93 | Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip |
| 27823 | 03 | 1,033.50 | Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip |
| 27824 | 01 | 357.45 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation |
| 27825 | 02 | 609.17 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation |
| 27826 | 03 | 738.75 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only |
| 27827 | 03 | 1,135.99 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only |
| 27828 | 04 | 1,277.27 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula |
| 27829 | 02 | 519.92 | Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation |
| 27830 | 01 | 374.27 | Closed treatment of proximal tibiofibular joint dislocation; without anesthesia |
| 27831 | 01 | 380.51 | Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia |
| 27832 | 02 | 537.01 | Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula |
| 27840 | 01 | 353.41 | Closed treatment of ankle dislocation; without anesthesia |
| 27842 | 01 | 475.53 | Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation |
| 27846 | 03 | 751.42 | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation |
| 27848 | 03 | 886.99 | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation |
| 27860 | 01 | 184.07 | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) |
| 27870 | 04 | 1,036.88 | Arthrodesis, ankle, open |
| 27871 | 04 | 713.42 | Arthrodesis, tibiofibular joint, proximal or distal |
| 27880 | | 810.36 | Amputation, leg, through tibia and fibula; |
| 27881 | | 901.97 | Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast |
| 27882 | | 666.06 | Amputation, leg, through tibia and fibula; open, circular (guillotine) |
| 27884 | 03 | 600.85 | Amputation, leg, through tibia and fibula; secondary closure or scar revision |
| 27886 | | 679.35 | Amputation, leg, through tibia and fibula; re-amputation |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 27888 | | 730.23 | Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves |
| 27889 | 03 | 703.27 | Ankle disarticulation |
| 27892 | 03 | 556.09 | Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve |
| 27893 | 03 | 551.44 | Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve |
| 27894 | 03 | 774.39 | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve |
| 27899 | | I.C. | Unlisted procedure, leg or ankle |
| 28001 | | 359.38 | Incision and drainage, bursa, foot |
| 28002 | 03 | 498.59 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space |
| 28003 | 03 | 677.69 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas |
| 28005 | 03 | 636.13 | Incision, bone cortex (eg, osteomyelitis or bone abscess), foot |
| 28008 | 03 | 427.26 | Fasciotomy, foot and/or toe |
| 28010 | | 354.30 | Tenotomy, percutaneous, toe; single tendon |
| 28011 | 03 | 489.51 | Tenotomy, percutaneous, toe; multiple tendons |
| 28020 | 02 | 509.67 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint |
| 28022 | 02 | 454.94 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint |
| 28024 | 02 | 444.14 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint |
| 28030 | 04 | 413.34 | Neurectomy, intrinsic musculature of foot |
| 28035 | 04 | 450.89 | Release, tarsal tunnel (posterior tibial nerve decompression) |
| 28043 | 02 | 393.38 | Excision, tumor, foot; subcutaneous tissue |
| 28045 | 03 | 458.09 | Excision, tumor, foot; deep, subfascial, intramuscular |
| 28046 | 03 | 821.01 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot |
| 28050 | 02 | 423.33 | Arthrotomy with biopsy; intertarsal or tarsometatarsal joint |
| 28052 | 02 | 418.45 | Arthrotomy with biopsy; metatarsophalangeal joint |
| 28054 | 02 | 391.25 | Arthrotomy with biopsy; interphalangeal joint |
| 28060 | 02 | 491.10 | Fasciectomy, plantar fascia; partial (separate procedure) |
| 28062 | 03 | 576.94 | Fasciectomy, plantar fascia; radical (separate procedure) |
| 28070 | 03 | 467.77 | Synovectomy; intertarsal or tarsometatarsal joint, each |
| 28072 | 03 | 466.47 | Synovectomy; metatarsophalangeal joint, each |
| 28080 | 03 | 402.59 | Excision, interdigital (Morton) neuroma, single, each |
| 28086 | 02 | 604.33 | Synovectomy, tendon sheath, foot; flexor |
| 28088 | 02 | 460.84 | Synovectomy, tendon sheath, foot; extensor |
| 28090 | 03 | 440.38 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot |
| 28092 | 03 | 420.21 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each |
| 28100 | 02 | 628.89 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; |
| 28102 | 03 | 581.24 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft) |
| 28103 | 03 | 631.34 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 28104 | 02 | 485.26 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; |
| 28106 | 03 | 499.70 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft) |
| 28107 | 03 | 541.17 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft |
| 28108 | | 404.71 | Excision or curettage of bone cyst or benign tumor, phalanges of foot |
| 28110 | 03 | 425.36 | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure) |
| 28111 | 03 | 514.01 | Ostectomy, complete excision; first metatarsal head |
| 28112 | 03 | 472.54 | Ostectomy, complete excision; other metatarsal head (second, third or fourth) |
| 28113 | 03 | 490.11 | Ostectomy, complete excision; fifth metatarsal head |
| 28114 | 03 | 920.88 | Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure) |
| 28116 | 03 | 632.57 | Ostectomy, excision of tarsal coalition |
| 28118 | 04 | 553.42 | Ostectomy, calcaneus; |
| 28119 | 04 | 491.34 | Ostectomy, calcaneus; for spur, with or without plantar fascial release |
| 28120 | 07 | 593.62 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus |
| 28122 | 03 | 641.91 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus |
| 28124 | | 460.69 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe |
| 28126 | 03 | 375.16 | Resection, partial or complete, phalangeal base, each toe |
| 28130 | 03 | 628.06 | Talectomy (astragalectomy) |
| 28140 | 03 | 638.68 | Metatarsectomy |
| 28150 | 03 | 424.83 | Phalangectomy, toe, each toe |
| 28153 | 03 | 382.96 | Resection, condyle(s), distal end of phalanx, each toe |
| 28160 | 03 | 398.68 | Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each |
| 28171 | 03 | 642.28 | Radical resection of tumor, bone; tarsal (except talus or calcaneus) |
| 28173 | 03 | 717.15 | Radical resection of tumor, bone; metatarsal |
| 28175 | 03 | 536.35 | Radical resection of tumor, bone; phalanx of toe |
| 28190 | | 354.03 | Removal of foreign body, foot; subcutaneous |
| 28192 | 02 | 464.54 | Removal of foreign body, foot; deep |
| 28193 | 04 | 506.17 | Removal of foreign body, foot; complicated |
| 28200 | 03 | 444.77 | Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon |
| 28202 | 03 | 632.72 | Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft) |
| 28208 | 03 | 426.83 | Repair, tendon, extensor, foot; primary or secondary, each tendon |
| 28210 | 03 | 567.11 | Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft) |
| 28220 | | 427.61 | Tenolysis, flexor, foot; single tendon |
| 28222 | 01 | 490.26 | Tenolysis, flexor, foot; multiple tendons |
| 28225 | 01 | 377.36 | Tenolysis, extensor, foot; single tendon |
| 28226 | 01 | 429.42 | Tenolysis, extensor, foot; multiple tendons |
| 28230 | | 417.71 | Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure) |
| 28232 | | 383.44 | Tenotomy, open, tendon flexor; toe, single tendon (separate procedure) |
| 28234 | 02 | 388.11 | Tenotomy, open, extensor, foot or toe, each tendon |
| 28238 | 03 | 666.07 | Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 28240 | 02 | 421.87 | Tenotomy, lengthening, or release, abductor hallucis muscle |
| 28250 | 03 | 527.52 | Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure) |
| 28260 | 03 | 637.65 | Capsulotomy, midfoot; medial release only (separate procedure) |
| 28261 | 03 | 877.15 | Capsulotomy, midfoot; with tendon lengthening |
| 28262 | 04 | 1,280.20 | Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity) |
| 28264 | 01 | 801.05 | Capsulotomy, midtarsal (eg, Heyman type procedure) |
| 28270 | 03 | 452.12 | Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure) |
| 28272 | | 378.48 | Capsulotomy; interphalangeal joint, each joint (separate procedure) |
| 28280 | 02 | 527.04 | Syndactylization, toes (eg, webbing or Kelikian type procedure) |
| 28285 | 03 | 447.04 | Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) |
| 28286 | 04 | 436.63 | Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure) |
| 28288 | 03 | 483.77 | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head |
| 28289 | 03 | 678.01 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint |
| 28290 | 02 | 537.47 | Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure) |
| 28292 | 02 | 629.29 | Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure |
| 28293 | 03 | 847.80 | Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant |
| 28294 | 03 | 686.46 | Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure) |
| 28296 | 03 | 735.11 | Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures) |
| 28297 | 03 | 777.20 | Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure |
| 28298 | 03 | 647.67 | Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy |
| 28299 | 05 | 810.36 | Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy |
| 28300 | 02 | 958.97 | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation |
| 28302 | 02 | 954.07 | Osteotomy; talus |
| 28304 | 02 | 725.31 | Osteotomy, tarsal bones, other than calcaneus or talus; |
| 28305 | 03 | 874.47 | Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type) |
| 28306 | 04 | 553.08 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal |
| 28307 | 04 | 752.68 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe) |
| 28308 | 02 | 481.67 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each |
| 28309 | 04 | 879.89 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure) |
| 28310 | 03 | 495.02 | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) |
| 28312 | 03 | 445.77 | Osteotomy, shortening, angular or rotational correction; other phalanges, any toe |
| 28313 | 02 | 484.19 | Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes) |
| 28315 | 04 | 452.22 | Sesamoidectomy, first toe (separate procedure) |
| 28320 | 04 | 676.64 | Repair, nonunion or malunion; tarsal bones |
| 28322 | 04 | 783.42 | Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft) |
| 28340 | 04 | 595.83 | Reconstruction, toe, macrodactyly; soft tissue resection |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 28341 | 04 | 664.12 | Reconstruction, toe, macrodactyly; requiring bone resection |
| 28344 | 04 | 467.66 | Reconstruction, toe(s); polydactyly |
| 28345 | 04 | 547.81 | Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web |
| 28360 | | 1,012.98 | Reconstruction, cleft foot |
| 28400 | 01 | 272.37 | Closed treatment of calcaneal fracture; without manipulation |
| 28405 | 02 | 427.02 | Closed treatment of calcaneal fracture; with manipulation |
| 28406 | 02 | 555.71 | Percutaneous skeletal fixation of calcaneal fracture, with manipulation |
| 28415 | 03 | 1,240.56 | Open treatment of calcaneal fracture, with or without internal or external fixation; |
| 28420 | 04 | 1,256.24 | Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft (includes obtaining graft) |
| 28430 | | 260.28 | Closed treatment of talus fracture; without manipulation |
| 28435 | 02 | 334.20 | Closed treatment of talus fracture; with manipulation |
| 28436 | 02 | 449.93 | Percutaneous skeletal fixation of talus fracture, with manipulation |
| 28445 | 03 | 1,099.60 | Open treatment of talus fracture, with or without internal or external fixation |
| 28450 | | 252.21 | Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each |
| 28455 | | 299.47 | Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each |
| 28456 | 02 | 291.43 | Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each |
| 28465 | 03 | 563.98 | Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each |
| 28470 | | 247.47 | Closed treatment of metatarsal fracture; without manipulation, each |
| 28475 | | 297.42 | Closed treatment of metatarsal fracture; with manipulation, each |
| 28476 | 02 | 353.92 | Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each |
| 28485 | 04 | 477.69 | Open treatment of metatarsal fracture, with or without internal or external fixation, each |
| 28490 | | 139.06 | Closed treatment of fracture great toe, phalanx or phalanges; without manipulation |
| 28495 | | 171.86 | Closed treatment of fracture great toe, phalanx or phalanges; with manipulation |
| 28496 | 02 | 509.30 | Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation |
| 28505 | 03 | 570.60 | Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation |
| 28510 | | 129.37 | Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each |
| 28515 | | 159.57 | Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each |
| 28525 | 03 | 533.12 | Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each |
| 28530 | | 132.45 | Closed treatment of sesamoid fracture |
| 28531 | 03 | 479.16 | Open treatment of sesamoid fracture, with or without internal fixation |
| 28540 | | 206.61 | Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia |
| 28545 | 01 | 224.94 | Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia |
| 28546 | 02 | 469.76 | Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation |
| 28555 | 02 | 753.33 | Open treatment of tarsal bone dislocation, with or without internal or external fixation |
| 28570 | | 192.52 | Closed treatment of talotarsal joint dislocation; without anesthesia |
| 28575 | 01 | 325.23 | Closed treatment of talotarsal joint dislocation; requiring anesthesia |
| 28576 | 03 | 605.13 | Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation |
| 28585 | 03 | 684.84 | Open treatment of talotarsal joint dislocation, with or without internal or external fixation |
| 28600 | | 218.65 | Closed treatment of tarsometatarsal joint dislocation; without anesthesia |
| 28605 | 01 | 272.44 | Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 28606 | 02 | 884.30 | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation |
| 28615 | 03 | 668.30 | Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation |
| 28630 | | 121.83 | Closed treatment of metatarsophalangeal joint dislocation; without anesthesia |
| 28635 | 01 | 150.70 | Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia |
| 28636 | 03 | 377.38 | Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation |
| 28645 | 03 | 418.34 | Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation |
| 28660 | | 118.15 | Closed treatment of interphalangeal joint dislocation; without anesthesia |
| 28665 | 01 | 150.65 | Closed treatment of interphalangeal joint dislocation; requiring anesthesia |
| 28666 | 03 | 364.08 | Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation |
| 28675 | 03 | 496.18 | Open treatment of interphalangeal joint dislocation, with or without internal or external fixation |
| 28705 | 04 | 1,308.86 | Arthrodesis; pantalar |
| 28715 | 04 | 970.40 | Arthrodesis; triple |
| 28725 | 04 | 846.01 | Arthrodesis; subtalar |
| 28730 | 04 | 816.62 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; |
| 28735 | 04 | 794.30 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction) |
| 28737 | 05 | 701.92 | Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure) |
| 28740 | 04 | 831.40 | Arthrodesis, midtarsal or tarsometatarsal, single joint |
| 28750 | 04 | 858.83 | Arthrodesis, great toe; metatarsophalangeal joint |
| 28755 | 04 | 490.27 | Arthrodesis, great toe; interphalangeal joint |
| 28760 | 04 | 669.48 | Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure) |
| 28800 | | 599.22 | Amputation, foot; midtarsal (eg, Chopart type procedure) |
| 28805 | | 599.80 | Amputation, foot; transmetatarsal |
| 28810 | 02 | 459.64 | Amputation, metatarsal, with toe, single |
| 28820 | 02 | 542.82 | Amputation, toe; metatarsophalangeal joint |
| 28825 | 02 | 484.03 | Amputation, toe; interphalangeal joint |
| 28899 | | I.C. | Unlisted procedure, foot or toes |
| 29000 | | 225.90 | Application of halo type body cast (see 20661-20663 for insertion) |
| 29010 | | 226.69 | Application of Risser jacket, localizer, body; only |
| 29015 | | 225.26 | Application of Risser jacket, localizer, body; including head |
| 29020 | | 224.37 | Application of turnbuckle jacket, body; only |
| 29025 | | 235.54 | Application of turnbuckle jacket, body; including head |
| 29035 | | 220.87 | Application of body cast, shoulder to hips; |
| 29040 | | 204.65 | Application of body cast, shoulder to hips; including head, Minerva type |
| 29044 | | 250.63 | Application of body cast, shoulder to hips; including one thigh |
| 29046 | | 241.02 | Application of body cast, shoulder to hips; including both thighs |
| 29049 | | 90.03 | Application, cast; figure-of-eight |
| 29055 | | 194.27 | Application, cast; shoulder spica |
| 29058 | | 117.73 | Application, cast; plaster Velpeau |
| 29065 | | 90.12 | Application, cast; shoulder to hand (long arm) |
| 29075 | | 83.52 | Application, cast; elbow to finger (short arm) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 29085 | | 88.56 | Application, cast; hand and lower forearm (gauntlet) |
| 29086 | | 64.68 | Application, cast; finger (eg, contracture) |
| 29105 | | 86.45 | Application of long arm splint (shoulder to hand) |
| 29125 | | 66.08 | Application of short arm splint (forearm to hand); static |
| 29126 | | 81.30 | Application of short arm splint (forearm to hand); dynamic |
| 29130 | | 39.62 | Application of finger splint; static |
| 29131 | | 52.71 | Application of finger splint; dynamic |
| 29200 | | 57.63 | Strapping; thorax |
| 29220 | | 56.88 | Strapping; low back |
| 29240 | | 64.83 | Strapping; shoulder (eg, Velpeau) |
| 29260 | | 53.86 | Strapping; elbow or wrist |
| 29280 | | 54.88 | Strapping; hand or finger |
| 29305 | | 221.52 | Application of hip spica cast; one leg |
| 29325 | | 240.64 | Application of hip spica cast; one and one-half spica or both legs |
| 29345 | | 130.93 | Application of long leg cast (thigh to toes); |
| 29355 | | 134.45 | Application of long leg cast (thigh to toes); walker or ambulatory type |
| 29358 | | 143.44 | Application of long leg cast brace |
| 29365 | | 117.40 | Application of cylinder cast (thigh to ankle) |
| 29405 | | 85.95 | Application of short leg cast (below knee to toes); |
| 29425 | | 92.93 | Application of short leg cast (below knee to toes); walking or ambulatory type |
| 29435 | | 113.60 | Application of patellar tendon bearing (PTB) cast |
| 29440 | | 52.14 | Adding walker to previously applied cast |
| 29445 | | 149.59 | Application of rigid total contact leg cast |
| 29450 | | 144.36 | Application of clubfoot cast with molding or manipulation, long or short leg |
| 29505 | | 76.60 | Application of long leg splint (thigh to ankle or toes) |
| 29515 | | 65.76 | Application of short leg splint (calf to foot) |
| 29520 | | 57.64 | Strapping; hip |
| 29530 | | 56.72 | Strapping; knee |
| 29540 | | 38.01 | Strapping; ankle and/or foot |
| 29550 | | 36.81 | Strapping; toes |
| 29580 | | 50.69 | Strapping; Unna boot |
| 29590 | | 51.84 | Denis-Browne splint strapping |
| 29700 | | 60.99 | Removal or bivalving; gauntlet, boot or body cast |
| 29705 | | 65.56 | Removal or bivalving; full arm or full leg cast |
| 29710 | | 119.64 | Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc. |
| 29715 | | 86.50 | Removal or bivalving; turnbuckle jacket |
| 29720 | | 75.61 | Repair of spica, body cast or jacket |
| 29730 | | 64.76 | Windowing of cast |
| 29740 | | 94.85 | Wedging of cast (except clubfoot casts) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 29750 | | 97.05 | Wedging of clubfoot cast |
| 29799 | | I.C. | Unlisted procedure, casting or strapping |
| 29800 | 03 | 572.52 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) |
| 29804 | 03 | 685.09 | Arthroscopy, temporomandibular joint, surgical |
| 29805 | 03 | 490.19 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) |
| 29806 | 03 | 1,074.57 | Arthroscopy, shoulder, surgical; capsulorrhaphy |
| 29807 | 03 | 1,048.00 | Arthroscopy, shoulder, surgical; repair of SLAP lesion |
| 29819 | 03 | 606.40 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body |
| 29820 | 03 | 559.90 | Arthroscopy, shoulder, surgical; synovectomy, partial |
| 29821 | 03 | 611.31 | Arthroscopy, shoulder, surgical; synovectomy, complete |
| 29822 | 03 | 593.82 | Arthroscopy, shoulder, surgical; debridement, limited |
| 29823 | 03 | 648.27 | Arthroscopy, shoulder, surgical; debridement, extensive |
| 29824 | 05 | 661.40 | Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure) |
| 29825 | 03 | 605.26 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation |
| 29826 | 03 | 696.58 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release |
| 29827 | 05 | 1,122.83 | Arthroscopy, shoulder, surgical; with rotator cuff repair |
| 29830 | 03 | 466.63 | Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) |
| 29834 | 03 | 508.75 | Arthroscopy, elbow, surgical; with removal of loose body or foreign body |
| 29835 | 03 | 519.00 | Arthroscopy, elbow, surgical; synovectomy, partial |
| 29836 | 03 | 603.46 | Arthroscopy, elbow, surgical; synovectomy, complete |
| 29837 | 03 | 547.24 | Arthroscopy, elbow, surgical; debridement, limited |
| 29838 | 03 | 614.01 | Arthroscopy, elbow, surgical; debridement, extensive |
| 29840 | 03 | 454.31 | Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure) |
| 29843 | 03 | 489.48 | Arthroscopy, wrist, surgical; for infection, lavage and drainage |
| 29844 | 03 | 511.72 | Arthroscopy, wrist, surgical; synovectomy, partial |
| 29845 | 03 | 582.43 | Arthroscopy, wrist, surgical; synovectomy, complete |
| 29846 | 03 | 537.07 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement |
| 29847 | 03 | 556.73 | Arthroscopy, wrist, surgical; internal fixation for fracture or instability |
| 29848 | 09 | 462.28 | Endoscopy, wrist, surgical, with release of transverse carpal ligament |
| 29850 | 04 | 547.61 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) |
| 29851 | 04 | 965.82 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) |
| 29855 | 04 | 816.53 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy) |
| 29856 | 04 | 1,047.77 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy) |
| 29860 | 04 | 631.76 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) |
| 29861 | 04 | 695.80 | Arthroscopy, hip, surgical; with removal of loose body or foreign body |
| 29862 | 09 | 777.00 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum |
| 29863 | 04 | 775.19 | Arthroscopy, hip, surgical; with synovectomy |
| 29870 | 03 | 417.44 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 29871 | 03 | 521.22 | Arthroscopy, knee, surgical; for infection, lavage and drainage |
| 29873 | | 520.79 | Arthroscopy, knee, surgical; with lateral release |
| 29874 | 03 | 548.62 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) |
| 29875 | 04 | 511.32 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) |
| 29876 | 04 | 628.49 | Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral) |
| 29877 | 04 | 591.77 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) |
| 29879 | 03 | 637.41 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture |
| 29880 | 04 | 667.27 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) |
| 29881 | 04 | 619.02 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) |
| 29882 | 03 | 664.39 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) |
| 29883 | 03 | 839.09 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) |
| 29884 | 03 | 589.33 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) |
| 29885 | 03 | 717.51 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) |
| 29886 | 03 | 604.77 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion |
| 29887 | 03 | 714.36 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation |
| 29888 | 03 | 1,019.22 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction |
| 29889 | 03 | 1,194.31 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction |
| 29891 | 03 | 668.50 | Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect |
| 29892 | 03 | 704.54 | Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy) |
| 29893 | 09 | 481.98 | Endoscopic plantar fasciotomy |
| 29894 | 03 | 535.31 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body |
| 29895 | 03 | 525.51 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial |
| 29897 | 03 | 550.61 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited |
| 29898 | 03 | 612.01 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive |
| 29899 | 03 | 1,009.05 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis |
| 29900 | 03 | 470.85 | Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy |
| 29901 | 03 | 518.39 | Arthroscopy, metacarpophalangeal joint, surgical; with debridement |
| 29902 | 03 | 554.39 | Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion) |
| 29999 | | I.C. | Unlisted procedure, arthroscopy |
| 30000 | | 234.15 | Drainage abscess or hematoma, nasal, internal approach |
| 30020 | | 198.14 | Drainage abscess or hematoma, nasal septum |
| 30100 | | 123.96 | Biopsy, intranasal |
| 30110 | | 207.30 | Excision, nasal polyp(s), simple |
| 30115 | 02 | 344.22 | Excision, nasal polyp(s), extensive |
| 30117 | 03 | 311.90 | Excision or destruction (eg, laser), intranasal lesion; internal approach |
| 30118 | 03 | 695.48 | Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy) |
| 30120 | 01 | 446.16 | Excision or surgical planing of skin of nose for rhinophyma |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 30124 | | 251.83 | Excision dermoid cyst, nose; simple, skin, subcutaneous |
| 30125 | 02 | 538.67 | Excision dermoid cyst, nose; complex, under bone or cartilage |
| 30130 | 03 | 283.14 | Excision turbinate, partial or complete, any method |
| 30140 | 02 | 305.02 | Submucous resection turbinate, partial or complete, any method |
| 30150 | 03 | 694.78 | Rhinectomy; partial |
| 30160 | 04 | 711.55 | Rhinectomy; total |
| 30200 | | 103.17 | Injection into turbinate(s), therapeutic |
| 30210 | | 135.20 | Displacement therapy (Proetz type) |
| 30220 | | 251.66 | Insertion, nasal septal prosthesis (button) |
| 30300 | | 245.64 | Removal foreign body, intranasal; office type procedure |
| 30310 | 01 | 213.90 | Removal foreign body, intranasal; requiring general anesthesia |
| 30320 | 02 | 372.24 | Removal foreign body, intranasal; by lateral rhinotomy |
| 30400 | 04 | 785.23 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| 30410 | 05 | 988.87 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| 30420 | 05 | 1,166.62 | Rhinoplasty, primary; including major septal repair |
| 30430 | 03 | 635.45 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| 30435 | 05 | 928.39 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) |
| 30450 | 07 | 1,352.01 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) |
| 30460 | 07 | 732.80 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | 09 | 1,382.67 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies |
| 30465 | 09 | 796.60 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) |
| 30520 | 04 | 446.36 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| 30540 | 05 | 547.97 | Repair choanal atresia; intranasal |
| 30545 | 05 | 821.39 | Repair choanal atresia; transpalatine |
| 30560 | 02 | 258.21 | Lysis intranasal synechia |
| 30580 | 04 | 572.14 | Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) |
| 30600 | 04 | 518.24 | Repair fistula; oronasal |
| 30620 | 07 | 484.60 | Septal or other intranasal dermatoplasty (does not include obtaining graft) |
| 30630 | 07 | 547.22 | Repair nasal septal perforations |
| 30801 | 01 | 135.58 | Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); superficial |
| 30802 | 01 | 196.19 | Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); intramural |
| 30901 | | 106.26 | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method |
| 30903 | 01 | 180.30 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method |
| 30905 | 01 | 230.18 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial |
| 30906 | 01 | 265.62 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent |
| 30915 | 02 | 534.47 | Ligation arteries; ethmoidal |
| 30920 | 03 | 710.94 | Ligation arteries; internal maxillary artery, transantral |
| 30930 | 04 | 120.37 | Fracture nasal turbinate(s), therapeutic |
| 30999 | | I.C. | Unlisted procedure, nose |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 31000 | | 169.03 | Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium) |
| 31002 | | 215.81 | Lavage by cannulation; sphenoid sinus |
| 31020 | 02 | 291.74 | Sinusotomy, maxillary (antrotomy); intranasal |
| 31030 | 03 | 475.91 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps |
| 31032 | 04 | 500.53 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps |
| 31040 | | 644.95 | Pterygomaxillary fossa surgery, any approach |
| 31050 | 02 | 402.52 | Sinusotomy, sphenoid, with or without biopsy; |
| 31051 | 04 | 534.56 | Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s) |
| 31070 | 02 | 348.86 | Sinusotomy frontal; external, simple (trephine operation) |
| 31075 | 04 | 672.07 | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type) |
| 31080 | 04 | 813.86 | Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation) |
| 31081 | 04 | 945.39 | Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation) |
| 31084 | 04 | 966.72 | Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision |
| 31085 | 04 | 1,016.14 | Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision |
| 31086 | 04 | 932.52 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision |
| 31087 | 04 | 947.62 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision |
| 31090 | 05 | 745.09 | Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid) |
| 31200 | 02 | 407.65 | Ethmoidectomy; intranasal, anterior |
| 31201 | 05 | 623.74 | Ethmoidectomy; intranasal, total |
| 31205 | 03 | 728.03 | Ethmoidectomy; extranasal, total |
| 31225 | | 1,353.01 | Maxillectomy; without orbital exenteration |
| 31230 | | 1,520.28 | Maxillectomy; with orbital exenteration (en bloc) |
| 31231 | | 194.13 | Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) |
| 31233 | 02 | 277.18 | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture) |
| 31235 | 01 | 321.14 | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium) |
| 31237 | 02 | 347.50 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) |
| 31238 | 01 | 361.07 | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage |
| 31239 | 04 | 693.23 | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy |
| 31240 | 02 | 179.21 | Nasal/sinus endoscopy, surgical; with concha bullosa resection |
| 31254 | 03 | 308.50 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior) |
| 31255 | 05 | 454.72 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior) |
| 31256 | 03 | 222.67 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; |
| 31267 | 03 | 360.11 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus |
| 31276 | 03 | 573.79 | Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus |
| 31287 | 03 | 262.31 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; |
| 31288 | 03 | 304.17 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus |
| 31290 | | 1,204.65 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region |
| 31291 | | 1,276.52 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region |
| 31292 | | 1,043.00 | Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression |
| 31293 | | 1,131.23 | Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression |
| 31294 | | 1,303.11 | Nasal/sinus endoscopy, surgical; with optic nerve decompression |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 31299 | | I.C. | Unlisted procedure, accessory sinuses |
| 31300 | 05 | 1,080.92 | Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy |
| 31320 | 02 | 517.57 | Laryngotomy (thyrotomy, laryngofissure); diagnostic |
| 31360 | | 1,274.49 | Laryngectomy; total, without radical neck dissection |
| 31365 | | 1,714.82 | Laryngectomy; total, with radical neck dissection |
| 31367 | | 1,613.79 | Laryngectomy; subtotal supraglottic, without radical neck dissection |
| 31368 | | 1,973.97 | Laryngectomy; subtotal supraglottic, with radical neck dissection |
| 31370 | | 1,578.42 | Partial laryngectomy (hemilaryngectomy); horizontal |
| 31375 | | 1,459.64 | Partial laryngectomy (hemilaryngectomy); laterovertical |
| 31380 | | 1,457.05 | Partial laryngectomy (hemilaryngectomy); anterovertical |
| 31382 | | 1,522.93 | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical |
| 31390 | | 2,002.48 | Pharyngolaryngectomy, with radical neck dissection; without reconstruction |
| 31395 | | 2,312.02 | Pharyngolaryngectomy, with radical neck dissection; with reconstruction |
| 31400 | 02 | 835.67 | Arytenoidectomy or arytenoidopexy, external approach |
| 31420 | 02 | 823.54 | Epiglottidectomy |
| 31500 | | 116.45 | Intubation, endotracheal, emergency procedure |
| 31502 | | 88.82 | Tracheotomy tube change prior to establishment of fistula tract |
| 31505 | | 90.68 | Laryngoscopy, indirect; diagnostic (separate procedure) |
| 31510 | 02 | 221.97 | Laryngoscopy, indirect; with biopsy |
| 31511 | 02 | 224.15 | Laryngoscopy, indirect; with removal of foreign body |
| 31512 | 02 | 224.55 | Laryngoscopy, indirect; with removal of lesion |
| 31513 | 02 | 147.40 | Laryngoscopy, indirect; with vocal cord injection |
| 31515 | 01 | 228.47 | Laryngoscopy direct, with or without tracheoscopy; for aspiration |
| 31520 | | 170.28 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn |
| 31525 | 01 | 268.49 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn |
| 31526 | 02 | 177.28 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope |
| 31527 | 01 | 210.90 | Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator |
| 31528 | 02 | 156.19 | Laryngoscopy direct, with or without tracheoscopy; with dilation, initial |
| 31529 | 02 | 180.17 | Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent |
| 31530 | 02 | 219.62 | Laryngoscopy, direct, operative, with foreign body removal; |
| 31531 | 03 | 241.37 | Laryngoscopy, direct, operative, with foreign body removal; with operating microscope |
| 31535 | 02 | 212.41 | Laryngoscopy, direct, operative, with biopsy; |
| 31536 | 03 | 239.40 | Laryngoscopy, direct, operative, with biopsy; with operating microscope |
| 31540 | 03 | 275.04 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; |
| 31541 | 04 | 300.60 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope |
| 31560 | 05 | 352.94 | Laryngoscopy, direct, operative, with arytenoidectomy; |
| 31561 | 05 | 383.66 | Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope |
| 31570 | 02 | 396.22 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; |
| 31571 | 02 | 282.31 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope |
| 31575 | | 123.73 | Laryngoscopy, flexible fiberoptic; diagnostic |
| 31576 | 02 | 231.68 | Laryngoscopy, flexible fiberoptic; with biopsy |
| 31577 | 02 | 257.10 | Laryngoscopy, flexible fiberoptic; with removal of foreign body |
| 31578 | 02 | 293.45 | Laryngoscopy, flexible fiberoptic; with removal of lesion |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 31579 | | 251.11 | Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy |
| 31580 | 05 | 966.34 | Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal |
| 31582 | 05 | 1,603.36 | Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy |
| 31584 | | 1,405.38 | Laryngoplasty; with open reduction of fracture |
| 31585 | 01 | 421.03 | Treatment of closed laryngeal fracture; without manipulation |
| 31586 | 02 | 675.23 | Treatment of closed laryngeal fracture; with closed manipulative reduction |
| 31587 | | 906.83 | Laryngoplasty, cricoid split |
| 31588 | 05 | 1,079.13 | Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy) |
| 31590 | 05 | 651.83 | Laryngeal reinnervation by neuromuscular pedicle |
| 31595 | 02 | 659.09 | Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral |
| 31599 | | I.C. | Unlisted procedure, larynx |
| 31600 | 02 | 417.57 | Tracheostomy, planned (separate procedure); |
| 31601 | 03 | 283.12 | Tracheostomy, planned (separate procedure); under two years |
| 31603 | | 241.22 | Tracheostomy, emergency procedure; transtracheal |
| 31605 | | 196.78 | Tracheostomy, emergency procedure; cricothyroid membrane |
| 31610 | | 668.90 | Tracheostomy, fenestration procedure with skin flaps |
| 31611 | 03 | 477.52 | Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis) |
| 31612 | 01 | 83.63 | Tracheal puncture, percutaneous with transtracheal aspiration and/or injection |
| 31613 | 02 | 414.68 | Tracheostoma revision; simple, without flap rotation |
| 31614 | 02 | 615.93 | Tracheostoma revision; complex, with flap rotation |
| 31615 | 01 | 194.78 | Tracheobronchoscopy through established tracheostomy incision |
| 31622 | 01 | 285.71 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure) |
| 31623 | 02 | 326.58 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings |
| 31624 | 02 | 293.82 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage |
| 31625 | 02 | 358.77 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites |
| 31628 | 02 | 381.51 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe |
| 31629 | 02 | 182.93 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) |
| 31630 | 02 | 238.78 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal or bronchial dilation or closed reduction of fracture |
| 31631 | 02 | 260.66 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal dilation and placement of tracheal stent |
| 31632 | | 75.98 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| 31633 | | 93.24 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| 31635 | 02 | 216.29 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body |
| 31640 | 02 | 298.47 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor |
| 31641 | 02 | 289.47 | Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy) |
| 31643 | 02 | 192.23 | Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | application |
| 31645 | 01 | 174.55 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess) |
| 31646 | 01 | 152.30 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent |
| 31656 | 01 | 124.63 | Bronchoscopy, (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only) |
| 31700 | 01 | 139.35 | Catheterization, transglottic (separate procedure) |
| 31708 | | 79.72 | Instillation of contrast material for laryngography or bronchography, without catheterization |
| 31710 | | 81.05 | Catheterization for bronchography, with or without instillation of contrast material |
| 31715 | | 68.83 | Transtracheal injection for bronchography |
| 31717 | 01 | 208.02 | Catheterization with bronchial brush biopsy |
| 31720 | 01 | 103.20 | Catheter aspiration (separate procedure); nasotracheal |
| 31725 | | 156.34 | Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside |
| 31730 | 01 | 206.45 | Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy |
| 31750 | 05 | 1,014.84 | Tracheoplasty; cervical |
| 31755 | 02 | 1,240.24 | Tracheoplasty; tracheopharyngeal fistulization, each stage |
| 31760 | | 1,351.48 | Tracheoplasty; intrathoracic |
| 31766 | | 1,839.92 | Carinal reconstruction |
| 31770 | | 1,365.76 | Bronchoplasty; graft repair |
| 31775 | | 1,492.65 | Bronchoplasty; excision stenosis and anastomosis |
| 31780 | | 1,192.76 | Excision tracheal stenosis and anastomosis; cervical |
| 31781 | | 1,474.70 | Excision tracheal stenosis and anastomosis; cervicothoracic |
| 31785 | | 1,130.29 | Excision of tracheal tumor or carcinoma; cervical |
| 31786 | | 1,538.68 | Excision of tracheal tumor or carcinoma; thoracic |
| 31800 | | 509.81 | Suture of tracheal wound or injury; cervical |
| 31805 | | 854.16 | Suture of tracheal wound or injury; intrathoracic |
| 31820 | 01 | 414.23 | Surgical closure tracheostomy or fistula; without plastic repair |
| 31825 | 02 | 595.21 | Surgical closure tracheostomy or fistula; with plastic repair |
| 31830 | 02 | 421.65 | Revision of tracheostomy scar |
| 31899 | | I.C. | Unlisted procedure, trachea, bronchi |
| 32000 | 01 | 192.41 | Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent |
| 32002 | | 226.44 | Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure) |
| 32005 | | 366.26 | Chemical pleurodesis (eg, for recurrent or persistent pneumothorax) |
| 32020 | | 223.73 | Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure) |
| 32035 | | 612.58 | Thoracostomy; with rib resection for empyema |
| 32036 | | 681.72 | Thoracostomy; with open flap drainage for empyema |
| 32095 | | 579.04 | Thoracotomy, limited, for biopsy of lung or pleura |
| 32100 | | 958.60 | Thoracotomy, major; with exploration and biopsy |
| 32110 | | 1,380.96 | Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear |
| 32120 | | 786.25 | Thoracotomy, major; for postoperative complications |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 32124 | | 839.95 | Thoracotomy, major; with open intrapleural pneumonolysis |
| 32140 | | 912.11 | Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure |
| 32141 | | 910.47 | Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure |
| 32150 | | 914.46 | Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit |
| 32151 | | 929.27 | Thoracotomy, major; with removal of intrapulmonary foreign body |
| 32160 | | 611.17 | Thoracotomy, major; with cardiac massage |
| 32200 | | 993.66 | Pneumonostomy; with open drainage of abscess or cyst |
| 32201 | | 211.86 | Pneumonostomy; with percutaneous drainage of abscess or cyst |
| 32215 | | 768.47 | Pleural scarification for repeat pneumothorax |
| 32220 | | 1,538.74 | Decortication, pulmonary (separate procedure); total |
| 32225 | | 912.58 | Decortication, pulmonary (separate procedure); partial |
| 32310 | | 880.21 | Pleurectomy, parietal (separate procedure) |
| 32320 | | 1,509.22 | Decortication and parietal pleurectomy |
| 32400 | 01 | 140.43 | Biopsy, pleura; percutaneous needle |
| 32402 | | 535.63 | Biopsy, pleura; open |
| 32405 | 01 | 166.29 | Biopsy, lung or mediastinum, percutaneous needle |
| 32420 | 01 | 121.09 | Pneumocentesis, puncture of lung for aspiration |
| 32440 | | 1,580.22 | Removal of lung, total pneumonectomy; |
| 32442 | | 1,725.48 | Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) |
| 32445 | | 1,652.72 | Removal of lung, total pneumonectomy; extrapleural |
| 32480 | | 1,485.98 | Removal of lung, other than total pneumonectomy; single lobe (lobectomy) |
| 32482 | | 1,572.85 | Removal of lung, other than total pneumonectomy; two lobes (bilobectomy) |
| 32484 | | 1,353.09 | Removal of lung, other than total pneumonectomy; single segment (segmentectomy) |
| 32486 | | 1,569.72 | Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) |
| 32488 | | 1,666.58 | Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy) |
| 32491 | | 1,430.98 | Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure |
| 32500 | | 1,415.08 | Removal of lung, other than total pneumonectomy; wedge resection, single or multiple |
| 32501 | | 261.79 | Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure) |
| 32520 | | 1,393.35 | Resection of lung; with resection of chest wall |
| 32522 | | 1,526.94 | Resection of lung; with reconstruction of chest wall, without prosthesis |
| 32525 | | 1,657.46 | Resection of lung; with major reconstruction of chest wall, with prosthesis |
| 32540 | | 1,025.94 | Extrapleural enucleation of empyema (empyemectomy) |
| 32601 | | 330.32 | Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy |
| 32602 | | 358.32 | Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy |
| 32603 | | 451.98 | Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy |
| 32604 | | 514.61 | Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 32605 | | 417.34 | Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy |
| 32606 | | 494.97 | Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy |
| 32650 | | 736.56 | Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical) |
| 32651 | | 846.40 | Thoracoscopy, surgical; with partial pulmonary decortication |
| 32652 | | 1,215.15 | Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis |
| 32653 | | 836.15 | Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit |
| 32654 | | 842.04 | Thoracoscopy, surgical; with control of traumatic hemorrhage |
| 32655 | | 855.18 | Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure |
| 32656 | | 880.22 | Thoracoscopy, surgical; with parietal pleurectomy |
| 32657 | | 898.79 | Thoracoscopy, surgical; with wedge resection of lung, single or multiple |
| 32658 | | 801.99 | Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac |
| 32659 | | 802.42 | Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage |
| 32660 | | 1,133.03 | Thoracoscopy, surgical; with total pericardiectomy |
| 32661 | | 888.94 | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass |
| 32662 | | 1,064.83 | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass |
| 32663 | | 1,233.52 | Thoracoscopy, surgical; with lobectomy, total or segmental |
| 32664 | | 919.52 | Thoracoscopy, surgical; with thoracic sympathectomy |
| 32665 | | 994.43 | Thoracoscopy, surgical; with esophagomyotomy (Heller type) |
| 32800 | | 885.81 | Repair lung hernia through chest wall |
| 32810 | | 867.39 | Closure of chest wall following open flap drainage for empyema (Clagett type procedure) |
| 32815 | | 1,440.09 | Open closure of major bronchial fistula |
| 32820 | | 1,410.62 | Major reconstruction, chest wall (posttraumatic) |
| 32850 | | I.C. | Donor pneumonectomy(ies) with preparation and maintenance of allograft (cadaver) |
| 32851 | | 2,810.74 | Lung transplant, single; without cardiopulmonary bypass |
| 32852 | | 3,166.97 | Lung transplant, single; with cardiopulmonary bypass |
| 32853 | | 3,369.12 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass |
| 32854 | | 3,625.36 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass |
| 32900 | | 1,270.24 | Resection of ribs, extrapleural, all stages |
| 32905 | | 1,302.66 | Thoracoplasty, Schede type or extrapleural (all stages); |
| 32906 | | 1,639.09 | Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula |
| 32940 | | 1,222.66 | Pneumonolysis, extraperiosteal, including filling or packing procedures |
| 32960 | | 147.78 | Pneumothorax, therapeutic, intrapleural injection of air |
| 32997 | | 326.19 | Total lung lavage (unilateral) |
| 32999 | | I.C. | Unlisted procedure, lungs and pleura |
| 33010 | 02 | 129.74 | Pericardiocentesis; initial |
| 33011 | 02 | 131.42 | Pericardiocentesis; subsequent |
| 33015 | | 489.07 | Tube pericardiostomy |
| 33020 | | 817.38 | Pericardiotomy for removal of clot or foreign body (primary procedure) |
| 33025 | | 778.80 | Creation of pericardial window or partial resection for drainage |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 33030 | | 1,195.34 | Pericardiectomy, subtotal or complete; without cardiopulmonary bypass |
| 33031 | | 1,346.78 | Pericardiectomy, subtotal or complete; with cardiopulmonary bypass |
| 33050 | | 936.45 | Excision of pericardial cyst or tumor |
| 33120 | | 1,527.66 | Excision of intracardiac tumor, resection with cardiopulmonary bypass |
| 33130 | | 1,325.47 | Resection of external cardiac tumor |
| 33140 | | 1,296.40 | Transmyocardial laser revascularization, by thoracotomy; (separate procedure) |
| 33141 | | 268.96 | Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure) |
| 33200 | | 806.39 | Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy |
| 33201 | | 710.61 | Insertion of permanent pacemaker with epicardial electrode(s); by xiphoid approach |
| 33206 | | 461.79 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial |
| 33207 | | 524.16 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular |
| 33208 | | 530.57 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular |
| 33210 | | 183.43 | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) |
| 33211 | | 189.78 | Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure) |
| 33212 | | 367.84 | Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular |
| 33213 | | 415.67 | Insertion or replacement of pacemaker pulse generator only; dual chamber |
| 33214 | | 521.12 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) |
| 33215 | | 326.07 | Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode |
| 33216 | | 411.75 | Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator |
| 33217 | | 411.88 | Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator |
| 33218 | | 403.37 | Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator |
| 33220 | | 404.83 | Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator |
| 33222 | 02 | 384.55 | Revision or relocation of skin pocket for pacemaker |
| 33223 | 02 | 454.72 | Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator |
| 33224 | | 523.26 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of generator) |
| 33225 | | 463.18 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure) |
| 33226 | | 503.78 | Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator) |
| 33233 | | 271.69 | Removal of permanent pacemaker pulse generator |
| 33234 | | 523.57 | Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular |
| 33235 | | 667.87 | Removal of transvenous pacemaker electrode(s); dual lead system |
| 33236 | | 843.68 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | atrial or ventricular |
| 33237 | | 903.41 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system |
| 33238 | | 977.76 | Removal of permanent transvenous electrode(s) by thoracotomy |
| 33240 | | 501.85 | Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator |
| 33241 | | 255.72 | Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator |
| 33243 | | 1,428.86 | Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy |
| 33244 | | 933.92 | Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction |
| 33245 | | 923.18 | Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy; |
| 33246 | | 1,299.03 | Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy; with insertion of pulse generator |
| 33249 | | 922.54 | Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator |
| 33250 | | 1,328.60 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass |
| 33251 | | 1,518.87 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass |
| 33253 | | 1,888.89 | Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (eg, maze procedure) |
| 33261 | | 1,538.20 | Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass |
| 33282 | | 344.22 | Implantation of patient-activated cardiac event recorder |
| 33284 | | 253.58 | Removal of an implantable, patient-activated cardiac event recorder |
| 33300 | | 1,136.06 | Repair of cardiac wound; without bypass |
| 33305 | | 1,355.28 | Repair of cardiac wound; with cardiopulmonary bypass |
| 33310 | | 1,185.53 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass |
| 33315 | | 1,408.98 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass |
| 33320 | | 1,041.87 | Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass |
| 33321 | | 1,274.01 | Suture repair of aorta or great vessels; with shunt bypass |
| 33322 | | 1,307.40 | Suture repair of aorta or great vessels; with cardiopulmonary bypass |
| 33330 | | 1,333.25 | Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass |
| 33332 | | 1,436.90 | Insertion of graft, aorta or great vessels; with shunt bypass |
| 33335 | | 1,832.54 | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass |
| 33400 | | 1,848.16 | Valvuloplasty, aortic valve; open, with cardiopulmonary bypass |
| 33401 | | 1,570.23 | Valvuloplasty, aortic valve; open, with inflow occlusion |
| 33403 | | 1,632.51 | Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass |
| 33404 | | 1,808.99 | Construction of apical-aortic conduit |
| 33405 | | 2,231.65 | Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve |
| 33406 | | 2,368.46 | Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand) |
| 33410 | | 2,073.20 | Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve |
| 33411 | | 2,309.40 | Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 33412 | | 2,614.24 | Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure) |
| 33413 | | 2,673.32 | Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure) |
| 33414 | | 1,879.50 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract |
| 33415 | | 1,650.35 | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis |
| 33416 | | 1,854.62 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy) |
| 33417 | | 1,781.83 | Aortoplasty (gusset) for supravalvular stenosis |
| 33420 | | 1,315.78 | Valvotomy, mitral valve; closed heart |
| 33422 | | 1,673.97 | Valvotomy, mitral valve; open heart, with cardiopulmonary bypass |
| 33425 | | 1,677.43 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; |
| 33426 | | 2,108.05 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring |
| 33427 | | 2,481.25 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring |
| 33430 | | 2,136.35 | Replacement, mitral valve, with cardiopulmonary bypass |
| 33460 | | 1,477.31 | Valvectomy, tricuspid valve, with cardiopulmonary bypass |
| 33463 | | 1,626.75 | Valvuloplasty, tricuspid valve; without ring insertion |
| 33464 | | 1,728.04 | Valvuloplasty, tricuspid valve; with ring insertion |
| 33465 | | 1,764.71 | Replacement, tricuspid valve, with cardiopulmonary bypass |
| 33468 | | 1,858.51 | Tricuspid valve repositioning and plication for Ebstein anomaly |
| 33470 | | 1,339.69 | Valvotomy, pulmonary valve, closed heart; transventricular |
| 33471 | | 1,360.42 | Valvotomy, pulmonary valve, closed heart; via pulmonary artery |
| 33472 | | 1,448.05 | Valvotomy, pulmonary valve, open heart; with inflow occlusion |
| 33474 | | 1,432.15 | Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass |
| 33475 | | 1,990.46 | Replacement, pulmonary valve |
| 33476 | | 1,564.06 | Right ventricular resection for infundibular stenosis, with or without commissurotomy |
| 33478 | | 1,688.98 | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection |
| 33496 | | 1,691.37 | Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure) |
| 33500 | | 1,549.80 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass |
| 33501 | | 1,094.99 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass |
| 33502 | | 1,353.16 | Repair of anomalous coronary artery; by ligation |
| 33503 | | 1,285.85 | Repair of anomalous coronary artery; by graft, without cardiopulmonary bypass |
| 33504 | | 1,540.53 | Repair of anomalous coronary artery; by graft, with cardiopulmonary bypass |
| 33505 | | 1,614.36 | Repair of anomalous coronary artery; with construction of intrapulmonary artery tunnel (Takeuchi procedure) |
| 33506 | | 2,070.25 | Repair of anomalous coronary artery; by translocation from pulmonary artery to aorta |
| 33508 | | 17.11 | Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| 33510 | | 1,897.18 | Coronary artery bypass, vein only; single coronary venous graft |
| 33511 | | 1,973.58 | Coronary artery bypass, vein only; two coronary venous grafts |
| 33512 | | 2,076.32 | Coronary artery bypass, vein only; three coronary venous grafts |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 33513 | | 2,101.94 | Coronary artery bypass, vein only; four coronary venous grafts |
| 33514 | | 2,155.82 | Coronary artery bypass, vein only; five coronary venous grafts |
| 33516 | | 2,280.86 | Coronary artery bypass, vein only; six or more coronary venous grafts |
| 33517 | | 144.02 | Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft) |
| 33518 | | 271.73 | Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft) |
| 33519 | | 398.42 | Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft) |
| 33521 | | 526.51 | Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft) |
| 33522 | | 654.03 | Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft) |
| 33523 | | 781.57 | Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft) |
| 33530 | | 327.51 | Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure) |
| 33533 | | 1,944.27 | Coronary artery bypass, using arterial graft(s); single arterial graft |
| 33534 | | 2,093.64 | Coronary artery bypass, using arterial graft(s); two coronary arterial grafts |
| 33535 | | 2,210.79 | Coronary artery bypass, using arterial graft(s); three coronary arterial grafts |
| 33536 | | 2,305.71 | Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts |
| 33542 | | 1,768.24 | Myocardial resection (eg, ventricular aneurysmectomy) |
| 33545 | | 2,207.02 | Repair of postinfarction ventricular septal defect, with or without myocardial resection |
| 33572 | | 248.77 | Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure) |
| 33600 | | 1,726.37 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch |
| 33602 | | 1,708.30 | Closure of semilunar valve (aortic or pulmonary) by suture or patch |
| 33606 | | 1,866.78 | Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure) |
| 33608 | | 1,919.52 | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery |
| 33610 | | 1,896.44 | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect |
| 33611 | | 1,998.86 | Repair of double outlet right ventricle with intraventricular tunnel repair; |
| 33612 | | 2,121.54 | Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction |
| 33615 | | 2,032.42 | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) |
| 33617 | | 2,219.95 | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure |
| 33619 | | 2,747.35 | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure) |
| 33641 | | 1,308.41 | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch |
| 33645 | | 1,551.70 | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage |
| 33647 | | 1,787.90 | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure |
| 33660 | | 1,804.20 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 33665 | | 1,801.30 | Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair |
| 33670 | | 1,961.29 | Repair of complete atrioventricular canal, with or without prosthetic valve |
| 33681 | | 1,902.78 | Closure of ventricular septal defect, with or without patch; |
| 33684 | | 1,830.96 | Closure of ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic) |
| 33688 | | 1,739.42 | Closure of ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset |
| 33690 | | 1,263.79 | Banding of pulmonary artery |
| 33692 | | 1,885.14 | Complete repair tetralogy of Fallot without pulmonary atresia; |
| 33694 | | 2,038.33 | Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch |
| 33697 | | 2,150.20 | Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect |
| 33702 | | 1,657.31 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; |
| 33710 | | 1,851.52 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect |
| 33720 | | 1,637.14 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass |
| 33722 | | 1,794.80 | Closure of aortico-left ventricular tunnel |
| 33730 | | 1,992.70 | Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types) |
| 33732 | | 1,729.94 | Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane |
| 33735 | | 1,270.89 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) |
| 33736 | | 1,486.93 | Atrial septectomy or septostomy; open heart with cardiopulmonary bypass |
| 33737 | | 1,389.83 | Atrial septectomy or septostomy; open heart, with inflow occlusion |
| 33750 | | 1,303.83 | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation) |
| 33755 | | 1,299.91 | Shunt; ascending aorta to pulmonary artery (Waterston type operation) |
| 33762 | | 1,309.81 | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation) |
| 33764 | | 1,325.05 | Shunt; central, with prosthetic graft |
| 33766 | | 1,461.67 | Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure) |
| 33767 | | 1,533.87 | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) |
| 33770 | | 2,178.15 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect |
| 33771 | | 1,999.67 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect |
| 33774 | | 1,917.35 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; |
| 33775 | | 1,971.16 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band |
| 33776 | | 2,116.69 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect |
| 33777 | | 2,053.22 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction |
| 33778 | | 2,396.74 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); |
| 33779 | | 2,103.23 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band |
| 33780 | | 2,566.85 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 33781 | | 2,121.77 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction |
| 33786 | | 2,345.92 | Total repair, truncus arteriosus (Rastelli type operation) |
| 33788 | | 1,629.39 | Reimplantation of an anomalous pulmonary artery |
| 33800 | | 997.93 | Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure) |
| 33802 | | 1,113.24 | Division of aberrant vessel (vascular ring); |
| 33803 | | 1,247.84 | Division of aberrant vessel (vascular ring); with reanastomosis |
| 33813 | | 1,341.31 | Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass |
| 33814 | | 1,598.06 | Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass |
| 33820 | | 1,043.08 | Repair of patent ductus arteriosus; by ligation |
| 33822 | | 1,116.92 | Repair of patent ductus arteriosus; by division, under 18 years |
| 33824 | | 1,253.49 | Repair of patent ductus arteriosus; by division, 18 years and older |
| 33840 | | 1,299.01 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis |
| 33845 | | 1,419.37 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft |
| 33851 | | 1,358.83 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement |
| 33852 | | 1,490.71 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass |
| 33853 | | 1,976.14 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass |
| 33860 | | 2,284.00 | Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; |
| 33861 | | 2,485.56 | Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction |
| 33863 | | 2,653.24 | Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction |
| 33870 | | 2,620.15 | Transverse arch graft, with cardiopulmonary bypass |
| 33875 | | 1,990.09 | Descending thoracic aorta graft, with or without bypass |
| 33877 | | 2,479.99 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass |
| 33910 | | 1,522.05 | Pulmonary artery embolectomy; with cardiopulmonary bypass |
| 33915 | | 1,243.07 | Pulmonary artery embolectomy; without cardiopulmonary bypass |
| 33916 | | 1,564.41 | Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass |
| 33917 | | 1,554.17 | Repair of pulmonary artery stenosis by reconstruction with patch or graft |
| 33918 | | 1,633.32 | Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; without cardiopulmonary bypass |
| 33919 | | 2,374.84 | Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; with cardiopulmonary bypass |
| 33920 | | 1,920.18 | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery |
| 33922 | | 1,431.35 | Transection of pulmonary artery with cardiopulmonary bypass |
| 33924 | | 311.70 | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure) |
| 33930 | | I.C. | Donor cardiectomy-pneumonectomy, with preparation and maintenance of allograft |
| 33935 | | 3,815.59 | Heart-lung transplant with recipient cardiectomy-pneumonectomy |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 33940 | | I.C. | Donor cardiectomy, with preparation and maintenance of allograft |
| 33945 | | 2,694.50 | Heart transplant, with or without recipient cardiectomy |
| 33960 | | 1,014.12 | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours |
| 33961 | | 617.51 | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure) |
| 33967 | | 270.70 | Insertion of intra-aortic balloon assist device, percutaneous |
| 33968 | | 36.23 | Removal of intra-aortic balloon assist device, percutaneous |
| 33970 | | 375.89 | Insertion of intra-aortic balloon assist device through the femoral artery, open approach |
| 33971 | | 655.99 | Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft |
| 33973 | | 544.21 | Insertion of intra-aortic balloon assist device through the ascending aorta |
| 33974 | | 931.45 | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft |
| 33975 | | 1,118.85 | Insertion of ventricular assist device; extracorporeal, single ventricle |
| 33976 | | 1,287.68 | Insertion of ventricular assist device; extracorporeal, biventricular |
| 33977 | | 1,283.63 | Removal of ventricular assist device; extracorporeal, single ventricle |
| 33978 | | 1,411.98 | Removal of ventricular assist device; extracorporeal, biventricular |
| 33979 | | 2,507.01 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle |
| 33980 | | 3,360.38 | Removal of ventricular assist device, implantable intracorporeal, single ventricle |
| 33999 | | I.C. | Unlisted procedure, cardiac surgery |
| 34001 | | 823.40 | Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision |
| 34051 | | 971.13 | Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision |
| 34101 | | 643.69 | Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision |
| 34111 | | 634.40 | Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision |
| 34151 | | 1,448.33 | Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision |
| 34201 | | 644.10 | Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision |
| 34203 | | 1,011.97 | Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision |
| 34401 | | 1,436.62 | Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision |
| 34421 | | 753.09 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision |
| 34451 | | 1,558.60 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision |
| 34471 | | 641.35 | Thrombectomy, direct or with catheter; subclavian vein, by neck incision |
| 34490 | | 628.00 | Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision |
| 34501 | | 1,012.50 | Valvuloplasty, femoral vein |
| 34502 | | 1,643.21 | Reconstruction of vena cava, any method |
| 34510 | | 1,170.97 | Venous valve transposition, any vein donor |
| 34520 | | 1,094.33 | Cross-over vein graft to venous system |
| 34530 | | 1,065.74 | Saphenopopliteal vein anastomosis |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 34800 | | 1,223.57 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis |
| 34802 | | 1,340.25 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb) |
| 34804 | | 1,340.68 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis |
| 34805 | | 1,282.42 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis |
| 34808 | | 224.03 | Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure) |
| 34812 | | 366.28 | Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral |
| 34813 | | 259.53 | Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure) |
| 34820 | | 529.49 | Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral |
| 34825 | | 743.05 | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel |
| 34826 | | 224.03 | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure) |
| 34830 | | 1,891.70 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis |
| 34831 | | 1,919.67 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis |
| 34832 | | 2,041.08 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis |
| 34833 | | 667.07 | Open iliac artery exposure with creation of conduit for delivery of infrarenal aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral |
| 34834 | | 313.07 | Open brachial artery exposure to assist in the deployment of infrarenal aortic or iliac endovascular prosthesis by arm incision, unilateral |
| 34900 | | 1,000.56 | Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) |
| 35001 | | 1,231.91 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision |
| 35002 | | 1,267.33 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision |
| 35005 | | 1,105.81 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery |
| 35011 | | 1,062.81 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision |
| 35013 | | 1,307.62 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision |
| 35021 | | 1,210.21 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision |
| 35022 | | 1,370.72 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision |
| 35045 | | 1,026.25 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| | | | without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery |
| 35081 | | 1,655.69 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta |
| 35082 | | 2,243.88 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta |
| 35091 | | 2,055.44 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) |
| 35092 | | 2,596.38 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) |
| 35102 | | 1,805.65 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external) |
| 35103 | | 2,333.13 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external) |
| 35111 | | 1,449.66 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery |
| 35112 | | 1,706.54 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery |
| 35121 | | 1,759.20 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery |
| 35122 | | 2,030.27 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery |
| 35131 | | 1,472.68 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external) |
| 35132 | | 1,743.01 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external) |
| 35141 | | 1,190.03 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral) |
| 35142 | | 1,379.19 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral) |
| 35151 | | 1,345.72 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery |
| 35152 | | 1,516.32 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery |
| 35161 | | 1,173.77 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, other arteries |
| 35162 | | 1,229.94 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, other arteries |
| 35180 | | 859.27 | Repair, congenital arteriovenous fistula; head and neck |
| 35182 | | 1,739.55 | Repair, congenital arteriovenous fistula; thorax and abdomen |
| 35184 | | 1,077.80 | Repair, congenital arteriovenous fistula; extremities |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 35188 | 04 | 916.54 | Repair, acquired or traumatic arteriovenous fistula; head and neck |
| 35189 | | 1,636.99 | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen |
| 35190 | | 802.03 | Repair, acquired or traumatic arteriovenous fistula; extremities |
| 35201 | | 988.25 | Repair blood vessel, direct; neck |
| 35206 | | 815.03 | Repair blood vessel, direct; upper extremity |
| 35207 | 04 | 740.26 | Repair blood vessel, direct; hand, finger |
| 35211 | | 1,386.32 | Repair blood vessel, direct; intrathoracic, with bypass |
| 35216 | | 1,165.57 | Repair blood vessel, direct; intrathoracic, without bypass |
| 35221 | | 1,403.71 | Repair blood vessel, direct; intra-abdominal |
| 35226 | | 893.33 | Repair blood vessel, direct; lower extremity |
| 35231 | | 1,214.29 | Repair blood vessel with vein graft; neck |
| 35236 | | 1,022.40 | Repair blood vessel with vein graft; upper extremity |
| 35241 | | 1,447.80 | Repair blood vessel with vein graft; intrathoracic, with bypass |
| 35246 | | 1,561.48 | Repair blood vessel with vein graft; intrathoracic, without bypass |
| 35251 | | 1,703.84 | Repair blood vessel with vein graft; intra-abdominal |
| 35256 | | 1,094.27 | Repair blood vessel with vein graft; lower extremity |
| 35261 | | 1,058.03 | Repair blood vessel with graft other than vein; neck |
| 35266 | | 901.09 | Repair blood vessel with graft other than vein; upper extremity |
| 35271 | | 1,379.58 | Repair blood vessel with graft other than vein; intrathoracic, with bypass |
| 35276 | | 1,474.22 | Repair blood vessel with graft other than vein; intrathoracic, without bypass |
| 35281 | | 1,615.66 | Repair blood vessel with graft other than vein; intra-abdominal |
| 35286 | | 1,000.11 | Repair blood vessel with graft other than vein; lower extremity |
| 35301 | | 1,143.02 | Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision |
| 35311 | | 1,613.22 | Thromboendarterectomy, with or without patch graft; subclavian, innominate, by thoracic incision |
| 35321 | | 964.15 | Thromboendarterectomy, with or without patch graft; axillary-brachial |
| 35331 | | 1,560.05 | Thromboendarterectomy, with or without patch graft; abdominal aorta |
| 35341 | | 1,509.05 | Thromboendarterectomy, with or without patch graft; mesenteric, celiac, or renal |
| 35351 | | 1,355.33 | Thromboendarterectomy, with or without patch graft; iliac |
| 35355 | | 1,103.87 | Thromboendarterectomy, with or without patch graft; iliofemoral |
| 35361 | | 1,653.49 | Thromboendarterectomy, with or without patch graft; combined aortoiliac |
| 35363 | | 1,769.52 | Thromboendarterectomy, with or without patch graft; combined aortoiliofemoral |
| 35371 | | 896.68 | Thromboendarterectomy, with or without patch graft; common femoral |
| 35372 | | 1,073.73 | Thromboendarterectomy, with or without patch graft; deep (profunda) femoral |
| 35381 | | 991.42 | Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal |
| 35390 | | 179.19 | Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure) |
| 35400 | | 172.64 | Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure) |
| 35450 | | 579.58 | Transluminal balloon angioplasty, open; renal or other visceral artery |
| 35452 | | 421.42 | Transluminal balloon angioplasty, open; aortic |
| 35454 | | 371.40 | Transluminal balloon angioplasty, open; iliac |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 35456 | | 445.17 | Transluminal balloon angioplasty, open; femoral-popliteal |
| 35458 | | 565.81 | Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel |
| 35459 | | 513.29 | Transluminal balloon angioplasty, open; tibioperoneal trunk and branches |
| 35460 | | 364.35 | Transluminal balloon angioplasty, open; venous |
| 35470 | | 505.35 | Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel |
| 35471 | | 584.57 | Transluminal balloon angioplasty, percutaneous; renal or visceral artery |
| 35472 | | 410.87 | Transluminal balloon angioplasty, percutaneous; aortic |
| 35473 | | 362.78 | Transluminal balloon angioplasty, percutaneous; iliac |
| 35474 | | 412.97 | Transluminal balloon angioplasty, percutaneous; femoral-popliteal |
| 35475 | | 545.73 | Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel |
| 35476 | | 357.43 | Transluminal balloon angioplasty, percutaneous; venous |
| 35480 | | 647.97 | Transluminal peripheral atherectomy, open; renal or other visceral artery |
| 35481 | | 463.58 | Transluminal peripheral atherectomy, open; aortic |
| 35482 | | 407.64 | Transluminal peripheral atherectomy, open; iliac |
| 35483 | | 483.69 | Transluminal peripheral atherectomy, open; femoral-popliteal |
| 35484 | | 612.03 | Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel |
| 35485 | | 567.02 | Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches |
| 35490 | | 635.41 | Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery |
| 35491 | | 443.40 | Transluminal peripheral atherectomy, percutaneous; aortic |
| 35492 | | 400.46 | Transluminal peripheral atherectomy, percutaneous; iliac |
| 35493 | | 482.78 | Transluminal peripheral atherectomy, percutaneous; femoral-popliteal |
| 35494 | | 595.81 | Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel |
| 35495 | | 561.14 | Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches |
| 35500 | | 351.22 | Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| 35501 | | 1,165.52 | Bypass graft, with vein; carotid |
| 35506 | | 1,225.77 | Bypass graft, with vein; carotid-subclavian |
| 35507 | | 1,221.57 | Bypass graft, with vein; subclavian-carotid |
| 35508 | | 1,186.34 | Bypass graft, with vein; carotid-vertebral |
| 35509 | | 1,128.01 | Bypass graft, with vein; carotid-carotid |
| 35510 | | 1,357.88 | Bypass graft, with vein; carotid-brachial |
| 35511 | | 1,257.12 | Bypass graft, with vein; subclavian-subclavian |
| 35512 | | 1,331.86 | Bypass graft, with vein; subclavian-brachial |
| 35515 | | 1,177.32 | Bypass graft, with vein; subclavian-vertebral |
| 35516 | | 971.08 | Bypass graft, with vein; subclavian-axillary |
| 35518 | | 1,243.03 | Bypass graft, with vein; axillary-axillary |
| 35521 | | 1,318.07 | Bypass graft, with vein; axillary-femoral |
| 35522 | | 1,293.00 | Bypass graft, with vein; axillary-brachial |
| 35525 | | 1,233.94 | Bypass graft, with vein; brachial-brachial |
| 35526 | | 1,736.24 | Bypass graft, with vein; aortosubclavian or carotid |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 35531 | | 2,081.40 | Bypass graft, with vein; aortoceliac or aortomesenteric |
| 35533 | | 1,635.39 | Bypass graft, with vein; axillary-femoral-femoral |
| 35536 | | 1,836.29 | Bypass graft, with vein; splenorenal |
| 35541 | | 1,544.60 | Bypass graft, with vein; aortoiliac or bi-iliac |
| 35546 | | 1,524.36 | Bypass graft, with vein; aortofemoral or bifemoral |
| 35548 | | 1,299.51 | Bypass graft, with vein; aortoiliofemoral, unilateral |
| 35549 | | 1,418.42 | Bypass graft, with vein; aortoiliofemoral, bilateral |
| 35551 | | 1,606.97 | Bypass graft, with vein; aortofemoral-popliteal |
| 35556 | | 1,320.94 | Bypass graft, with vein; femoral-popliteal |
| 35558 | | 1,259.86 | Bypass graft, with vein; femoral-femoral |
| 35560 | | 1,867.10 | Bypass graft, with vein; aortorenal |
| 35563 | | 1,417.52 | Bypass graft, with vein; ilioiliac |
| 35565 | | 1,364.23 | Bypass graft, with vein; iliofemoral |
| 35566 | | 1,605.46 | Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels |
| 35571 | | 1,443.07 | Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels |
| 35572 | | 378.24 | Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure) |
| 35582 | | 1,623.85 | In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ) |
| 35583 | | 1,364.30 | In-situ vein bypass; femoral-popliteal |
| 35585 | | 1,704.47 | In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery |
| 35587 | | 1,496.84 | In-situ vein bypass; popliteal-tibial, peroneal |
| 35600 | | 276.59 | Harvest of upper extremity artery, one segment, for coronary artery bypass procedure |
| 35601 | | 1,099.11 | Bypass graft, with other than vein; carotid |
| 35606 | | 1,164.90 | Bypass graft, with other than vein; carotid-subclavian |
| 35612 | | 989.49 | Bypass graft, with other than vein; subclavian-subclavian |
| 35616 | | 1,001.00 | Bypass graft, with other than vein; subclavian-axillary |
| 35621 | | 1,181.11 | Bypass graft, with other than vein; axillary-femoral |
| 35623 | | 1,416.81 | Bypass graft, with other than vein; axillary-popliteal or -tibial |
| 35626 | | 1,656.71 | Bypass graft, with other than vein; aortosubclavian or carotid |
| 35631 | | 1,967.62 | Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal |
| 35636 | | 1,717.31 | Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis) |
| 35641 | | 1,495.61 | Bypass graft, with other than vein; aortoiliac or bi-iliac |
| 35642 | | 1,111.05 | Bypass graft, with other than vein; carotid-vertebral |
| 35645 | | 1,076.93 | Bypass graft, with other than vein; subclavian-vertebral |
| 35646 | | 1,852.79 | Bypass graft, with other than vein; aortobifemoral |
| 35647 | | 1,671.38 | Bypass graft, with other than vein; aortofemoral |
| 35650 | | 1,128.83 | Bypass graft, with other than vein; axillary-axillary |
| 35651 | | 1,493.27 | Bypass graft, with other than vein; aortofemoral-popliteal |
| 35654 | | 1,468.16 | Bypass graft, with other than vein; axillary-femoral-femoral |
| 35656 | | 1,179.62 | Bypass graft, with other than vein; femoral-popliteal |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 35661 | | 1,147.34 | Bypass graft, with other than vein; femoral-femoral |
| 35663 | | 1,306.95 | Bypass graft, with other than vein; ilioiliac |
| 35665 | | 1,253.98 | Bypass graft, with other than vein; iliofemoral |
| 35666 | | 1,366.71 | Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery |
| 35671 | | 1,186.19 | Bypass graft, with other than vein; popliteal-tibial or -peroneal artery |
| 35681 | | 89.27 | Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure) |
| 35682 | | 402.29 | Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure) |
| 35683 | | 474.84 | Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure) |
| 35685 | | 218.25 | Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure) |
| 35686 | | 181.08 | Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure) |
| 35691 | | 1,110.10 | Transposition and/or reimplantation; vertebral to carotid artery |
| 35693 | | 970.66 | Transposition and/or reimplantation; vertebral to subclavian artery |
| 35694 | | 1,162.67 | Transposition and/or reimplantation; subclavian to carotid artery |
| 35695 | | 1,163.08 | Transposition and/or reimplantation; carotid to subclavian artery |
| 35697 | | 168.84 | Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure) |
| 35700 | | 172.46 | Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure) |
| 35701 | | 561.61 | Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery |
| 35721 | | 480.52 | Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery |
| 35741 | | 521.44 | Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery |
| 35761 | | 395.28 | Exploration (not followed by surgical repair), with or without lysis of artery; other vessels |
| 35800 | | 490.12 | Exploration for postoperative hemorrhage, thrombosis or infection; neck |
| 35820 | | 846.63 | Exploration for postoperative hemorrhage, thrombosis or infection; chest |
| 35840 | | 630.27 | Exploration for postoperative hemorrhage, thrombosis or infection; abdomen |
| 35860 | | 402.85 | Exploration for postoperative hemorrhage, thrombosis or infection; extremity |
| 35870 | | 1,337.79 | Repair of graft-enteric fistula |
| 35875 | 09 | 637.22 | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); |
| 35876 | 09 | 1,027.96 | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft |
| 35879 | | 978.18 | Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty |
| 35881 | | 1,098.68 | Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition |
| 35901 | | 567.10 | Excision of infected graft; neck |
| 35903 | | 644.25 | Excision of infected graft; extremity |
| 35905 | | 1,813.19 | Excision of infected graft; thorax |
| 35907 | | 1,991.34 | Excision of infected graft; abdomen |
| 36000 | | 32.38 | Introduction of needle or intracatheter, vein |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 36002 | | 200.18 | Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm |
| 36005 | | 394.37 | Injection procedure for extremity venography (including introduction of needle or intracatheter) |
| 36010 | | 130.64 | Introduction of catheter, superior or inferior vena cava |
| 36011 | | 168.13 | Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein) |
| 36012 | | 187.14 | Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus) |
| 36013 | | 129.15 | Introduction of catheter, right heart or main pulmonary artery |
| 36014 | | 160.72 | Selective catheter placement, left or right pulmonary artery |
| 36015 | | 186.54 | Selective catheter placement, segmental or subsegmental pulmonary artery |
| 36100 | | 166.85 | Introduction of needle or intracatheter, carotid or vertebral artery |
| 36120 | | 107.10 | Introduction of needle or intracatheter; retrograde brachial artery |
| 36140 | | 106.97 | Introduction of needle or intracatheter; extremity artery |
| 36145 | | 107.22 | Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft) |
| 36160 | | 138.06 | Introduction of needle or intracatheter, aortic, translumbar |
| 36200 | | 162.28 | Introduction of catheter, aorta |
| 36215 | | 250.81 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family |
| 36216 | | 281.62 | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family |
| 36217 | | 339.10 | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family |
| 36218 | | 54.64 | Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) |
| 36245 | | 254.06 | Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| 36246 | | 283.49 | Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| 36247 | | 337.42 | Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| 36248 | | 54.94 | Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) |
| 36260 | 03 | 608.63 | Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver) |
| 36261 | 02 | 377.42 | Revision of implanted intra-arterial infusion pump |
| 36262 | 01 | 283.58 | Removal of implanted intra-arterial infusion pump |
| 36299 | | I.C. | Unlisted procedure, vascular injection |
| 36400 | | 26.85 | Venipuncture, under age 3 years, necessitating physicianÆs skill, not to be used for routine venipuncture; femoral or jugular vein |
| 36405 | | 23.37 | Venipuncture, under age 3 years, necessitating physicianÆs skill, not to be used for routine venipuncture; scalp vein |
| 36406 | | 19.73 | Venipuncture, under age 3 years, necessitating physicianÆs skill, not to be used for routine venipuncture; other vein |
| 36410 | | 19.73 | Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| 36415 | | I.C. | Collection of venous blood by venipuncture |
| 36416 | | I.C. | Collection of capillary blood specimen (eg, finger, heel, ear stick) |
| 36420 | | 170.38 | Venipuncture, cutdown; under age 1 year |
| 36425 | | 39.73 | Venipuncture, cutdown; age 1 or over |
| 36430 | | 44.37 | Transfusion, blood or blood components |
| 36440 | | 54.49 | Push transfusion, blood, 2 years or under |
| 36450 | | 119.72 | Exchange transfusion, blood; newborn |
| 36455 | | 138.23 | Exchange transfusion, blood; other than newborn |
| 36460 | | 363.37 | Transfusion, intrauterine, fetal |
| 36468 | | I.C. | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk |
| 36469 | | I.C. | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face |
| 36470 | | 159.36 | Injection of sclerosing solution; single vein |
| 36471 | | 194.02 | Injection of sclerosing solution; multiple veins, same leg |
| 36481 | | 594.19 | Percutaneous portal vein catheterization by any method |
| 36500 | | 195.21 | Venous catheterization for selective organ blood sampling |
| 36510 | | 200.86 | Catheterization of umbilical vein for diagnosis or therapy, newborn |
| 36511 | | 97.64 | Therapeutic apheresis; for white blood cells |
| 36512 | | 97.64 | Therapeutic apheresis; for red blood cells |
| 36513 | | 97.64 | Therapeutic apheresis; for platelets |
| 36514 | | 97.64 | Therapeutic apheresis; for plasma pheresis |
| 36515 | | 98.49 | Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion |
| 36516 | | 69.60 | Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion |
| 36522 | | 1,343.90 | Photopheresis, extracorporeal |
| 36540 | | I.C. | Collection of blood specimen from a completely implantable venous access device |
| 36550 | | 27.53 | Declotting by thrombolytic agent of implanted vascular access device or catheter |
| 36555 | 01 | 360.28 | Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age |
| 36556 | 01 | 343.88 | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older |
| 36557 | 02 | 781.24 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age |
| 36558 | 02 | 765.29 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older |
| 36560 | 03 | 1,483.48 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age |
| 36561 | 03 | 1,470.68 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older |
| 36563 | 03 | 1,859.46 | Insertion of tunneled centrally inserted central venous access device with subcutaneous pump |
| 36565 | 03 | 1,177.29 | Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter) |
| 36566 | 03 | 1,229.86 | Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s) |
| 36568 | 01 | 423.94 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 36569 | 01 | 384.95 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older |
| 36570 | 03 | 1,915.47 | Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age |
| 36571 | 03 | 1,719.55 | Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older |
| 36575 | 02 | 184.17 | Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site |
| 36576 | 02 | 462.99 | Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site |
| 36578 | 02 | 593.60 | Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site |
| 36580 | 01 | 339.16 | Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access |
| 36581 | 02 | 706.42 | Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access |
| 36582 | 03 | 1,335.97 | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access |
| 36583 | 03 | 768.77 | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access |
| 36584 | 01 | 354.82 | Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access |
| 36585 | 03 | 1,693.10 | Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access |
| 36589 | 01 | 185.84 | Removal of tunneled central venous catheter, without subcutaneous port or pump |
| 36590 | 01 | 406.94 | Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion |
| 36595 | | 974.63 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access |
| 36596 | | 214.84 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen |
| 36597 | | 181.78 | Repositioning of previously placed central venous catheter under fluoroscopic guidance |
| 36600 | | 32.90 | Arterial puncture, withdrawal of blood for diagnosis |
| 36620 | | 55.58 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous |
| 36625 | | 107.19 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown |
| 36640 | 01 | 130.05 | Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown |
| 36660 | | 74.34 | Catheterization, umbilical artery, newborn, for diagnosis or therapy |
| 36680 | | 68.91 | Placement of needle for intraosseous infusion |
| 36800 | 03 | 174.23 | Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein |
| 36810 | 03 | 234.97 | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type) |
| 36815 | 03 | 157.42 | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure |
| 36819 | 03 | 853.35 | Arteriovenous anastomosis, open; by upper arm basilic vein transposition |
| 36820 | 03 | 853.35 | Arteriovenous anastomosis, open; by forearm vein transposition |
| 36821 | 03 | 570.00 | Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 36822 | | 416.07 | Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) |
| 36823 | | 1,269.27 | Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites |
| 36825 | 04 | 626.64 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft |
| 36830 | 04 | 722.86 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) |
| 36831 | 09 | 497.14 | Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) |
| 36832 | 04 | 637.90 | Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) |
| 36833 | 04 | 717.97 | Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) |
| 36834 | | 615.23 | Plastic repair of arteriovenous aneurysm (separate procedure) |
| 36835 | 04 | 483.09 | Insertion of Thomas shunt (separate procedure) |
| 36838 | | 1,261.05 | Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome) |
| 36860 | 02 | 184.36 | External cannula declotting (separate procedure); without balloon catheter |
| 36861 | 03 | 162.52 | External cannula declotting (separate procedure); with balloon catheter |
| 36870 | 09 | 2,183.00 | Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis) |
| 37140 | | 1,374.86 | Venous anastomosis, open; portocaval |
| 37145 | | 1,476.94 | Venous anastomosis, open; renoportal |
| 37160 | | 1,283.71 | Venous anastomosis, open; caval-mesenteric |
| 37180 | | 1,457.89 | Venous anastomosis, open; splenorenal, proximal |
| 37181 | | 1,567.38 | Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique) |
| 37182 | | 958.22 | Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation) |
| 37183 | | 446.73 | Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation) |
| 37195 | | 354.40 | Thrombolysis, cerebral, by intravenous infusion |
| 37200 | | 241.71 | Transcatheter biopsy |
| 37201 | | 303.10 | Transcatheter therapy, infusion for thrombolysis other than coronary |
| 37202 | | 355.34 | Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive) |
| 37203 | | 304.35 | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter) |
| 37204 | | 965.90 | Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck |
| 37205 | | 485.11 | Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel |
| 37206 | | 224.17 | Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 37207 | | 477.58 | Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel |
| 37208 | | 229.85 | Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure) |
| 37209 | | 121.12 | Exchange of a previously placed arterial catheter during thrombolytic therapy |
| 37250 | | 117.10 | Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure) |
| 37251 | | 88.62 | Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure) |
| 37500 | | 728.59 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) |
| 37501 | | I.C. | Unlisted vascular endoscopy procedure |
| 37565 | | 663.90 | Ligation, internal jugular vein |
| 37600 | | 719.05 | Ligation; external carotid artery |
| 37605 | | 814.07 | Ligation; internal or common carotid artery |
| 37606 | | 458.42 | Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp |
| 37607 | 03 | 407.54 | Ligation or banding of angioaccess arteriovenous fistula |
| 37609 | 02 | 318.75 | Ligation or biopsy, temporal artery |
| 37615 | | 410.07 | Ligation, major artery (eg, post-traumatic, rupture); neck |
| 37616 | | 1,034.51 | Ligation, major artery (eg, post-traumatic, rupture); chest |
| 37617 | | 1,280.59 | Ligation, major artery (eg, post-traumatic, rupture); abdomen |
| 37618 | | 352.96 | Ligation, major artery (eg, post-traumatic, rupture); extremity |
| 37620 | | 665.58 | Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device) |
| 37650 | 02 | 513.12 | Ligation of femoral vein |
| 37660 | | 1,216.67 | Ligation of common iliac vein |
| 37700 | 02 | 273.13 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions |
| 37720 | 03 | 392.49 | Ligation and division and complete stripping of long or short saphenous veins |
| 37730 | 03 | 484.34 | Ligation and division and complete stripping of long and short saphenous veins |
| 37735 | 03 | 672.15 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia |
| 37760 | 03 | 661.04 | Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open |
| 37765 | | 482.99 | Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions |
| 37766 | | 586.45 | Stab phlebectomy of varicose veins, one extremity; more than 20 incisions |
| 37780 | 03 | 280.53 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) |
| 37785 | 03 | 375.79 | Ligation, division, and/or excision of varicose vein cluster(s), one leg |
| 37788 | | 1,269.36 | Penile revascularization, artery, with or without vein graft |
| 37790 | 03 | 527.87 | Penile venous occlusive procedure |
| 37799 | | I.C. | Unlisted procedure, vascular surgery |
| 38100 | | 855.74 | Splenectomy; total (separate procedure) |
| 38101 | | 903.74 | Splenectomy; partial (separate procedure) |
| 38102 | | 267.88 | Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure) |
| 38115 | | 928.93 | Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 38120 | | 1,015.82 | Laparoscopy, surgical, splenectomy |
| 38129 | | I.C. | Unlisted laparoscopy procedure, spleen |
| 38200 | | 141.27 | Injection procedure for splenoportography |
| 38204 | | I.C. | Management of recipient hematopoietic progenitor cell donor search and cell acquisition |
| 38205 | | 86.61 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic |
| 38206 | | 86.61 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous |
| 38207 | | I.C. | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage |
| 38208 | | I.C. | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing |
| 38209 | | I.C. | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing |
| 38210 | | I.C. | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion |
| 38211 | | I.C. | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion |
| 38212 | | I.C. | Transplant preparation of hematopoietic progenitor cells; red blood cell removal |
| 38213 | | I.C. | Transplant preparation of hematopoietic progenitor cells; platelet depletion |
| 38214 | | I.C. | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion |
| 38215 | | I.C. | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer |
| 38220 | | 209.70 | Bone marrow; aspiration only |
| 38221 | | 229.79 | Bone marrow; biopsy, needle or trocar |
| 38230 | | 309.66 | Bone marrow harvesting for transplantation |
| 38240 | | 130.89 | Bone marrow or blood-derived peripheral stem cell transplantation; allogenic |
| 38241 | | 131.31 | Bone marrow or blood-derived peripheral stem cell transplantation; autologous |
| 38242 | | 98.74 | Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions |
| 38300 | 01 | 266.76 | Drainage of lymph node abscess or lymphadenitis; simple |
| 38305 | 02 | 490.86 | Drainage of lymph node abscess or lymphadenitis; extensive |
| 38308 | 02 | 502.15 | Lymphangiotomy or other operations on lymphatic channels |
| 38380 | | 546.23 | Suture and/or ligation of thoracic duct; cervical approach |
| 38381 | | 834.77 | Suture and/or ligation of thoracic duct; thoracic approach |
| 38382 | | 664.10 | Suture and/or ligation of thoracic duct; abdominal approach |
| 38500 | 02 | 310.57 | Biopsy or excision of lymph node(s); open, superficial |
| 38505 | 01 | 136.08 | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) |
| 38510 | 02 | 494.06 | Biopsy or excision of lymph node(s); open, deep cervical node(s) |
| 38520 | 02 | 443.30 | Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad |
| 38525 | 02 | 387.55 | Biopsy or excision of lymph node(s); open, deep axillary node(s) |
| 38530 | 02 | 511.35 | Biopsy or excision of lymph node(s); open, internal mammary node(s) |
| 38542 | 02 | 430.60 | Dissection, deep jugular node(s) |
| 38550 | 03 | 453.66 | Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection |
| 38555 | 04 | 948.61 | Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection |
| 38562 | | 675.67 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic |
| 38564 | | 669.45 | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 38570 | 09 | 546.61 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple |
| 38571 | 09 | 817.68 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy |
| 38572 | 09 | 969.30 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple |
| 38589 | | I.C. | Unlisted laparoscopy procedure, lymphatic system |
| 38700 | | 672.97 | Suprahyoid lymphadenectomy |
| 38720 | | 1,016.31 | Cervical lymphadenectomy (complete) |
| 38724 | | 1,075.16 | Cervical lymphadenectomy (modified radical neck dissection) |
| 38740 | 02 | 613.56 | Axillary lymphadenectomy; superficial |
| 38745 | 04 | 786.87 | Axillary lymphadenectomy; complete |
| 38746 | | 272.11 | Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure) |
| 38747 | | 272.84 | Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure) |
| 38760 | 02 | 780.74 | Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure) |
| 38765 | | 1,182.61 | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| 38770 | | 778.75 | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| 38780 | | 1,031.35 | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure) |
| 38790 | | 525.76 | Injection procedure; lymphangiography |
| 38792 | | 39.66 | Injection procedure; for identification of sentinel node |
| 38794 | | 317.06 | Cannulation, thoracic duct |
| 38999 | | I.C. | Unlisted procedure, hemic or lymphatic system |
| 39000 | | 454.17 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach |
| 39010 | | 777.79 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy |
| 39200 | | 860.02 | Excision of mediastinal cyst |
| 39220 | | 1,092.06 | Excision of mediastinal tumor |
| 39400 | | 441.35 | Mediastinoscopy, with or without biopsy |
| 39499 | | I.C. | Unlisted procedure, mediastinum |
| 39501 | | 821.26 | Repair, laceration of diaphragm, any approach |
| 39502 | | 979.43 | Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal |
| 39503 | | 5,119.35 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia |
| 39520 | | 1,014.52 | Repair, diaphragmatic hernia (esophageal hiatal); transthoracic |
| 39530 | | 943.84 | Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal |
| 39531 | | 998.76 | Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty) |
| 39540 | | 816.47 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute |
| 39541 | | 877.85 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic |
| 39545 | | 880.72 | Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 39560 | | 768.32 | Resection, diaphragm; with simple repair (eg, primary suture) |
| 39561 | | 1,126.41 | Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap) |
| 39599 | | I.C. | Unlisted procedure, diaphragm |
| 40490 | | 126.09 | Biopsy of lip |
| 40500 | 02 | 428.41 | Vermilionectomy (lip shave), with mucosal advancement |
| 40510 | 02 | 478.14 | Excision of lip; transverse wedge excision with primary closure |
| 40520 | 02 | 500.01 | Excision of lip; V-excision with primary direct linear closure |
| 40525 | 02 | 599.79 | Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) |
| 40527 | 02 | 704.51 | Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander) |
| 40530 | 02 | 497.30 | Resection of lip, more than one-fourth, without reconstruction |
| 40650 | 03 | 381.94 | Repair lip, full thickness; vermilion only |
| 40652 | 03 | 448.36 | Repair lip, full thickness; up to half vertical height |
| 40654 | 03 | 519.08 | Repair lip, full thickness; over one-half vertical height, or complex |
| 40700 | 07 | 916.03 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| 40701 | 07 | 1,143.13 | Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure |
| 40702 | 01 | 884.62 | Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages |
| 40720 | 07 | 1,000.21 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |
| 40761 | 03 | 1,061.42 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle |
| 40799 | | I.C. | Unlisted procedure, lips |
| 40800 | | 140.58 | Drainage of abscess, cyst, hematoma, vestibule of mouth; simple |
| 40801 | 02 | 235.63 | Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated |
| 40804 | | 157.55 | Removal of embedded foreign body, vestibule of mouth; simple |
| 40805 | 02 | 250.64 | Removal of embedded foreign body, vestibule of mouth; complicated |
| 40806 | 01 | 70.04 | Incision of labial frenum (frenotomy) |
| 40808 | | 135.13 | Biopsy, vestibule of mouth |
| 40810 | | 153.03 | Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair |
| 40812 | | 229.99 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair |
| 40814 | 02 | 337.70 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair |
| 40816 | 02 | 354.89 | Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle |
| 40818 | 01 | 313.49 | Excision of mucosa of vestibule of mouth as donor graft |
| 40819 | 01 | 281.81 | Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy) |
| 40820 | | 164.66 | Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical) |
| 40830 | 01 | 200.88 | Closure of laceration, vestibule of mouth; 2.5 cm or less |
| 40831 | 01 | 252.44 | Closure of laceration, vestibule of mouth; over 2.5 cm or complex |
| 40840 | 02 | 719.00 | Vestibuloplasty; anterior |
| 40842 | 03 | 718.12 | Vestibuloplasty; posterior, unilateral |
| 40843 | 03 | 944.04 | Vestibuloplasty; posterior, bilateral |
| 40844 | 05 | 1,244.63 | Vestibuloplasty; entire arch |
| 40845 | 05 | 1,419.48 | Vestibuloplasty; complex (including ridge extension, muscle repositioning) |
| 40899 | | I.C. | Unlisted procedure, vestibule of mouth |
| 41000 | 01 | 156.44 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual |
| 41005 | 01 | 163.36 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | superficial |
| 41006 | 01 | 315.81 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid |
| 41007 | 01 | 300.36 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space |
| 41008 | 01 | 326.36 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space |
| 41009 | 01 | 348.87 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space |
| 41010 | 01 | 187.92 | Incision of lingual frenum (frenotomy) |
| 41015 | 01 | 385.40 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual |
| 41016 | 01 | 393.04 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental |
| 41017 | 01 | 390.74 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular |
| 41018 | 01 | 449.03 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space |
| 41100 | | 173.58 | Biopsy of tongue; anterior two-thirds |
| 41105 | 02 | 160.85 | Biopsy of tongue; posterior one-third |
| 41108 | 02 | 135.33 | Biopsy of floor of mouth |
| 41110 | 01 | 167.07 | Excision of lesion of tongue without closure |
| 41112 | 02 | 289.30 | Excision of lesion of tongue with closure; anterior two-thirds |
| 41113 | 02 | 322.60 | Excision of lesion of tongue with closure; posterior one-third |
| 41114 | 02 | 710.97 | Excision of lesion of tongue with closure; with local tongue flap |
| 41115 | 01 | 215.00 | Excision of lingual frenum (frenectomy) |
| 41116 | 01 | 276.20 | Excision, lesion of floor of mouth |
| 41120 | 05 | 712.77 | Glossectomy; less than one-half tongue |
| 41130 | | 801.51 | Glossectomy; hemiglossectomy |
| 41135 | | 1,554.72 | Glossectomy; partial, with unilateral radical neck dissection |
| 41140 | | 1,703.97 | Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection |
| 41145 | | 2,016.37 | Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection |
| 41150 | | 1,580.95 | Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection |
| 41153 | | 1,629.42 | Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection |
| 41155 | | 1,875.34 | Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) |
| 41250 | 02 | 206.84 | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue |
| 41251 | 02 | 243.11 | Repair of laceration 2.5 cm or less; posterior one-third of tongue |
| 41252 | 02 | 295.76 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex |
| 41500 | 01 | 301.84 | Fixation of tongue, mechanical, other than suture (eg, K-wire) |
| 41510 | 01 | 267.97 | Suture of tongue to lip for micrognathia (Douglas type procedure) |
| 41520 | 02 | 281.41 | Frenoplasty (surgical revision of frenum, eg, with Z-plasty) |
| 41599 | | I.C. | Unlisted procedure, tongue, floor of mouth |
| 41800 | 01 | 159.55 | Drainage of abscess, cyst, hematoma from dentoalveolar structures |
| 41805 | 01 | 165.14 | Removal of embedded foreign body from dentoalveolar structures; soft tissues |
| 41806 | 01 | 262.13 | Removal of embedded foreign body from dentoalveolar structures; bone |
| 41820 | 01 | I.C. | Gingivectomy, excision gingiva, each quadrant |
| 41821 | | I.C. | Operculectomy, excision pericoronal tissues |
| 41822 | | 268.22 | Excision of fibrous tuberosities, dentoalveolar structures |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 41823 | | 380.28 | Excision of osseous tuberosities, dentoalveolar structures |
| 41825 | 01 | 190.84 | Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair |
| 41826 | 01 | 255.70 | Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair |
| 41827 | 02 | 374.07 | Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair |
| 41828 | | 309.26 | Excision of hyperplastic alveolar mucosa, each quadrant (specify) |
| 41830 | 01 | 341.32 | Alveolectomy, including curettage of osteitis or sequestrectomy |
| 41850 | 01 | I.C. | Destruction of lesion (except excision), dentoalveolar structures |
| 41870 | | I.C. | Periodontal mucosal grafting |
| 41872 | | 299.44 | Gingivoplasty, each quadrant (specify) |
| 41874 | | 322.20 | Alveoloplasty, each quadrant (specify) |
| 41899 | | I.C. | Unlisted procedure, dentoalveolar structures |
| 42000 | 02 | 164.64 | Drainage of abscess of palate, uvula |
| 42100 | 02 | 148.69 | Biopsy of palate, uvula |
| 42104 | 02 | 182.39 | Excision, lesion of palate, uvula; without closure |
| 42106 | 02 | 241.70 | Excision, lesion of palate, uvula; with simple primary closure |
| 42107 | 02 | 434.63 | Excision, lesion of palate, uvula; with local flap closure |
| 42120 | 04 | 482.56 | Resection of palate or extensive resection of lesion |
| 42140 | 02 | 169.83 | Uvulectomy, excision of uvula |
| 42145 | 05 | 602.22 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) |
| 42160 | 01 | 224.01 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) |
| 42180 | 01 | 243.65 | Repair, laceration of palate; up to 2 cm |
| 42182 | 02 | 332.26 | Repair, laceration of palate; over 2 cm or complex |
| 42200 | 05 | 866.66 | Palatoplasty for cleft palate, soft and/or hard palate only |
| 42205 | 05 | 924.24 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| 42210 | 05 | 1,034.48 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) |
| 42215 | 07 | 685.27 | Palatoplasty for cleft palate; major revision |
| 42220 | 05 | 516.79 | Palatoplasty for cleft palate; secondary lengthening procedure |
| 42225 | 05 | 709.27 | Palatoplasty for cleft palate; attachment pharyngeal flap |
| 42226 | 05 | 735.29 | Lengthening of palate, and pharyngeal flap |
| 42227 | 01 | 693.22 | Lengthening of palate, with island flap |
| 42235 | 05 | 539.62 | Repair of anterior palate, including vomer flap |
| 42260 | 04 | 789.15 | Repair of nasolabial fistula |
| 42280 | | 146.58 | Maxillary impression for palatal prosthesis |
| 42281 | 03 | 200.97 | Insertion of pin-retained palatal prosthesis |
| 42299 | | I.C. | Unlisted procedure, palate, uvula |
| 42300 | 01 | 202.53 | Drainage of abscess; parotid, simple |
| 42305 | 02 | 453.68 | Drainage of abscess; parotid, complicated |
| 42310 | 01 | 161.37 | Drainage of abscess; submaxillary or sublingual, intraoral |
| 42320 | 01 | 243.30 | Drainage of abscess; submaxillary, external |
| 42325 | 02 | 259.23 | Fistulization of sublingual salivary cyst (ranula); |
| 42326 | 02 | 345.84 | Fistulization of sublingual salivary cyst (ranula); with prosthesis |
| 42330 | 03 | 228.15 | Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral |
| 42335 | | 297.62 | Sialolithotomy; submandibular (submaxillary), complicated, intraoral |
| 42340 | 02 | 402.06 | Sialolithotomy; parotid, extraoral or complicated intraoral |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 42400 | 01 | 105.28 | Biopsy of salivary gland; needle |
| 42405 | 02 | 308.55 | Biopsy of salivary gland; incisional |
| 42408 | 03 | 396.00 | Excision of sublingual salivary cyst (ranula) |
| 42409 | 03 | 262.81 | Marsupialization of sublingual salivary cyst (ranula) |
| 42410 | 03 | 659.63 | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection |
| 42415 | 07 | 1,156.03 | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve |
| 42420 | 07 | 1,328.40 | Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve |
| 42425 | 07 | 907.95 | Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve |
| 42426 | | 1,423.39 | Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection |
| 42440 | 03 | 494.35 | Excision of submandibular (submaxillary) gland |
| 42450 | 02 | 424.73 | Excision of sublingual gland |
| 42500 | 03 | 402.73 | Plastic repair of salivary duct, sialodochoplasty; primary or simple |
| 42505 | 04 | 539.43 | Plastic repair of salivary duct, sialodochoplasty; secondary or complicated |
| 42507 | 03 | 473.22 | Parotid duct diversion, bilateral (Wilke type procedure); |
| 42508 | 04 | 661.80 | Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland |
| 42509 | 04 | 834.34 | Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands |
| 42510 | 04 | 585.21 | Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts |
| 42550 | | 599.35 | Injection procedure for sialography |
| 42600 | 01 | 439.44 | Closure salivary fistula |
| 42650 | | 80.46 | Dilation salivary duct |
| 42660 | | 107.40 | Dilation and catheterization of salivary duct, with or without injection |
| 42665 | | 251.77 | Ligation salivary duct, intraoral |
| 42699 | | I.C. | Unlisted procedure, salivary glands or ducts |
| 42700 | 01 | 180.79 | Incision and drainage abscess; peritonsillar |
| 42720 | 01 | 430.56 | Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach |
| 42725 | 02 | 769.52 | Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach |
| 42800 | 01 | 150.02 | Biopsy; oropharynx |
| 42802 | 01 | 246.61 | Biopsy; hypopharynx |
| 42804 | 01 | 217.41 | Biopsy; nasopharynx, visible lesion, simple |
| 42806 | 02 | 237.03 | Biopsy; nasopharynx, survey for unknown primary lesion |
| 42808 | 02 | 226.66 | Excision or destruction of lesion of pharynx, any method |
| 42809 | | 172.54 | Removal of foreign body from pharynx |
| 42810 | 03 | 335.58 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues |
| 42815 | 05 | 513.90 | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx |
| 42820 | 03 | 303.54 | Tonsillectomy and adenoidectomy; under age 12 |
| 42821 | 05 | 327.32 | Tonsillectomy and adenoidectomy; age 12 or over |
| 42825 | 04 | 277.24 | Tonsillectomy, primary or secondary; under age 12 |
| 42826 | 04 | 270.79 | Tonsillectomy, primary or secondary; age 12 or over |
| 42830 | 04 | 213.96 | Adenoidectomy, primary; under age 12 |
| 42831 | 04 | 229.65 | Adenoidectomy, primary; age 12 or over |
| 42835 | 04 | 203.47 | Adenoidectomy, secondary; under age 12 |
| 42836 | 04 | 260.38 | Adenoidectomy, secondary; age 12 or over |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 42842 | | 636.27 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure |
| 42844 | | 999.17 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal) |
| 42845 | | 1,657.15 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap |
| 42860 | 03 | 198.17 | Excision of tonsil tags |
| 42870 | 03 | 418.97 | Excision or destruction lingual tonsil, any method (separate procedure) |
| 42890 | 07 | 913.92 | Limited pharyngectomy |
| 42892 | 07 | 1,096.34 | Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls |
| 42894 | | 1,556.32 | Resection of pharyngeal wall requiring closure with myocutaneous flap |
| 42900 | 01 | 367.67 | Suture pharynx for wound or injury |
| 42950 | 02 | 604.28 | Pharyngoplasty (plastic or reconstructive operation on pharynx) |
| 42953 | | 681.31 | Pharyngoesophageal repair |
| 42955 | 02 | 536.31 | Pharyngostomy (fistulization of pharynx, external for feeding) |
| 42960 | 01 | 178.47 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple |
| 42961 | | 429.26 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization |
| 42962 | 02 | 529.01 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention |
| 42970 | | 370.06 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery |
| 42971 | | 459.50 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization |
| 42972 | 03 | 521.21 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention |
| 42999 | | I.C. | Unlisted procedure, pharynx, adenoids, or tonsils |
| 43020 | | 570.17 | Esophagotomy, cervical approach, with removal of foreign body |
| 43030 | | 556.54 | Cricopharyngeal myotomy |
| 43045 | | 1,288.84 | Esophagotomy, thoracic approach, with removal of foreign body |
| 43100 | | 638.97 | Excision of lesion, esophagus, with primary repair; cervical approach |
| 43101 | | 1,011.73 | Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach |
| 43107 | | 2,347.71 | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal) |
| 43108 | | 2,026.96 | Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es) |
| 43112 | | 2,539.49 | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty |
| 43113 | | 2,125.42 | Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43116 | | 1,978.80 | Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction |
| 43117 | | 2,323.47 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) |
| 43118 | | 1,963.41 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 43121 | | 1,761.16 | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty |
| 43122 | | 2,319.42 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty |
| 43123 | | 1,991.17 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43124 | | 1,690.23 | Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy |
| 43130 | | 801.94 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach |
| 43135 | | 1,017.22 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach |
| 43200 | 01 | 232.90 | Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43201 | 01 | 281.14 | Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance |
| 43202 | 01 | 302.26 | Esophagoscopy, rigid or flexible; with biopsy, single or multiple |
| 43204 | 01 | 213.31 | Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices |
| 43205 | 01 | 214.18 | Esophagoscopy, rigid or flexible; with band ligation of esophageal varices |
| 43215 | 01 | 155.77 | Esophagoscopy, rigid or flexible; with removal of foreign body |
| 43216 | 01 | 145.64 | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 43217 | 01 | 401.88 | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43219 | 01 | 169.04 | Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent |
| 43220 | 01 | 125.12 | Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter) |
| 43226 | 01 | 137.12 | Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire |
| 43227 | 02 | 203.94 | Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 43228 | 02 | 217.39 | Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43231 | 02 | 183.56 | Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination |
| 43232 | 02 | 255.42 | Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| 43234 | 01 | 300.22 | Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) |
| 43235 | 01 | 307.38 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43236 | 02 | 381.63 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance |
| 43237 | | 226.05 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus |
| 43238 | | 280.45 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus) |
| 43239 | 02 | 348.55 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple |
| 43240 | 02 | 382.92 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst |
| 43241 | 02 | 150.82 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
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| | | | jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement |
| 43242 | 02 | 402.97 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate) |
| 43243 | 02 | 257.02 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices |
| 43244 | 02 | 282.29 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices |
| 43245 | 02 | 183.00 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie) |
| 43246 | 02 | 244.95 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube |
| 43247 | 02 | 193.62 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body |
| 43248 | 02 | 181.09 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire |
| 43249 | 02 | 167.45 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter) |
| 43250 | 02 | 183.88 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 43251 | 02 | 210.54 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43255 | 02 | 269.52 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method |
| 43256 | 03 | 246.67 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) |
| 43258 | 03 | 256.87 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43259 | 03 | 289.81 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate |
| 43260 | 02 | 331.65 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43261 | 02 | 348.58 | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple |
| 43262 | 02 | 409.05 | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy |
| 43263 | 02 | 401.92 | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) |
| 43264 | 02 | 491.16 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts |
| 43265 | 02 | 549.63 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method |
| 43267 | 02 | 408.63 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube |
| 43268 | 02 | 412.84 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct |
| 43269 | 02 | 450.10 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 43271 | 02 | 408.63 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) |
| 43272 | 02 | 409.05 | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43280 | | 1,021.93 | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) |
| 43289 | | I.C. | Unlisted laparoscopy procedure, esophagus |
| 43300 | | 649.60 | Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula |
| 43305 | | 1,158.25 | Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula |
| 43310 | | 1,541.11 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula |
| 43312 | | 1,698.41 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula |
| 43313 | | 2,750.69 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula |
| 43314 | | 3,022.18 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula |
| 43320 | | 1,198.78 | Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach |
| 43324 | | 1,208.44 | Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures) |
| 43325 | | 1,187.65 | Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure) |
| 43326 | | 1,203.56 | Esophagogastric fundoplasty; with gastroplasty (eg, Collis) |
| 43330 | | 1,161.38 | Esophagomyotomy (Heller type); abdominal approach |
| 43331 | | 1,242.22 | Esophagomyotomy (Heller type); thoracic approach |
| 43340 | | 1,174.49 | Esophagojejunostomy (without total gastrectomy); abdominal approach |
| 43341 | | 1,286.56 | Esophagojejunostomy (without total gastrectomy); thoracic approach |
| 43350 | | 994.31 | Esophagostomy, fistulization of esophagus, external; abdominal approach |
| 43351 | | 1,160.64 | Esophagostomy, fistulization of esophagus, external; thoracic approach |
| 43352 | | 977.09 | Esophagostomy, fistulization of esophagus, external; cervical approach |
| 43360 | | 2,091.56 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty |
| 43361 | | 2,368.22 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43400 | | 1,231.53 | Ligation, direct, esophageal varices |
| 43401 | | 1,297.55 | Transection of esophagus with repair, for esophageal varices |
| 43405 | | 1,218.05 | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation |
| 43410 | | 873.05 | Suture of esophageal wound or injury; cervical approach |
| 43415 | | 1,508.24 | Suture of esophageal wound or injury; transthoracic or transabdominal approach |
| 43420 | | 886.89 | Closure of esophagostomy or fistula; cervical approach |
| 43425 | | 1,288.19 | Closure of esophagostomy or fistula; transthoracic or transabdominal approach |
| 43450 | 01 | 160.67 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes |
| 43453 | 01 | 310.76 | Dilation of esophagus, over guide wire |
| 43456 | 02 | 681.63 | Dilation of esophagus, by balloon or dilator, retrograde |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 43458 | 02 | 397.80 | Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia |
| 43460 | | 213.23 | Esophagogastric tamponade, with balloon (Sengstaaken type) |
| 43496 | | I.C. | Free jejunum transfer with microvascular anastomosis |
| 43499 | | I.C. | Unlisted procedure, esophagus |
| 43500 | | 657.00 | Gastrotomy; with exploration or foreign body removal |
| 43501 | | 1,163.07 | Gastrotomy; with suture repair of bleeding ulcer |
| 43502 | | 1,338.26 | Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss) |
| 43510 | | 802.98 | Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin) |
| 43520 | | 630.05 | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) |
| 43600 | 01 | 119.34 | Biopsy of stomach; by capsule, tube, peroral (one or more specimens) |
| 43605 | | 708.86 | Biopsy of stomach; by laparotomy |
| 43610 | | 852.25 | Excision, local; ulcer or benign tumor of stomach |
| 43611 | | 1,042.19 | Excision, local; malignant tumor of stomach |
| 43620 | | 1,714.06 | Gastrectomy, total; with esophagoenterostomy |
| 43621 | | 1,750.79 | Gastrectomy, total; with Roux-en-Y reconstruction |
| 43622 | | 1,848.16 | Gastrectomy, total; with formation of intestinal pouch, any type |
| 43631 | | 1,310.95 | Gastrectomy, partial, distal; with gastroduodenostomy |
| 43632 | | 1,311.25 | Gastrectomy, partial, distal; with gastrojejunostomy |
| 43633 | | 1,339.03 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction |
| 43634 | | 1,452.08 | Gastrectomy, partial, distal; with formation of intestinal pouch |
| 43635 | | 114.69 | Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure) |
| 43638 | | 1,676.37 | Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy; |
| 43639 | | 1,695.15 | Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy; with pyloroplasty or pyloromyotomy |
| 43640 | | 1,003.00 | Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective |
| 43641 | | 1,017.96 | Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective) |
| 43651 | | 621.53 | Laparoscopy, surgical; transection of vagus nerves, truncal |
| 43652 | | 730.34 | Laparoscopy, surgical; transection of vagus nerves, selective or highly selective |
| 43653 | 09 | 497.20 | Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure) |
| 43659 | | I.C. | Unlisted laparoscopy procedure, stomach |
| 43750 | 02 | 295.60 | Percutaneous placement of gastrostomy tube |
| 43752 | | 37.20 | Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report) |
| 43760 | 01 | 113.43 | Change of gastrostomy tube |
| 43761 | | 112.70 | Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition |
| 43800 | | 804.58 | Pyloroplasty |
| 43810 | | 854.20 | Gastroduodenostomy |
| 43820 | | 893.33 | Gastrojejunostomy; without vagotomy |
| 43825 | | 1,117.70 | Gastrojejunostomy; with vagotomy, any type |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 43830 | | 589.60 | Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure) |
| 43831 | | 516.04 | Gastrostomy, open; neonatal, for feeding |
| 43832 | | 919.17 | Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure) |
| 43840 | | 916.57 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury |
| 43842 | | 1,093.51 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty |
| 43843 | | 1,099.93 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty |
| 43846 | | 1,413.33 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy |
| 43847 | | 1,568.20 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption |
| 43848 | | 1,709.54 | Revision of gastric restrictive procedure for morbid obesity (separate procedure) |
| 43850 | | 1,418.12 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy |
| 43855 | | 1,495.12 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy |
| 43860 | | 1,437.52 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy |
| 43865 | | 1,521.38 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy |
| 43870 | 01 | 582.63 | Closure of gastrostomy, surgical |
| 43880 | | 1,418.49 | Closure of gastrocolic fistula |
| 43999 | | I.C. | Unlisted procedure, stomach |
| 44005 | | 947.04 | Enterolysis (freeing of intestinal adhesion) (separate procedure) |
| 44010 | | 741.31 | Duodenotomy, for exploration, biopsy(s), or foreign body removal |
| 44015 | | 145.31 | Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure) |
| 44020 | | 822.37 | Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal |
| 44021 | | 826.55 | Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube) |
| 44025 | | 837.40 | Colotomy, for exploration, biopsy(s), or foreign body removal |
| 44050 | | 822.93 | Reduction of volvulus, intussusception, internal hernia, by laparotomy |
| 44055 | | 1,246.29 | Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure) |
| 44100 | 01 | 126.37 | Biopsy of intestine by capsule, tube, peroral (one or more specimens) |
| 44110 | | 703.04 | Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy |
| 44111 | | 842.30 | Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies |
| 44120 | | 992.86 | Enterectomy, resection of small intestine; single resection and anastomosis |
| 44121 | | 248.42 | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| 44125 | | 1,022.43 | Enterectomy, resection of small intestine; with enterostomy |
| 44126 | | 1,946.64 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering |
| 44127 | | 2,224.18 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 44128 | | 248.54 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| 44130 | | 853.93 | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure) |
| 44132 | | I.C. | Donor enterectomy, open, with preparation and maintenance of allograft; from cadaver donor |
| 44133 | | I.C. | Donor enterectomy, open, with preparation and maintenance of allograft; partial, from living donor |
| 44135 | | I.C. | Intestinal allotransplantation; from cadaver donor |
| 44136 | | I.C. | Intestinal allotransplantation; from living donor |
| 44139 | | 123.63 | Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) |
| 44140 | | 1,234.47 | Colectomy, partial; with anastomosis |
| 44141 | | 1,232.93 | Colectomy, partial; with skin level cecostomy or colostomy |
| 44143 | | 1,394.26 | Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure) |
| 44144 | | 1,287.61 | Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula |
| 44145 | | 1,533.37 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis) |
| 44146 | | 1,663.66 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy |
| 44147 | | 1,211.25 | Colectomy, partial; abdominal and transanal approach |
| 44150 | | 1,488.31 | Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy |
| 44151 | | 1,654.28 | Colectomy, total, abdominal, without proctectomy; with continent ileostomy |
| 44152 | | 1,625.79 | Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy |
| 44153 | | 1,849.70 | Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy |
| 44155 | | 1,697.51 | Colectomy, total, abdominal, with proctectomy; with ileostomy |
| 44156 | | 1,879.12 | Colectomy, total, abdominal, with proctectomy; with continent ileostomy |
| 44160 | | 1,097.00 | Colectomy, partial, with removal of terminal ileum with ileocolostomy |
| 44200 | | 859.18 | Laparoscopy, surgical; enterolysis (freeing of intestinal adhesion) (separate procedure) |
| 44201 | | 601.64 | Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding) |
| 44202 | | 1,286.81 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis |
| 44203 | | 247.16 | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure) |
| 44204 | | 1,458.16 | Laparoscopy, surgical; colectomy, partial, with anastomosis |
| 44205 | | 1,292.16 | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy |
| 44206 | | 1,569.13 | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure) |
| 44207 | | 1,698.73 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) |
| 44208 | | 1,843.69 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy |
| 44210 | | 1,635.56 | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy |
| 44211 | | 2,023.59 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 44212 | | 1,890.66 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy |
| 44238 | | I.C. | Unlisted laparoscopy procedure, intestine (except rectum) |
| 44239 | | I.C. | Unlisted laparoscopy procedure, rectum |
| 44300 | | 720.82 | Enterostomy or cecostomy, tube (eg, for decompression or feeding) (separate procedure) |
| 44310 | | 925.20 | Ileostomy or jejunostomy, non-tube (separate procedure) |
| 44312 | 01 | 491.43 | Revision of ileostomy; simple (release of superficial scar) (separate procedure) |
| 44314 | | 880.69 | Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure) |
| 44316 | | 1,207.68 | Continent ileostomy (Kock procedure) (separate procedure) |
| 44320 | | 1,035.27 | Colostomy or skin level cecostomy; (separate procedure) |
| 44322 | | 860.33 | Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure) |
| 44340 | 03 | 492.82 | Revision of colostomy; simple (release of superficial scar) (separate procedure) |
| 44345 | | 913.43 | Revision of colostomy; complicated (reconstruction in-depth) (separate procedure) |
| 44346 | | 996.25 | Revision of colostomy; with repair of paracolostomy hernia (separate procedure) |
| 44360 | 02 | 149.98 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44361 | 02 | 164.63 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple |
| 44363 | 02 | 197.52 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body |
| 44364 | 02 | 212.23 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 44365 | 02 | 189.59 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 44366 | 02 | 248.21 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 44369 | 02 | 252.66 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 44370 | 09 | 272.02 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation) |
| 44372 | 02 | 249.59 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube |
| 44373 | 02 | 199.63 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube |
| 44376 | 02 | 294.47 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44377 | 02 | 308.99 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple |
| 44378 | 02 | 396.23 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 44379 | 09 | 418.63 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation) |
| 44380 | 01 | 66.20 | Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44382 | 01 | 78.59 | Ileoscopy, through stoma; with biopsy, single or multiple |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 44383 | 09 | 169.62 | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation) |
| 44385 | 01 | 282.76 | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44386 | 01 | 359.77 | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple |
| 44388 | 01 | 329.61 | Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 44389 | 01 | 398.21 | Colonoscopy through stoma; with biopsy, single or multiple |
| 44390 | 01 | 437.11 | Colonoscopy through stoma; with removal of foreign body |
| 44391 | 01 | 533.87 | Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 44392 | 01 | 427.34 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 44393 | 01 | 482.90 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 44394 | 01 | 502.67 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 44397 | | 274.27 | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) |
| 44500 | | 34.25 | Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure) |
| 44602 | | 913.05 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation |
| 44603 | | 1,061.07 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations |
| 44604 | | 928.60 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy |
| 44605 | | 1,147.75 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy |
| 44615 | | 933.62 | Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction |
| 44620 | | 723.34 | Closure of enterostomy, large or small intestine; |
| 44625 | | 881.54 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal |
| 44626 | | 1,462.34 | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure) |
| 44640 | | 1,231.44 | Closure of intestinal cutaneous fistula |
| 44650 | | 1,280.40 | Closure of enteroenteric or enterocolic fistula |
| 44660 | | 1,199.54 | Closure of enterovesical fistula; without intestinal or bladder resection |
| 44661 | | 1,394.24 | Closure of enterovesical fistula; with intestine and/or bladder resection |
| 44680 | | 902.62 | Intestinal plication (separate procedure) |
| 44700 | | 932.55 | Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum) |
| 44701 | | 169.08 | Intraoperative colonic lavage (List separately in addition to code for primary procedure) |
| 44799 | | I.C. | Unlisted procedure, intestine |
| 44800 | | 691.81 | Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct |
| 44820 | | 725.46 | Excision of lesion of mesentery (separate procedure) |
| 44850 | | 652.39 | Suture of mesentery (separate procedure) |
| 44899 | | I.C. | Unlisted procedure, Meckel's diverticulum and the mesentery |
| 44900 | | 611.72 | Incision and drainage of appendiceal abscess; open |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 44901 | | 180.59 | Incision and drainage of appendiceal abscess; percutaneous |
| 44950 | | 591.88 | Appendectomy; |
| 44955 | | 85.74 | Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure) |
| 44960 | | 730.66 | Appendectomy; for ruptured appendix with abscess or generalized peritonitis |
| 44970 | | 537.80 | Laparoscopy, surgical, appendectomy |
| 44979 | | I.C. | Unlisted laparoscopy procedure, appendix |
| 45000 | 01 | 309.19 | Transrectal drainage of pelvic abscess |
| 45005 | 02 | 285.67 | Incision and drainage of submucosal abscess, rectum |
| 45020 | 02 | 331.84 | Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess |
| 45100 | 01 | 251.14 | Biopsy of anorectal wall, anal approach (eg, congenital megacolon) |
| 45108 | 02 | 318.28 | Anorectal myomectomy |
| 45110 | | 1,663.17 | Proctectomy; complete, combined abdominoperineal, with colostomy |
| 45111 | | 982.51 | Proctectomy; partial resection of rectum, transabdominal approach |
| 45112 | | 1,732.91 | Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis) |
| 45113 | | 1,763.30 | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy |
| 45114 | | 1,575.31 | Proctectomy, partial, with anastomosis; abdominal and transsacral approach |
| 45116 | | 1,422.59 | Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type) |
| 45119 | | 1,766.78 | Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with or without proximal diverting ostomy |
| 45120 | | 1,438.18 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation) |
| 45121 | | 1,585.71 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies |
| 45123 | | 957.36 | Proctectomy, partial, without anastomosis, perineal approach |
| 45126 | | 2,634.25 | Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof |
| 45130 | | 946.33 | Excision of rectal procidentia, with anastomosis; perineal approach |
| 45135 | | 1,138.26 | Excision of rectal procidentia, with anastomosis; abdominal and perineal approach |
| 45136 | | 1,654.10 | Excision of ileoanal reservoir with ileostomy |
| 45150 | 02 | 355.55 | Division of stricture of rectum |
| 45160 | 02 | 897.24 | Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach |
| 45170 | 02 | 686.77 | Excision of rectal tumor, transanal approach |
| 45190 | 09 | 591.79 | Destruction of rectal tumor (eg, electrodessication, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach |
| 45300 | | 78.10 | Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 45303 | | 821.30 | Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie) |
| 45305 | 01 | 150.14 | Proctosigmoidoscopy, rigid; with biopsy, single or multiple |
| 45307 | 01 | 167.31 | Proctosigmoidoscopy, rigid; with removal of foreign body |
| 45308 | 01 | 117.88 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| 45309 | 01 | 198.86 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 45315 | 01 | 178.02 | Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |
| 45317 | 01 | 164.09 | Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 45320 | 01 | 186.50 | Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser) |
| 45321 | 01 | 74.87 | Proctosigmoidoscopy, rigid; with decompression of volvulus |
| 45327 | | 95.33 | Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation) |
| 45330 | | 130.74 | Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 45331 | 01 | 168.43 | Sigmoidoscopy, flexible; with biopsy, single or multiple |
| 45332 | 01 | 276.27 | Sigmoidoscopy, flexible; with removal of foreign body |
| 45333 | 01 | 270.67 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 45334 | 01 | 158.39 | Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 45335 | 01 | 202.47 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance |
| 45337 | 01 | 138.66 | Sigmoidoscopy, flexible; with decompression of volvulus, any method |
| 45338 | 01 | 305.67 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45339 | 01 | 265.50 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 45340 | 01 | 356.95 | Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures |
| 45341 | | 152.46 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination |
| 45342 | | 228.57 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |
| 45345 | | 166.10 | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation) |
| 45355 | 01 | 200.67 | Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple |
| 45378 | 02 | 400.96 | Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) |
| 45379 | 02 | 504.16 | Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body |
| 45380 | 02 | 472.58 | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple |
| 45381 | 02 | 508.64 | Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance |
| 45382 | 02 | 633.83 | Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 45383 | 02 | 563.59 | Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 45384 | 02 | 467.57 | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 45385 | 02 | 534.22 | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 45386 | 02 | 755.23 | Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures |
| 45387 | | 333.55 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation) |
| 45500 | 02 | 446.25 | Proctoplasty; for stenosis |
| 45505 | 02 | 466.60 | Proctoplasty; for prolapse of mucous membrane |
| 45520 | | 58.07 | Perirectal injection of sclerosing solution for prolapse |
| 45540 | | 944.25 | Proctopexy for prolapse; abdominal approach |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 45541 | | 789.27 | Proctopexy for prolapse; perineal approach |
| 45550 | | 1,315.09 | Proctopexy combined with sigmoid resection, abdominal approach |
| 45560 | 02 | 640.44 | Repair of rectocele (separate procedure) |
| 45562 | | 918.10 | Exploration, repair, and presacral drainage for rectal injury; |
| 45563 | | 1,397.38 | Exploration, repair, and presacral drainage for rectal injury; with colostomy |
| 45800 | | 1,026.22 | Closure of rectovesical fistula; |
| 45805 | | 1,240.24 | Closure of rectovesical fistula; with colostomy |
| 45820 | | 1,062.62 | Closure of rectourethral fistula; |
| 45825 | | 1,253.05 | Closure of rectourethral fistula; with colostomy |
| 45900 | 01 | 168.80 | Reduction of procidentia (separate procedure) under anesthesia |
| 45905 | 01 | 152.11 | Dilation of anal sphincter (separate procedure) under anesthesia other than local |
| 45910 | 01 | 180.66 | Dilation of rectal stricture (separate procedure) under anesthesia other than local |
| 45915 | 01 | 324.10 | Removal of fecal impaction or foreign body (separate procedure) under anesthesia |
| 45999 | | I.C. | Unlisted procedure, rectum |
| 46020 | 03 | 213.57 | Placement of seton |
| 46030 | 01 | 107.19 | Removal of anal seton, other marker |
| 46040 | 03 | 427.47 | Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) |
| 46045 | 02 | 300.01 | Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia |
| 46050 | 01 | 157.11 | Incision and drainage, perianal abscess, superficial |
| 46060 | 02 | 372.19 | Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton |
| 46070 | 05 | 191.34 | Incision, anal septum (infant) |
| 46080 | 03 | 203.04 | Sphincterotomy, anal, division of sphincter (separate procedure) |
| 46083 | | 162.38 | Incision of thrombosed hemorrhoid, external |
| 46200 | 02 | 292.83 | Fissurectomy, with or without sphincterotomy |
| 46210 | 02 | 312.74 | Cryptectomy; single |
| 46211 | 02 | 387.53 | Cryptectomy; multiple (separate procedure) |
| 46220 | 01 | 159.62 | Papillectomy or excision of single tag, anus (separate procedure) |
| 46221 | | 149.42 | Hemorrhoidectomy, by simple ligature (eg, rubber band) |
| 46230 | | 233.16 | Excision of external hemorrhoid tags and/or multiple papillae |
| 46250 | 03 | 366.78 | Hemorrhoidectomy, external, complete |
| 46255 | 03 | 419.31 | Hemorrhoidectomy, internal and external, simple; |
| 46257 | 03 | 347.22 | Hemorrhoidectomy, internal and external, simple; with fissurectomy |
| 46258 | 03 | 378.32 | Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy |
| 46260 | 03 | 401.85 | Hemorrhoidectomy, internal and external, complex or extensive; |
| 46261 | 04 | 446.08 | Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy |
| 46262 | 04 | 469.80 | Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy |
| 46270 | 03 | 349.24 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous |
| 46275 | 03 | 369.77 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular |
| 46280 | 04 | 382.65 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton |
| 46285 | 01 | 317.49 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage |
| 46288 | 04 | 446.90 | Closure of anal fistula with rectal advancement flap |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 46320 | | 155.18 | Enucleation or excision of external thrombotic hemorrhoid |
| 46500 | | 182.52 | Injection of sclerosing solution, hemorrhoids |
| 46600 | | 86.96 | Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 46604 | | 444.73 | Anoscopy; with dilation (eg, balloon, guide wire, bougie) |
| 46606 | | 194.39 | Anoscopy; with biopsy, single or multiple |
| 46608 | 01 | 248.06 | Anoscopy; with removal of foreign body |
| 46610 | 01 | 225.96 | Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| 46611 | 01 | 214.87 | Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique |
| 46612 | 01 | 313.62 | Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |
| 46614 | | 177.01 | Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| 46615 | 02 | 215.69 | Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 46700 | 03 | 543.04 | Anoplasty, plastic operation for stricture; adult |
| 46705 | 03 | 444.29 | Anoplasty, plastic operation for stricture; infant |
| 46706 | | 148.70 | Repair of anal fistula with fibrin glue |
| 46715 | | 452.16 | Repair of low imperforate anus; with anoperineal fistula (cut-back procedure) |
| 46716 | | 951.01 | Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula |
| 46730 | | 1,588.24 | Repair of high imperforate anus without fistula; perineal or sacroperineal approach |
| 46735 | | 1,879.06 | Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches |
| 46740 | | 1,758.62 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach |
| 46742 | | 2,182.58 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches |
| 46744 | | 2,956.25 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach |
| 46746 | | 3,345.25 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; |
| 46748 | | 3,521.46 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps |
| 46750 | 03 | 625.65 | Sphincteroplasty, anal, for incontinence or prolapse; adult |
| 46751 | 03 | 590.80 | Sphincteroplasty, anal, for incontinence or prolapse; child |
| 46753 | 03 | 496.79 | Graft (Thiersch operation) for rectal incontinence and/or prolapse |
| 46754 | 02 | 238.49 | Removal of Thiersch wire or suture, anal canal |
| 46760 | 02 | 874.31 | Sphincteroplasty, anal, for incontinence, adult; muscle transplant |
| 46761 | 03 | 806.90 | Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair) |
| 46762 | 07 | 738.71 | Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter |
| 46900 | | 226.05 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical |
| 46910 | | 188.21 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation |
| 46916 | | 204.96 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery |
| 46917 | 01 | 462.39 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| | | | simple; laser surgery |
| 46922 | 01 | 216.39 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| 46924 | 01 | 477.60 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 46934 | | 352.47 | Destruction of hemorrhoids, any method; internal |
| 46935 | | 243.36 | Destruction of hemorrhoids, any method; external |
| 46936 | | 337.15 | Destruction of hemorrhoids, any method; internal and external |
| 46937 | 02 | 220.72 | Cryosurgery of rectal tumor; benign |
| 46938 | 02 | 367.64 | Cryosurgery of rectal tumor; malignant |
| 46940 | | 177.67 | Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial |
| 46942 | | 159.59 | Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent |
| 46945 | | 224.91 | Ligation of internal hemorrhoids; single procedure |
| 46946 | | 281.17 | Ligation of internal hemorrhoids; multiple procedures |
| 46999 | | I.C. | Unlisted procedure, anus |
| 47000 | 01 | 212.37 | Biopsy of liver, needle; percutaneous |
| 47001 | | 105.65 | Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) |
| 47010 | | 986.80 | Hepatotomy; for open drainage of abscess or cyst, one or two stages |
| 47011 | | 196.46 | Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages |
| 47015 | | 918.92 | Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es) |
| 47100 | | 723.45 | Biopsy of liver, wedge |
| 47120 | | 2,063.71 | Hepatectomy, resection of liver; partial lobectomy |
| 47122 | | 3,117.47 | Hepatectomy, resection of liver; trisegmentectomy |
| 47125 | | 2,796.65 | Hepatectomy, resection of liver; total left lobectomy |
| 47130 | | 3,025.61 | Hepatectomy, resection of liver; total right lobectomy |
| 47133 | | I.C. | Donor hepatectomy, with preparation and maintenance of allograft, from cadaver donor |
| 47135 | | 4,715.66 | Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age |
| 47136 | | 3,993.07 | Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age |
| 47140 | | 3,173.57 | Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III) |
| 47141 | | 3,840.22 | Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV) |
| 47142 | | 4,231.43 | Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII) |
| 47300 | | 910.31 | Marsupialization of cyst or abscess of liver |
| 47350 | | 1,158.20 | Management of liver hemorrhage; simple suture of liver wound or injury |
| 47360 | | 1,567.36 | Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation |
| 47361 | | 2,672.47 | Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver |
| 47362 | | 1,111.92 | Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 47370 | | 1,117.09 | Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency |
| 47371 | | 1,117.52 | Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical |
| 47379 | | I.C. | Unlisted laparoscopic procedure, liver |
| 47380 | | 1,292.92 | Ablation, open, of one or more liver tumor(s); radiofrequency |
| 47381 | | 1,314.07 | Ablation, open, of one or more liver tumor(s); cryosurgical |
| 47382 | | 870.29 | Ablation, one or more liver tumor(s), percutaneous, radiofrequency |
| 47399 | | I.C. | Unlisted procedure, liver |
| 47400 | | 1,860.48 | Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus |
| 47420 | | 1,181.82 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty |
| 47425 | | 1,178.44 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty |
| 47460 | | 1,079.08 | Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure) |
| 47480 | | 689.82 | Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure) |
| 47490 | | 530.02 | Percutaneous cholecystostomy |
| 47500 | | 104.19 | Injection procedure for percutaneous transhepatic cholangiography |
| 47505 | | 139.46 | Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube) |
| 47510 | 02 | 518.98 | Introduction of percutaneous transhepatic catheter for biliary drainage |
| 47511 | 09 | 626.86 | Introduction of percutaneous transhepatic stent for internal and external biliary drainage |
| 47525 | 01 | 355.03 | Change of percutaneous biliary drainage catheter |
| 47530 | 01 | 412.83 | Revision and/or reinsertion of transhepatic tube |
| 47550 | | 168.10 | Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure) |
| 47552 | 02 | 343.86 | Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure) |
| 47553 | 03 | 359.48 | Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple |
| 47554 | 03 | 510.45 | Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi |
| 47555 | 03 | 424.19 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent |
| 47556 | 09 | 476.59 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent |
| 47560 | 03 | 278.86 | Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy |
| 47561 | 03 | 302.44 | Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy |
| 47562 | | 669.00 | Laparoscopy, surgical; cholecystectomy |
| 47563 | | 717.54 | Laparoscopy, surgical; cholecystectomy with cholangiography |
| 47564 | | 839.70 | Laparoscopy, surgical; cholecystectomy with exploration of common duct |
| 47570 | | 747.03 | Laparoscopy, surgical; cholecystoenterostomy |
| 47579 | | I.C. | Unlisted laparoscopy procedure, biliary tract |
| 47600 | | 814.69 | Cholecystectomy; |
| 47605 | | 874.60 | Cholecystectomy; with cholangiography |
| 47610 | | 1,103.56 | Cholecystectomy with exploration of common duct; |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 47612 | | 1,099.64 | Cholecystectomy with exploration of common duct; with choledochoenterostomy |
| 47620 | | 1,203.18 | Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography |
| 47630 | 03 | 562.00 | Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique) |
| 47700 | | 954.27 | Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography |
| 47701 | | 1,643.91 | Portoenterostomy (eg, Kasai procedure) |
| 47711 | | 1,360.97 | Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic |
| 47712 | | 1,761.95 | Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic |
| 47715 | | 1,123.28 | Excision of choledochal cyst |
| 47716 | | 1,002.35 | Anastomosis, choledochal cyst, without excision |
| 47720 | | 966.53 | Cholecystoenterostomy; direct |
| 47721 | | 1,142.75 | Cholecystoenterostomy; with gastroenterostomy |
| 47740 | | 1,109.53 | Cholecystoenterostomy; Roux-en-Y |
| 47741 | | 1,263.72 | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy |
| 47760 | | 1,513.69 | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract |
| 47765 | | 1,474.64 | Anastomosis, of intrahepatic ducts and gastrointestinal tract |
| 47780 | | 1,555.47 | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract |
| 47785 | | 1,819.50 | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract |
| 47800 | | 1,375.01 | Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis |
| 47801 | | 947.35 | Placement of choledochal stent |
| 47802 | | 1,289.52 | U-tube hepaticoenterostomy |
| 47900 | | 1,185.41 | Suture of extrahepatic biliary duct for pre-existing injury (separate procedure) |
| 47999 | | I.C. | Unlisted procedure, biliary tract |
| 48000 | | 1,592.85 | Placement of drains, peripancreatic, for acute pancreatitis; |
| 48001 | | 1,991.67 | Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy |
| 48005 | | 2,370.87 | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis |
| 48020 | | 950.31 | Removal of pancreatic calculus |
| 48100 | | 737.59 | Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy) |
| 48102 | 01 | 564.38 | Biopsy of pancreas, percutaneous needle |
| 48120 | | 936.69 | Excision of lesion of pancreas (eg, cyst, adenoma) |
| 48140 | | 1,345.39 | Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy |
| 48145 | | 1,403.30 | Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy |
| 48146 | | 1,591.54 | Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure) |
| 48148 | | 1,034.68 | Excision of ampulla of Vater |
| 48150 | | 2,795.91 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy |
| 48152 | | 2,567.94 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 48153 | | 2,794.65 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy |
| 48154 | | 2,583.61 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy |
| 48155 | | 1,508.99 | Pancreatectomy, total |
| 48160 | | I.C. | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells |
| 48180 | | 1,442.47 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation) |
| 48400 | | 104.11 | Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure) |
| 48500 | | 936.28 | Marsupialization of pancreatic cyst |
| 48510 | | 895.40 | External drainage, pseudocyst of pancreas; open |
| 48511 | | 211.98 | External drainage, pseudocyst of pancreas; percutaneous |
| 48520 | | 922.67 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct |
| 48540 | | 1,152.46 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y |
| 48545 | | 1,081.95 | Pancreatorrhaphy for injury |
| 48547 | | 1,500.33 | Duodenal exclusion with gastrojejunostomy for pancreatic injury |
| 48550 | | I.C. | Donor pancreatectomy, with preparation and maintenance of allograft from cadaver donor, with or without duodenal segment for transplantation |
| 48554 | | 2,136.13 | Transplantation of pancreatic allograft |
| 48556 | | 996.01 | Removal of transplanted pancreatic allograft |
| 48999 | | I.C. | Unlisted procedure, pancreas |
| 49000 | | 710.46 | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure) |
| 49002 | | 646.93 | Reopening of recent laparotomy |
| 49010 | | 757.22 | Exploration, retroperitoneal area with or without biopsy(s) (separate procedure) |
| 49020 | | 1,339.21 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open |
| 49021 | | 179.99 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous |
| 49040 | | 812.11 | Drainage of subdiaphragmatic or subphrenic abscess; open |
| 49041 | | 212.28 | Drainage of subdiaphragmatic or subphrenic abscess; percutaneous |
| 49060 | | 940.53 | Drainage of retroperitoneal abscess; open |
| 49061 | | 196.46 | Drainage of retroperitoneal abscess; percutaneous |
| 49062 | | 698.46 | Drainage of extraperitoneal lymphocele to peritoneal cavity, open |
| 49080 | 02 | 230.35 | Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial |
| 49081 | 02 | 160.06 | Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent |
| 49085 | 02 | 723.21 | Removal of peritoneal foreign body from peritoneal cavity |
| 49180 | 01 | 208.19 | Biopsy, abdominal or retroperitoneal mass, percutaneous needle |
| 49200 | | 633.20 | Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; |
| 49201 | | 911.23 | Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive |
| 49215 | | 1,945.02 | Excision of presacral or sacrococcygeal tumor |
| 49220 | | 896.96 | Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 49250 | 04 | 527.32 | Umbilectomy, omphalectomy, excision of umbilicus (separate procedure) |
| 49255 | | 698.41 | Omentectomy, epiploectomy, resection of omentum (separate procedure) |
| 49320 | 03 | 321.22 | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 49321 | 04 | 334.16 | Laparoscopy, surgical; with biopsy (single or multiple) |
| 49322 | 04 | 361.30 | Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple) |
| 49323 | | 579.44 | Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity |
| 49329 | | I.C. | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum |
| 49400 | | 108.10 | Injection of air or contrast into peritoneal cavity (separate procedure) |
| 49419 | | 420.26 | Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable) |
| 49420 | 01 | 135.73 | Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary |
| 49421 | 01 | 363.22 | Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent |
| 49422 | 01 | 380.77 | Removal of permanent intraperitoneal cannula or catheter |
| 49423 | | 85.70 | Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure) |
| 49424 | | 48.41 | Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure) |
| 49425 | | 709.96 | Insertion of peritoneal-venous shunt |
| 49426 | 02 | 599.54 | Revision of peritoneal-venous shunt |
| 49427 | | 55.60 | Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt |
| 49428 | | 377.93 | Ligation of peritoneal-venous shunt |
| 49429 | | 453.07 | Removal of peritoneal-venous shunt |
| 49491 | | 672.56 | Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible |
| 49492 | | 840.22 | Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated |
| 49495 | 04 | 369.19 | Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; reducible |
| 49496 | 04 | 548.59 | Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated |
| 49500 | 04 | 355.55 | Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible |
| 49501 | 09 | 540.81 | Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; incarcerated or strangulated |
| 49505 | 04 | 482.44 | Repair initial inguinal hernia, age 5 years or over; reducible |
| 49507 | 09 | 581.88 | Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated |
| 49520 | 07 | 582.33 | Repair recurrent inguinal hernia, any age; reducible |
| 49521 | 09 | 710.69 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated |
| 49525 | 04 | 523.58 | Repair inguinal hernia, sliding, any age |
| 49540 | 02 | 626.50 | Repair lumbar hernia |
| 49550 | 05 | 527.41 | Repair initial femoral hernia, any age; reducible |
| 49553 | 09 | 573.60 | Repair initial femoral hernia, any age; incarcerated or strangulated |
| 49555 | 05 | 550.74 | Repair recurrent femoral hernia; reducible |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 49557 | 09 | 666.83 | Repair recurrent femoral hernia; incarcerated or strangulated |
| 49560 | 04 | 691.46 | Repair initial incisional or ventral hernia; reducible |
| 49561 | 09 | 838.56 | Repair initial incisional or ventral hernia; incarcerated or strangulated |
| 49565 | 04 | 694.41 | Repair recurrent incisional or ventral hernia; reducible |
| 49566 | 09 | 847.77 | Repair recurrent incisional or ventral hernia; incarcerated or strangulated |
| 49568 | 07 | 272.84 | Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) |
| 49570 | 04 | 367.08 | Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure) |
| 49572 | 09 | 421.94 | Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated |
| 49580 | 04 | 278.19 | Repair umbilical hernia, under age 5 years; reducible |
| 49582 | 09 | 419.89 | Repair umbilical hernia, under age 5 years; incarcerated or strangulated |
| 49585 | 04 | 394.97 | Repair umbilical hernia, age 5 years or over; reducible |
| 49587 | 09 | 467.44 | Repair umbilical hernia, age 5 years or over; incarcerated or strangulated |
| 49590 | 03 | 522.45 | Repair spigelian hernia |
| 49600 | 04 | 680.54 | Repair of small omphalocele, with primary closure |
| 49605 | | 4,162.52 | Repair of large omphalocele or gastroschisis; with or without prosthesis |
| 49606 | | 1,108.18 | Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room |
| 49610 | | 644.82 | Repair of omphalocele (Gross type operation); first stage |
| 49611 | | 665.00 | Repair of omphalocele (Gross type operation); second stage |
| 49650 | 04 | 395.31 | Laparoscopy, surgical; repair initial inguinal hernia |
| 49651 | 07 | 513.05 | Laparoscopy, surgical; repair recurrent inguinal hernia |
| 49659 | | I.C. | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy |
| 49900 | | 771.43 | Suture, secondary, of abdominal wall for evisceration or dehiscence |
| 49904 | | 1,476.27 | Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects) |
| 49905 | | 365.77 | Omental flap, intra-abdominal (List separately in addition to code for primary procedure) |
| 49906 | | I.C. | Free omental flap with microvascular anastomosis |
| 49999 | | I.C. | Unlisted procedure, abdomen, peritoneum and omentum |
| 50010 | | 670.27 | Renal exploration, not necessitating other specific procedures |
| 50020 | | 952.24 | Drainage of perirenal or renal abscess; open |
| 50021 | | 179.27 | Drainage of perirenal or renal abscess; percutaneous |
| 50040 | | 947.26 | Nephrostomy, nephrotomy with drainage |
| 50045 | | 907.28 | Nephrotomy, with exploration |
| 50060 | | 1,106.26 | Nephrolithotomy; removal of calculus |
| 50065 | | 1,086.69 | Nephrolithotomy; secondary surgical operation for calculus |
| 50070 | | 1,163.56 | Nephrolithotomy; complicated by congenital kidney abnormality |
| 50075 | | 1,438.20 | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy) |
| 50080 | | 916.06 | Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm |
| 50081 | | 1,304.33 | Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm |
| 50100 | | 1,002.19 | Transection or repositioning of aberrant renal vessels (separate procedure) |
| 50120 | | 930.51 | Pyelotomy; with exploration |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 50125 | | 961.04 | Pyelotomy; with drainage, pyelostomy |
| 50130 | | 999.46 | Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy) |
| 50135 | | 1,101.12 | Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality) |
| 50200 | 01 | 141.32 | Renal biopsy; percutaneous, by trocar or needle |
| 50205 | | 680.52 | Renal biopsy; by surgical exposure of kidney |
| 50220 | | 1,001.21 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; |
| 50225 | | 1,159.74 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney |
| 50230 | | 1,252.24 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy |
| 50234 | | 1,274.13 | Nephrectomy with total ureterectomy and bladder cuff; through same incision |
| 50236 | | 1,471.22 | Nephrectomy with total ureterectomy and bladder cuff; through separate incision |
| 50240 | | 1,320.29 | Nephrectomy, partial |
| 50280 | | 916.29 | Excision or unroofing of cyst(s) of kidney |
| 50290 | | 875.22 | Excision of perinephric cyst |
| 50300 | | I.C. | Donor nephrectomy, with preparation and maintenance of allograft, from cadaver donor, unilateral or bilateral |
| 50320 | | 1,320.74 | Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft) |
| 50340 | | 791.23 | Recipient nephrectomy (separate procedure) |
| 50360 | | 1,958.82 | Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy |
| 50365 | | 2,294.65 | Renal allotransplantation, implantation of graft; with recipient nephrectomy |
| 50370 | | 879.21 | Removal of transplanted renal allograft |
| 50380 | | 1,405.77 | Renal autotransplantation, reimplantation of kidney |
| 50390 | 01 | 104.19 | Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous |
| 50392 | 01 | 179.27 | Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous |
| 50393 | 01 | 220.00 | Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous |
| 50394 | | 137.23 | Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter |
| 50395 | 01 | 179.15 | Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous |
| 50396 | 01 | 118.67 | Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter |
| 50398 | 01 | 107.62 | Change of nephrostomy or pyelostomy tube |
| 50400 | | 1,103.43 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple |
| 50405 | | 1,392.20 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty) |
| 50500 | | 1,159.03 | Nephrorrhaphy, suture of kidney wound or injury |
| 50520 | | 1,063.04 | Closure of nephrocutaneous or pyelocutaneous fistula |
| 50525 | | 1,321.54 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach |
| 50526 | | 1,421.40 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach |
| 50540 | | 1,157.03 | Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation) |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 50541 | | 908.50 | Laparoscopy, surgical; ablation of renal cysts |
| 50542 | | 1,144.97 | Laparoscopy, surgical; ablation of renal mass lesion(s) |
| 50543 | | 1,442.21 | Laparoscopy, surgical; partial nephrectomy |
| 50544 | | 1,251.60 | Laparoscopy, surgical; pyeloplasty |
| 50545 | | 1,343.46 | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy) |
| 50546 | | 1,170.53 | Laparoscopy, surgical; nephrectomy, including partial ureterectomy |
| 50547 | | 1,473.96 | Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft) |
| 50548 | | 1,356.62 | Laparoscopy, surgical; nephrectomy with total ureterectomy |
| 50549 | | I.C. | Unlisted laparoscopy procedure, renal |
| 50551 | 01 | 430.19 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50553 | 01 | 1,021.74 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50555 | 01 | 1,067.76 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50557 | 01 | 1,108.12 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50559 | 01 | 357.51 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance with or without biopsy and/or fulguration |
| 50561 | 01 | 1,047.44 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 50562 | | 603.20 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor |
| 50570 | | 508.76 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50572 | | 553.01 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50574 | | 588.69 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50575 | | 745.57 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) |
| 50576 | | 585.63 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50578 | | 604.99 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration |
| 50580 | | 631.87 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 50590 | 09 | 815.90 | Lithotripsy, extracorporeal shock wave |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 50600 | | 926.92 | Ureterotomy with exploration or drainage (separate procedure) |
| 50605 | | 918.11 | Ureterotomy for insertion of indwelling stent, all types |
| 50610 | | 943.77 | Ureterolithotomy; upper one-third of ureter |
| 50620 | | 882.98 | Ureterolithotomy; middle one-third of ureter |
| 50630 | | 871.85 | Ureterolithotomy; lower one-third of ureter |
| 50650 | | 1,010.24 | Ureterectomy, with bladder cuff (separate procedure) |
| 50660 | | 1,126.64 | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach |
| 50684 | | 678.49 | Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter |
| 50686 | | 252.46 | Manometric studies through ureterostomy or indwelling ureteral catheter |
| 50688 | 01 | 119.99 | Change of ureterostomy tube |
| 50690 | | 713.56 | Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service |
| 50700 | | 911.73 | Ureteroplasty, plastic operation on ureter (eg, stricture) |
| 50715 | | 1,153.12 | Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis |
| 50722 | | 1,005.28 | Ureterolysis for ovarian vein syndrome |
| 50725 | | 1,098.61 | Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava |
| 50727 | | 545.89 | Revision of urinary-cutaneous anastomosis (any type urostomy); |
| 50728 | | 767.58 | Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia |
| 50740 | | 1,083.01 | Ureteropyelostomy, anastomosis of ureter and renal pelvis |
| 50750 | | 1,128.19 | Ureterocalycostomy, anastomosis of ureter to renal calyx |
| 50760 | | 1,073.90 | Ureteroureterostomy |
| 50770 | | 1,127.65 | Transureteroureterostomy, anastomosis of ureter to contralateral ureter |
| 50780 | | 1,066.04 | Ureteroneocystostomy; anastomosis of single ureter to bladder |
| 50782 | | 1,190.89 | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder |
| 50783 | | 1,216.83 | Ureteroneocystostomy; with extensive ureteral tailoring |
| 50785 | | 1,181.45 | Ureteroneocystostomy; with vesico-psoas hitch or bladder flap |
| 50800 | | 874.74 | Ureteroenterostomy, direct anastomosis of ureter to intestine |
| 50810 | | 1,222.84 | Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis |
| 50815 | | 1,174.25 | Ureterocolon conduit, including intestine anastomosis |
| 50820 | | 1,259.41 | Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation) |
| 50825 | | 1,617.64 | Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty) |
| 50830 | | 1,790.83 | Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy) |
| 50840 | | 1,175.09 | Replacement of all or part of ureter by intestine segment, including intestine anastomosis |
| 50845 | | 1,206.12 | Cutaneous appendico-vesicostomy |
| 50860 | | 905.50 | Ureterostomy, transplantation of ureter to skin |
| 50900 | | 816.34 | Ureterorrhaphy, suture of ureter (separate procedure) |
| 50920 | | 856.15 | Closure of ureterocutaneous fistula |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 50930 | | 1,106.72 | Closure of ureterovisceral fistula (including visceral repair) |
| 50940 | | 863.39 | Deligation of ureter |
| 50945 | | 975.02 | Laparoscopy, surgical; ureterolithotomy |
| 50947 | 09 | 1,401.57 | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement |
| 50948 | 09 | 1,276.99 | Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement |
| 50949 | | I.C. | Unlisted laparoscopy procedure, ureter |
| 50951 | 01 | 457.55 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50953 | 01 | 1,032.91 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50955 | 01 | 1,132.54 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50957 | 01 | 1,039.80 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50959 | 01 | 229.90 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material) |
| 50961 | 01 | 1,314.03 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 50970 | 01 | 381.42 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 50972 | 01 | 369.23 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| 50974 | 01 | 488.13 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| 50976 | 01 | 482.38 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| 50978 | 01 | 273.14 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material) |
| 50980 | 01 | 365.37 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| 51000 | | 114.68 | Aspiration of bladder by needle |
| 51005 | | 243.80 | Aspiration of bladder; by trocar or intracatheter |
| 51010 | 01 | 383.10 | Aspiration of bladder; with insertion of suprapubic catheter |
| 51020 | 04 | 435.73 | Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material |
| 51030 | 04 | 442.63 | Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion |
| 51040 | 04 | 296.43 | Cystostomy, cystotomy with drainage |
| 51045 | 04 | 443.16 | Cystotomy, with insertion of ureteral catheter or stent (separate procedure) |
| 51050 | 04 | 433.95 | Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection |
| 51060 | | 547.60 | Transvesical ureterolithotomy |
| 51065 | 04 | 540.98 | Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus |
| 51080 | 01 | 391.25 | Drainage of perivesical or prevesical space abscess |

| Code | Group | Fee | 40.06(8) – Surgical Services Description |
|---|---|---|---|
| 51500 | 04 | 627.56 | Excision of urachal cyst or sinus, with or without umbilical hernia repair |
| 51520 | 04 | 572.86 | Cystotomy; for simple excision of vesical neck (separate procedure) |
| 51525 | | 820.41 | Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure) |
| 51530 | | 743.23 | Cystotomy; for excision of bladder tumor |
| 51535 | | 768.57 | Cystotomy for excision, incision, or repair of ureterocele |
| 51550 | | 917.05 | Cystectomy, partial; simple |
| 51555 | | 1,220.31 | Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location) |
| 51565 | | 1,249.29 | Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy) |
| 51570 | | 1,389.18 | Cystectomy, complete; (separate procedure) |
| 51575 | | 1,731.27 | Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 51580 | | 1,776.94 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; |
| 51585 | | 1,992.72 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 51590 | | 1,843.56 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; |
| 51595 | | 2,084.30 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 51596 | | 2,226.54 | Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder |
| 51597 | | 2,169.15 | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 51600 | | 281.29 | Injection procedure for cystography or voiding urethrocystography |
| 51605 | | 480.90 | Injection procedure and placement of chain for contrast and/or chain urethrocystography |
| 51610 | | 113.90 | Injection procedure for retrograde urethrocystography |
| 51700 | | 104.54 | Bladder irrigation, simple, lavage and/or instillation |
| 51701 | | 89.19 | Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) |
| 51702 | | 118.69 | Insertion of temporary indwelling bladder catheter; simple (eg, Foley) |
| 51703 | | 187.30 | Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon) |
| 51705 | | 139.20 | Change of cystostomy tube; simple |
| 51710 | 01 | 204.08 | Change of cystostomy tube; complicated |
| 51715 | 03 | 318.39 | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck |
| 51720 | | 153.57 | Bladder instillation of anticarcinogenic agent (including detention time) |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 51725 | | 304.97 | 81.20 | 223.77 | Simple cystometrogram (CMG) (eg, spinal manometer) |
| 51726 | 01 | 400.37 | 91.99 | 308.38 | Complex cystometrogram (eg, calibrated electronic equipment) |
| 51736 | | 49.25 | 32.93 | 16.32 | Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter) |
| 51741 | | 79.72 | 60.99 | 18.73 | Complex uroflowmetry (eg, calibrated electronic equipment) |
| 51772 | 01 | 310.06 | 88.10 | 221.96 | Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 51784 | | 235.74 | 82.37 | 153.37 | Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique |
| 51785 | 01 | 256.94 | 82.07 | 174.87 | Needle electromyography studies (EMG) of anal or urethral sphincter, any technique |
| 51792 | | 300.76 | 62.06 | 238.70 | Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time) |
| 51795 | | 385.50 | 82.37 | 303.13 | Voiding pressure studies (VP); bladder voiding pressure, any technique |
| 51797 | | 316.25 | 85.86 | 230.39 | Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) |
| 51798 | | 17.57 | | | Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging |
| 51800 | | 1,022.23 | | | Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck |
| 51820 | | 1,082.61 | | | Cystourethroplasty with unilateral or bilateral ureteroneocystostomy |
| 51840 | | 669.41 | | | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple |
| 51841 | | 796.62 | | | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair) |
| 51845 | | 594.32 | | | Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra) |
| 51860 | | 733.32 | | | Cystorrhaphy, suture of bladder wound, injury or rupture; simple |
| 51865 | | 890.91 | | | Cystorrhaphy, suture of bladder wound, injury or rupture; complicated |
| 51880 | 01 | 479.54 | | | Closure of cystostomy (separate procedure) |
| 51900 | | 782.03 | | | Closure of vesicovaginal fistula, abdominal approach |
| 51920 | | 718.18 | | | Closure of vesicouterine fistula; |
| 51925 | | 1,003.81 | | | Closure of vesicouterine fistula; with hysterectomy |
| 51940 | | 1,662.99 | | | Closure, exstrophy of bladder |
| 51960 | | 1,333.62 | | | Enterocystoplasty, including intestinal anastomosis |
| 51980 | | 685.75 | | | Cutaneous vesicostomy |
| 51990 | | 768.02 | | | Laparoscopy, surgical; urethral suspension for stress incontinence |
| 51992 | | 824.19 | | | Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic) |
| 52000 | 01 | 222.48 | | | Cystourethroscopy (separate procedure) |
| 52001 | 02 | 435.20 | | | Cystourethroscopy with irrigation and evacuation of multiple obstructing clots |
| 52005 | 02 | 346.85 | | | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; |
| 52007 | 02 | 168.96 | | | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis |
| 52010 | 02 | 168.12 | | | Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service |
| 52204 | 02 | 247.79 | | | Cystourethroscopy, with biopsy |
| 52214 | 02 | 203.69 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands |
| 52224 | 02 | 173.48 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy |
| 52234 | 02 | 252.83 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm) |
| 52235 | 03 | 296.93 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm) |
| 52240 | 03 | 526.27 | | | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s) |
| 52250 | 04 | 249.19 | | | Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration |
| 52260 | 02 | 216.12 | | | Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia |
| 52265 | | 275.54 | | | Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia |
| 52270 | 02 | 186.60 | | | Cystourethroscopy, with internal urethrotomy; female |
| 52275 | 02 | 257.45 | | | Cystourethroscopy, with internal urethrotomy; male |
| 52276 | 03 | 274.43 | | | Cystourethroscopy with direct vision internal urethrotomy |
| 52277 | 02 | 341.36 | | | Cystourethroscopy, with resection of external sphincter (sphincterotomy) |
| 52281 | 02 | 425.09 | | | Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female |
| 52282 | 09 | 349.19 | | | Cystourethroscopy, with insertion of urethral stent |
| 52283 | 02 | 318.64 | | | Cystourethroscopy, with steroid injection into stricture |
| 52285 | 02 | 316.68 | | | Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone |
| 52290 | 02 | 252.58 | | | Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral |
| 52300 | 02 | 292.07 | | | Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral |
| 52301 | | 305.81 | | | Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral |
| 52305 | 02 | 289.37 | | | Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple |
| 52310 | 02 | 261.07 | | | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple |
| 52315 | 02 | 284.75 | | | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated |
| 52317 | 01 | 363.54 | | | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) |
| 52318 | 02 | 496.35 | | | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm) |
| 52320 | 05 | 256.19 | | | Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus |
| 52325 | 04 | 334.36 | | | Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique) |
| 52327 | 02 | 284.18 | | | Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material |
| 52330 | 02 | 274.67 | | | Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus |
| 52332 | 02 | 157.70 | | | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double- |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| | | | | | J type) |
| 52334 | 03 | 266.15 | | | Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde |
| 52341 | 03 | 332.96 | | | Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52342 | 03 | 358.20 | | | Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52343 | 03 | 396.21 | | | Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52344 | 03 | 425.12 | | | Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52345 | 03 | 451.62 | | | Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52346 | 03 | 507.07 | | | Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| 52347 | | 282.81 | | | Cystourethroscopy with transurethral resection or incision of ejaculatory ducts |
| 52351 | 03 | 323.71 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic |
| 52352 | 04 | 380.17 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) |
| 52353 | 04 | 438.43 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) |
| 52354 | 04 | 405.16 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion |
| 52355 | 04 | 484.80 | | | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor |
| 52400 | 03 | 545.59 | | | Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds |
| 52450 | 03 | 460.61 | | | Transurethral incision of prostate |
| 52500 | 03 | 503.95 | | | Transurethral resection of bladder neck (separate procedure) |
| 52510 | 03 | 399.79 | | | Transurethral balloon dilation of the prostatic urethra |
| 52601 | 04 | 709.50 | | | Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| 52606 | 01 | 474.81 | | | Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time |
| 52612 | 02 | 476.86 | | | Transurethral resection of prostate; first stage of two-stage resection (partial resection) |
| 52614 | 01 | 414.74 | | | Transurethral resection of prostate; second stage of two-stage resection (resection completed) |
| 52620 | 01 | 389.87 | | | Transurethral resection; of residual obstructive tissue after 90 days postoperative |
| 52630 | 02 | 424.73 | | | Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative |
| 52640 | 02 | 388.98 | | | Transurethral resection; of postoperative bladder neck contracture |
| 52647 | 09 | 3,645.74 | | | Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| 52648 | 09 | 649.99 | | | Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, |

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| | | | | | cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| 52700 | 02 | 406.06 | | | Transurethral drainage of prostatic abscess |
| 53000 | 01 | 156.96 | | | Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra |
| 53010 | 01 | 271.39 | | | Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external |
| 53020 | 01 | 201.32 | | | Meatotomy, cutting of meatus (separate procedure); except infant |
| 53025 | | 208.15 | | | Meatotomy, cutting of meatus (separate procedure); infant |
| 53040 | 02 | 731.16 | | | Drainage of deep periurethral abscess |
| 53060 | | 168.70 | | | Drainage of Skene's gland abscess or cyst |
| 53080 | 03 | 512.20 | | | Drainage of perineal urinary extravasation; uncomplicated (separate procedure) |
| 53085 | | 732.46 | | | Drainage of perineal urinary extravasation; complicated |
| 53200 | 01 | 284.81 | | | Biopsy of urethra |
| 53210 | 05 | 754.73 | | | Urethrectomy, total, including cystostomy; female |
| 53215 | 05 | 905.74 | | | Urethrectomy, total, including cystostomy; male |
| 53220 | 02 | 441.36 | | | Excision or fulguration of carcinoma of urethra |
| 53230 | 02 | 586.50 | | | Excision of urethral diverticulum (separate procedure); female |
| 53235 | 03 | 614.83 | | | Excision of urethral diverticulum (separate procedure); male |
| 53240 | 02 | 411.59 | | | Marsupialization of urethral diverticulum, male or female |
| 53250 | 02 | 376.81 | | | Excision of bulbourethral gland (Cowper's gland) |
| 53260 | 02 | 259.04 | | | Excision or fulguration; urethral polyp(s), distal urethra |
| 53265 | 02 | 202.42 | | | Excision or fulguration; urethral caruncle |
| 53270 | 02 | 202.85 | | | Excision or fulguration; Skene's glands |
| 53275 | 02 | 276.76 | | | Excision or fulguration; urethral prolapse |
| 53400 | 03 | 768.83 | | | Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type) |
| 53405 | 02 | 850.17 | | | Urethroplasty; second stage (formation of urethra), including urinary diversion |
| 53410 | 02 | 958.40 | | | Urethroplasty, one-stage reconstruction of male anterior urethra |
| 53415 | | 1,087.70 | | | Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra |
| 53420 | 03 | 834.79 | | | Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage |
| 53425 | 02 | 934.13 | | | Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage |
| 53430 | 02 | 952.58 | | | Urethroplasty, reconstruction of female urethra |
| 53431 | 02 | 1,140.41 | | | Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure) |
| 53440 | 02 | 793.86 | | | Sling operation for correction of male urinary incontinence (eg, fascia or synthetic) |
| 53442 | 01 | 687.62 | | | Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic) |
| 53444 | 02 | 785.48 | | | Insertion of tandem cuff (dual cuff) |
| 53445 | 01 | 865.78 | | | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff |
| 53446 | 01 | 631.46 | | | Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff |

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| 53447 | 01 | 809.60 | | | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session |
| 53448 | | 1,231.69 | | | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue |
| 53449 | 01 | 590.55 | | | Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff |
| 53450 | 01 | 387.98 | | | Urethromeatoplasty, with mucosal advancement |
| 53460 | 01 | 444.74 | | | Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure) |
| 53500 | | 747.31 | | | Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring) |
| 53502 | 02 | 478.60 | | | Urethrorrhaphy, suture of urethral wound or injury, female |
| 53505 | 02 | 472.04 | | | Urethrorrhaphy, suture of urethral wound or injury; penile |
| 53510 | 02 | 625.08 | | | Urethrorrhaphy, suture of urethral wound or injury; perineal |
| 53515 | 02 | 786.19 | | | Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous |
| 53520 | 02 | 540.05 | | | Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure) |
| 53600 | | 97.35 | | | Dilation of urethral stricture by passage of sound or urethral dilator, male; initial |
| 53601 | | 93.86 | | | Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent |
| 53605 | 02 | 68.55 | | | Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia |
| 53620 | | 150.68 | | | Dilation of urethral stricture by passage of filiform and follower, male; initial |
| 53621 | | 143.70 | | | Dilation of urethral stricture by passage of filiform and follower, male; subsequent |
| 53660 | | 84.76 | | | Dilation of female urethra including suppository and/or instillation; initial |
| 53661 | | 85.14 | | | Dilation of female urethra including suppository and/or instillation; subsequent |
| 53665 | 01 | 41.42 | | | Dilation of female urethra, general or conduction (spinal) anesthesia |
| 53850 | 09 | 4,500.72 | | | Transurethral destruction of prostate tissue; by microwave thermotherapy |
| 53852 | | 4,315.19 | | | Transurethral destruction of prostate tissue; by radiofrequency thermotherapy |
| 53853 | | 2,646.99 | | | Transurethral destruction of prostate tissue; by water-induced thermotherapy |
| 53899 | | I.C. | | | Unlisted procedure, urinary system |
| 54000 | 02 | 117.74 | | | Slitting of prepuce, dorsal or lateral (separate procedure); newborn |
| 54001 | 02 | 268.95 | | | Slitting of prepuce, dorsal or lateral (separate procedure); except newborn |
| 54015 | 04 | 321.42 | | | Incision and drainage of penis, deep |
| 54050 | | 120.40 | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical |
| 54055 | | 115.85 | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation |
| 54056 | | 153.40 | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery |
| 54057 | 01 | 86.43 | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery |
| 54060 | 01 | 240.54 | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| 54065 | 01 | 168.56 | | | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, |

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| | | | | | herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 54100 | 01 | 196.23 | | | Biopsy of penis; (separate procedure) |
| 54105 | 01 | 221.73 | | | Biopsy of penis; deep structures |
| 54110 | 02 | 640.59 | | | Excision of penile plaque (Peyronie disease); |
| 54111 | 02 | 821.47 | | | Excision of penile plaque (Peyronie disease); with graft to 5 cm in length |
| 54112 | 02 | 955.38 | | | Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length |
| 54115 | 01 | 605.21 | | | Removal foreign body from deep penile tissue (eg, plastic implant) |
| 54120 | 02 | 633.25 | | | Amputation of penis; partial |
| 54125 | | 823.39 | | | Amputation of penis; complete |
| 54130 | | 1,185.14 | | | Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy |
| 54135 | | 1,517.72 | | | Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| 54150 | 01 | 115.44 | | | Circumcision, using clamp or other device; newborn |
| 54152 | 01 | 143.39 | | | Circumcision, using clamp or other device; except newborn |
| 54160 | 02 | 146.01 | | | Circumcision, surgical excision other than clamp, device or dorsal slit; newborn |
| 54161 | 02 | 196.69 | | | Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn |
| 54162 | 02 | 204.64 | | | Lysis or excision of penile post-circumcision adhesions |
| 54163 | 02 | 205.06 | | | Repair incomplete circumcision |
| 54164 | 02 | 177.96 | | | Frenulotomy of penis |
| 54200 | | 120.06 | | | Injection procedure for Peyronie disease; |
| 54205 | 04 | 519.36 | | | Injection procedure for Peyronie disease; with surgical exposure of plaque |
| 54220 | 01 | 262.74 | | | Irrigation of corpora cavernosa for priapism |
| 54230 | | 100.74 | | | Injection procedure for corpora cavernosography |
| 54231 | | 141.04 | | | Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine) |
| 54235 | | 88.59 | | | Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine) |
| 54240 | | 96.77 | 70.10 | 26.67 | Penile plethysmography |
| 54250 | | 128.61 | 118.74 | 9.87 | Nocturnal penile tumescence and/or rigidity test |
| 54300 | 03 | 657.29 | | | Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra |
| 54304 | 03 | 772.62 | | | Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps |
| 54308 | 03 | 730.64 | | | Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm |
| 54312 | 03 | 843.87 | | | Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm |
| 54316 | 03 | 1,013.00 | | | Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia |
| 54318 | 03 | 718.09 | | | Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair) |

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| 54322 | 03 | 797.23 | | | One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap) |
| 54324 | 03 | 997.99 | | | One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap) |
| 54326 | 03 | 962.87 | | | One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra |
| 54328 | 03 | 936.75 | | | One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap |
| 54332 | | 1,013.83 | | | One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap |
| 54336 | | 1,274.72 | | | One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap |
| 54340 | 03 | 583.02 | | | Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple |
| 54344 | 03 | 976.20 | | | Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft |
| 54348 | 03 | 1,045.01 | | | Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion) |
| 54352 | 03 | 1,474.69 | | | Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts |
| 54360 | 03 | 736.15 | | | Plastic operation on penis to correct angulation |
| 54380 | 03 | 826.16 | | | Plastic operation on penis for epispadias distal to external sphincter; |
| 54385 | 03 | 963.29 | | | Plastic operation on penis for epispadias distal to external sphincter; with incontinence |
| 54390 | | 1,265.07 | | | Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder |
| 54400 | 03 | 546.26 | | | Insertion of penile prosthesis; non-inflatable (semi-rigid) |
| 54401 | 03 | 654.86 | | | Insertion of penile prosthesis; inflatable (self-contained) |
| 54405 | 03 | 789.94 | | | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir |
| 54406 | 03 | 712.69 | | | Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis |
| 54408 | 03 | 751.77 | | | Repair of component(s) of a multi-component, inflatable penile prosthesis |
| 54410 | 03 | 899.29 | | | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session |
| 54411 | | 930.27 | | | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| 54415 | 03 | 506.23 | | | Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis |
| 54416 | 03 | 657.00 | | | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session |
| 54417 | | 815.93 | | | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including |

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| | | | | | irrigation and debridement of infected tissue |
| 54420 | 04 | 696.69 | | | Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral |
| 54430 | | 624.91 | | | Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral |
| 54435 | 04 | 400.54 | | | Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism |
| 54440 | 04 | I.C. | | | Plastic operation of penis for injury |
| 54450 | 01 | 91.43 | | | Foreskin manipulation including lysis of preputial adhesions and stretching |
| 54500 | 01 | 78.11 | | | Biopsy of testis, needle (separate procedure) |
| 54505 | 01 | 218.95 | | | Biopsy of testis, incisional (separate procedure) |
| 54512 | 02 | 518.51 | | | Excision of extraparenchymal lesion of testis |
| 54520 | 03 | 328.98 | | | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |
| 54522 | 03 | 587.34 | | | Orchiectomy, partial |
| 54530 | 04 | 524.05 | | | Orchiectomy, radical, for tumor; inguinal approach |
| 54535 | | 726.38 | | | Orchiectomy, radical, for tumor; with abdominal exploration |
| 54550 | 04 | 475.10 | | | Exploration for undescended testis (inguinal or scrotal area) |
| 54560 | | 670.02 | | | Exploration for undescended testis with abdominal exploration |
| 54600 | 04 | 432.34 | | | Reduction of torsion of testis, surgical, with or without fixation of contralateral testis |
| 54620 | 03 | 299.62 | | | Fixation of contralateral testis (separate procedure) |
| 54640 | 04 | 437.70 | | | Orchiopexy, inguinal approach, with or without hernia repair |
| 54650 | | 693.11 | | | Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens) |
| 54660 | 02 | 333.49 | | | Insertion of testicular prosthesis (separate procedure) |
| 54670 | 03 | 408.22 | | | Suture or repair of testicular injury |
| 54680 | 03 | 775.31 | | | Transplantation of testis(es) to thigh (because of scrotal destruction) |
| 54690 | 09 | 661.53 | | | Laparoscopy, surgical; orchiectomy |
| 54692 | | 746.18 | | | Laparoscopy, surgical; orchiopexy for intra-abdominal testis |
| 54699 | | I.C. | | | Unlisted laparoscopy procedure, testis |
| 54700 | 02 | 219.57 | | | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma) |
| 54800 | 01 | 133.01 | | | Biopsy of epididymis, needle |
| 54820 | 01 | 331.91 | | | Exploration of epididymis, with or without biopsy |
| 54830 | 03 | 344.63 | | | Excision of local lesion of epididymis |
| 54840 | 04 | 326.53 | | | Excision of spermatocele, with or without epididymectomy |
| 54860 | 03 | 393.81 | | | Epididymectomy; unilateral |
| 54861 | 04 | 538.77 | | | Epididymectomy; bilateral |
| 54900 | 04 | 792.62 | | | Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral |
| 54901 | 04 | 1,060.34 | | | Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral |
| 55000 | | 146.47 | | | Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication |
| 55040 | 03 | 339.12 | | | Excision of hydrocele; unilateral |

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| 55041 | 05 | 479.80 | | | Excision of hydrocele; bilateral |
| 55060 | 04 | 353.22 | | | Repair of tunica vaginalis hydrocele (Bottle type) |
| 55100 | 01 | 244.64 | | | Drainage of scrotal wall abscess |
| 55110 | 02 | 361.52 | | | Scrotal exploration |
| 55120 | 02 | 446.37 | | | Removal of foreign body in scrotum |
| 55150 | 01 | 455.91 | | | Resection of scrotum |
| 55175 | 01 | 338.21 | | | Scrotoplasty; simple |
| 55180 | 02 | 659.75 | | | Scrotoplasty; complicated |
| 55200 | 02 | 401.62 | | | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) |
| 55250 | 02 | 513.90 | | | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) |
| 55300 | | 194.41 | | | Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral |
| 55400 | 01 | 513.56 | | | Vasovasostomy, vasovasorrhaphy |
| 55450 | | 467.62 | | | Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) |
| 55500 | 03 | 358.80 | | | Excision of hydrocele of spermatic cord, unilateral (separate procedure) |
| 55520 | 04 | 386.94 | | | Excision of lesion of spermatic cord (separate procedure) |
| 55530 | 04 | 355.37 | | | Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure) |
| 55535 | 04 | 407.73 | | | Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach |
| 55540 | 05 | 478.26 | | | Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair |
| 55550 | 09 | 404.42 | | | Laparoscopy, surgical, with ligation of spermatic veins for varicocele |
| 55559 | | I.C. | | | Unlisted laparoscopy procedure, spermatic cord |
| 55600 | | 396.91 | | | Vesiculotomy; |
| 55605 | | 503.08 | | | Vesiculotomy; complicated |
| 55650 | | 695.84 | | | Vesiculectomy, any approach |
| 55680 | 01 | 334.16 | | | Excision of Mullerian duct cyst |
| 55700 | 02 | 245.33 | | | Biopsy, prostate; needle or punch, single or multiple, any approach |
| 55705 | 02 | 279.05 | | | Biopsy, prostate; incisional, any approach |
| 55720 | 01 | 470.13 | | | Prostatotomy, external drainage of prostatic abscess, any approach; simple |
| 55725 | 02 | 540.29 | | | Prostatotomy, external drainage of prostatic abscess, any approach; complicated |
| 55801 | | 1,020.19 | | | Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) |
| 55810 | | 1,266.41 | | | Prostatectomy, perineal radical; |
| 55812 | | 1,566.67 | | | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| 55815 | | 1,722.14 | | | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| 55821 | | 833.92 | | | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages |

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| 55831 | | 907.55 | | | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal |
| 55840 | | 1,301.93 | | | Prostatectomy, retropubic radical, with or without nerve sparing; |
| 55842 | | 1,393.51 | | | Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| 55845 | | 1,605.23 | | | Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| 55859 | 09 | 747.20 | | | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy |
| 55860 | | 845.32 | | | Exposure of prostate, any approach, for insertion of radioactive substance; |
| 55862 | | 1,068.99 | | | Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| 55865 | | 1,306.19 | | | Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| 55866 | | 1,704.65 | | | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing |
| 55870 | | 167.31 | | | Electroejaculation |
| 55873 | | 1,150.20 | | | Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement) |
| 55899 | | I.C. | | | Unlisted procedure, male genital system |
| 55970 | | I.C. | | | Intersex surgery; male to female |
| 55980 | | I.C. | | | Intersex surgery; female to male |
| 56405 | 02 | 115.47 | | | Incision and drainage of vulva or perineal abscess |
| 56420 | | 153.75 | | | Incision and drainage of Bartholin's gland abscess |
| 56440 | 02 | 189.38 | | | Marsupialization of Bartholin's gland cyst |
| 56441 | 01 | 157.73 | | | Lysis of labial adhesions |
| 56501 | 01 | 138.55 | | | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 56515 | 03 | 218.17 | | | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 56605 | 01 | 91.33 | | | Biopsy of vulva or perineum (separate procedure); one lesion |
| 56606 | | 43.50 | | | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) |
| 56620 | 05 | 512.93 | | | Vulvectomy simple; partial |
| 56625 | 07 | 573.88 | | | Vulvectomy simple; complete |
| 56630 | | 803.12 | | | Vulvectomy, radical, partial; |
| 56631 | | 1,046.92 | | | Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy |
| 56632 | | 1,243.00 | | | Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy |
| 56633 | | 1,047.05 | | | Vulvectomy, radical, complete; |
| 56634 | | 1,141.85 | | | Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy |
| 56637 | | 1,379.62 | | | Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy |
| 56640 | | 1,372.03 | | | Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy |
| 56700 | 01 | 176.65 | | | Partial hymenectomy or revision of hymenal ring |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 56720 | 01 | 44.48 | | | Hymenotomy, simple incision |
| 56740 | 03 | 289.57 | | | Excision of Bartholin's gland or cyst |
| 56800 | 03 | 252.13 | | | Plastic repair of introitus |
| 56805 | | 1,173.57 | | | Clitoroplasty for intersex state |
| 56810 | 05 | 267.01 | | | Perineoplasty, repair of perineum, nonobstetrical (separate procedure) |
| 56820 | | 116.65 | | | Colposcopy of the vulva; |
| 56821 | | 157.14 | | | Colposcopy of the vulva; with biopsy(s) |
| 57000 | 01 | 195.12 | | | Colpotomy; with exploration |
| 57010 | 02 | 410.00 | | | Colpotomy; with drainage of pelvic abscess |
| 57020 | 02 | 102.01 | | | Colpocentesis (separate procedure) |
| 57022 | | 168.47 | | | Incision and drainage of vaginal hematoma; obstetrical/postpartum |
| 57023 | 01 | 296.62 | | | Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding) |
| 57061 | | 121.91 | | | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 57065 | 01 | 204.67 | | | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| 57100 | | 95.22 | | | Biopsy of vaginal mucosa; simple (separate procedure) |
| 57105 | 02 | 151.38 | | | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts) |
| 57106 | | 437.50 | | | Vaginectomy, partial removal of vaginal wall; |
| 57107 | | 1,387.39 | | | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) |
| 57109 | | 1,566.06 | | | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) |
| 57110 | | 897.85 | | | Vaginectomy, complete removal of vaginal wall; |
| 57111 | | 1,647.55 | | | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) |
| 57112 | | 1,685.11 | | | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) |
| 57120 | | 501.64 | | | Colpocleisis (Le Fort type) |
| 57130 | 02 | 191.51 | | | Excision of vaginal septum |
| 57135 | 02 | 205.67 | | | Excision of vaginal cyst or tumor |
| 57150 | | 69.63 | | | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease |
| 57155 | | 433.14 | | | Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy |
| 57160 | | 82.81 | | | Fitting and insertion of pessary or other intravaginal support device |
| 57170 | | 100.42 | | | Diaphragm or cervical cap fitting with instructions |
| 57180 | 01 | 157.18 | | | Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure) |
| 57200 | 01 | 284.66 | | | Colporrhaphy, suture of injury of vagina (nonobstetrical) |
| 57210 | 02 | 357.59 | | | Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 57220 | 03 | 308.97 | | | Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) |
| 57230 | 03 | 374.47 | | | Plastic repair of urethrocele |
| 57240 | 05 | 409.59 | | | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele |
| 57250 | 05 | 378.98 | | | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy |
| 57260 | 05 | 546.34 | | | Combined anteroposterior colporrhaphy; |
| 57265 | 07 | 723.41 | | | Combined anteroposterior colporrhaphy; with enterocele repair |
| 57268 | 03 | 456.00 | | | Repair of enterocele, vaginal approach (separate procedure) |
| 57270 | | 762.92 | | | Repair of enterocele, abdominal approach (separate procedure) |
| 57280 | | 930.10 | | | Colpopexy, abdominal approach |
| 57282 | | 589.18 | | | Sacrospinous ligament fixation for prolapse of vagina |
| 57284 | 01 | 822.69 | | | Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse) |
| 57287 | | 662.50 | | | Removal or revision of sling for stress incontinence (eg, fascia or synthetic) |
| 57288 | 01 | 772.24 | | | Sling operation for stress incontinence (eg, fascia or synthetic) |
| 57289 | 05 | 726.29 | | | Pereyra procedure, including anterior colporrhaphy |
| 57291 | 05 | 536.69 | | | Construction of artificial vagina; without graft |
| 57292 | | 833.89 | | | Construction of artificial vagina; with graft |
| 57300 | 03 | 493.05 | | | Closure of rectovaginal fistula; vaginal or transanal approach |
| 57305 | | 832.06 | | | Closure of rectovaginal fistula; abdominal approach |
| 57307 | | 955.57 | | | Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy |
| 57308 | | 624.54 | | | Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication |
| 57310 | | 435.89 | | | Closure of urethrovaginal fistula; |
| 57311 | | 495.35 | | | Closure of urethrovaginal fistula; with bulbocavernosus transplant |
| 57320 | | 510.02 | | | Closure of vesicovaginal fistula; vaginal approach |
| 57330 | | 739.80 | | | Closure of vesicovaginal fistula; transvesical and vaginal approach |
| 57335 | | 1,148.76 | | | Vaginoplasty for intersex state |
| 57400 | 02 | 141.33 | | | Dilation of vagina under anesthesia |
| 57410 | 02 | 156.24 | | | Pelvic examination under anesthesia |
| 57415 | 02 | 149.01 | | | Removal of impacted vaginal foreign body (separate procedure) under anesthesia |
| 57420 | | 122.11 | | | Colposcopy of the entire vagina, with cervix if present; |
| 57421 | | 166.59 | | | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) |
| 57425 | | 927.37 | | | Laparoscopy, surgical, colpopexy (suspension of vaginal apex) |
| 57452 | | 119.18 | | | Colposcopy of the cervix including upper/adjacent vagina; |
| 57454 | | 166.85 | | | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage |
| 57455 | | 153.61 | | | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix |
| 57456 | | 145.38 | | | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage |
| 57460 | 01 | 371.10 | | | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | biopsy(s) of the cervix |
| 57461 | | 405.11 | | | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix |
| 57500 | | 152.31 | | | Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) |
| 57505 | | 109.15 | | | Endocervical curettage (not done as part of a dilation and curettage) |
| 57510 | | 144.43 | | | Cautery of cervix; electro or thermal |
| 57511 | | 155.81 | | | Cautery of cervix; cryocautery, initial or repeat |
| 57513 | 02 | 157.37 | | | Cautery of cervix; laser ablation |
| 57520 | 02 | 372.38 | | | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser |
| 57522 | 02 | 321.99 | | | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision |
| 57530 | 03 | 342.23 | | | Trachelectomy (cervicectomy), amputation of cervix (separate procedure) |
| 57531 | | 1,701.14 | | | Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s) |
| 57540 | | 768.15 | | | Excision of cervical stump, abdominal approach; |
| 57545 | | 820.12 | | | Excision of cervical stump, abdominal approach; with pelvic floor repair |
| 57550 | 03 | 390.67 | | | Excision of cervical stump, vaginal approach; |
| 57555 | 01 | 585.89 | | | Excision of cervical stump, vaginal approach; with anterior and/or posterior repair |
| 57556 | 05 | 549.76 | | | Excision of cervical stump, vaginal approach; with repair of enterocele |
| 57700 | 01 | 276.17 | | | Cerclage of uterine cervix, nonobstetrical |
| 57720 | 03 | 302.84 | | | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach |
| 57800 | 01 | 64.07 | | | Dilation of cervical canal, instrumental (separate procedure) |
| 57820 | 03 | 132.08 | | | Dilation and curettage of cervical stump |
| 58100 | | 116.16 | | | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) |
| 58120 | 02 | 232.68 | | | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) |
| 58140 | | 903.15 | | | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach |
| 58145 | 05 | 535.63 | | | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; vaginal approach |
| 58146 | | 1,138.67 | | | Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams, abdominal approach |
| 58150 | | 947.62 | | | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); |
| 58152 | | 1,247.48 | | | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch) |
| 58180 | | 947.34 | | | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 58200 | | 1,314.34 | | | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) |
| 58210 | | 1,751.07 | | | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58240 | | 2,328.24 | | | Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 58260 | | 816.38 | | | Vaginal hysterectomy, for uterus 250 grams or less; |
| 58262 | | 919.44 | | | Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s) |
| 58263 | | 993.96 | | | Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele |
| 58267 | | 1,050.96 | | | Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58270 | | 885.76 | | | Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele |
| 58275 | | 976.94 | | | Vaginal hysterectomy, with total or partial vaginectomy; |
| 58280 | | 1,045.13 | | | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele |
| 58285 | | 1,328.75 | | | Vaginal hysterectomy, radical (Schauta type operation) |
| 58290 | | 1,135.76 | | | Vaginal hysterectomy, for uterus greater than 250 grams; |
| 58291 | | 1,251.05 | | | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s) |
| 58292 | | 1,325.99 | | | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele |
| 58293 | | 1,382.95 | | | Vaginal hysterectomy, for uterus greater than 250 grams; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58294 | | 1,221.16 | | | Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele |
| 58300 | | 101.54 | | | Insertion of intrauterine device (IUD) |
| 58301 | | 108.75 | | | Removal of intrauterine device (IUD) |
| 58321 | | 86.77 | | | Artificial insemination; intra-cervical |
| 58322 | | 96.39 | | | Artificial insemination; intra-uterine |
| 58323 | | 19.39 | | | Sperm washing for artificial insemination |
| 58340 | | 292.48 | | | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography |
| 58345 | | 291.10 | | | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography |
| 58346 | | 442.92 | | | Insertion of Heyman capsules for clinical brachytherapy |
| 58350 | 03 | 104.92 | | | Chromotubation of oviduct, including materials |
| 58353 | 04 | 1,675.87 | | | Endometrial ablation, thermal, without hysteroscopic guidance |
| 58400 | | 429.30 | | | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) |
| 58410 | | 791.74 | | | Uterine suspension, with or without shortening of round ligaments, with or without |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | shortening of sacrouterine ligaments; with presacral sympathectomy |
| 58520 | | 746.91 | | | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) |
| 58540 | | 891.74 | | | Hysteroplasty, repair of uterine anomaly (Strassman type) |
| 58545 | 09 | 905.38 | | | Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas |
| 58546 | 09 | 1,146.38 | | | Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams |
| 58550 | 09 | 894.68 | | | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; |
| 58552 | | 992.86 | | | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s) |
| 58553 | | 1,137.87 | | | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; |
| 58554 | | 1,313.81 | | | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s) |
| 58555 | 01 | 226.39 | | | Hysteroscopy, diagnostic (separate procedure) |
| 58558 | 03 | 283.28 | | | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C |
| 58559 | 02 | 365.23 | | | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) |
| 58560 | 03 | 414.58 | | | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) |
| 58561 | 03 | 589.81 | | | Hysteroscopy, surgical; with removal of leiomyomata |
| 58562 | 03 | 308.14 | | | Hysteroscopy, surgical; with removal of impacted foreign body |
| 58563 | 04 | 365.65 | | | Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation) |
| 58578 | | I.C. | | | Unlisted laparoscopy procedure, uterus |
| 58579 | | I.C. | | | Unlisted hysteroscopy procedure, uterus |
| 58600 | 03 | 366.53 | | | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |
| 58605 | | 332.95 | | | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) |
| 58611 | | 81.11 | | | Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) |
| 58615 | 04 | 275.74 | | | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach |
| 58660 | 05 | 688.65 | | | Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) |
| 58661 | 05 | 673.10 | | | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) |
| 58662 | 05 | 730.92 | | | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method |
| 58670 | 03 | 368.86 | | | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| 58671 | 03 | 370.30 | | | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) |
| 58672 | 05 | 791.65 | | | Laparoscopy, surgical; with fimbrioplasty |
| 58673 | 05 | 847.54 | | | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) |
| 58679 | | I.C. | | | Unlisted laparoscopy procedure, oviduct, ovary |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 58700 | | 730.09 | | | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) |
| 58720 | | 713.63 | | | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) |
| 58740 | | 850.31 | | | Lysis of adhesions (salpingolysis, ovariolysis) |
| 58750 | | 926.10 | | | Tubotubal anastomosis |
| 58752 | | 908.10 | | | Tubouterine implantation |
| 58760 | | 827.50 | | | Fimbrioplasty |
| 58770 | 6 | 870.30 | | | Salpingostomy (salpingoneostomy) |
| 58800 | 03 | 357.91 | | | Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach |
| 58805 | | 391.40 | | | Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); abdominal approach |
| 58820 | 03 | 310.05 | | | Drainage of ovarian abscess; vaginal approach, open |
| 58822 | | 635.42 | | | Drainage of ovarian abscess; abdominal approach |
| 58823 | | 180.89 | | | Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) |
| 58825 | | 681.13 | | | Transposition, ovary(s) |
| 58900 | 03 | 398.07 | | | Biopsy of ovary, unilateral or bilateral (separate procedure) |
| 58920 | | 689.13 | | | Wedge resection or bisection of ovary, unilateral or bilateral |
| 58925 | | 709.41 | | | Ovarian cystectomy, unilateral or bilateral |
| 58940 | | 475.01 | | | Oophorectomy, partial or total, unilateral or bilateral; |
| 58943 | | 1,129.88 | | | Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy |
| 58950 | | 1,051.69 | | | Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; |
| 58951 | | 1,367.01 | | | Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy |
| 58952 | | 1,534.11 | | | Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors) |
| 58953 | | 1,940.06 | | | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; |
| 58954 | | 2,111.38 | | | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy |
| 58960 | | 918.82 | | | Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy |
| 58970 | | 243.43 | | | Follicle puncture for oocyte retrieval, any method |
| 58974 | | I.C. | | | Embryo transfer, intrauterine |
| 58976 | | 269.43 | | | Gamete, zygote, or embryo intrafallopian transfer, any method |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 58999 | | I.C. | | | Unlisted procedure, female genital system (nonobstetrical) |
| 59000 | | 145.94 | | | Amniocentesis; diagnostic |
| 59001 | | 180.96 | | | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) |
| 59012 | | 217.97 | | | Cordocentesis (intrauterine), any method |
| 59015 | | 163.54 | | | Chorionic villus sampling, any method |
| 59020 | | 65.39 | 40.47 | 24.92 | Fetal contraction stress test |
| 59025 | | 43.15 | 32.44 | 10.72 | Fetal non-stress test |
| 59030 | | 132.20 | | | Fetal scalp blood sampling |
| 59050 | | 54.43 | | | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation |
| 59051 | | 45.65 | | | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only |
| 59070 | | 421.83 | | | Transabdominal amnioinfusion, including ultrasound guidance |
| 59072 | | 491.35 | | | Fetal umbilical cord occlusion, including ultrasound guidance |
| 59074 | | 400.33 | | | Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance |
| 59076 | | 491.35 | | | Fetal shunt placement, including ultrasound guidance |
| 59100 | | 818.18 | | | Hysterotomy, abdominal (eg, for hydatidiform mole, abortion) |
| 59120 | | 771.20 | | | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach |
| 59121 | | 782.56 | | | Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy |
| 59130 | | 837.59 | | | Surgical treatment of ectopic pregnancy; abdominal pregnancy |
| 59135 | | 918.23 | | | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy |
| 59136 | | 861.62 | | | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus |
| 59140 | | 460.10 | | | Surgical treatment of ectopic pregnancy; cervical, with evacuation |
| 59150 | | 738.74 | | | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy |
| 59151 | | 740.23 | | | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy |
| 59160 | 03 | 257.73 | | | Curettage, postpartum |
| 59200 | | 85.77 | | | Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure) |
| 59300 | 01 | 197.53 | | | Episiotomy or vaginal repair, by other than attending physician |
| 59320 | 01 | 162.83 | | | Cerclage of cervix, during pregnancy; vaginal |
| 59325 | | 260.43 | | | Cerclage of cervix, during pregnancy; abdominal |
| 59350 | | 300.27 | | | Hysterorrhaphy of ruptured uterus |
| 59400 | | 1,670.63 | | | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care |
| 59409 | | 820.15 | | | Vaginal delivery only (with or without episiotomy and/or forceps); |
| 59410 | | 919.39 | | | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 59412 | | 109.72 | | | External cephalic version, with or without tocolysis |
| 59414 | | 97.76 | | | Delivery of placenta (separate procedure) |
| 59425 | | 391.77 | | | Antepartum care only; 4-6 visits |
| 59426 | | 688.31 | | | Antepartum care only; 7 or more visits |
| 59430 | | 146.39 | | | Postpartum care only (separate procedure) |
| 59510 | | 1,892.01 | | | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care |
| 59514 | | 967.54 | | | Cesarean delivery only; |
| 59515 | | 1,098.39 | | | Cesarean delivery only; including postpartum care |
| 59525 | | 517.09 | | | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure) |
| 59610 | | 1,762.16 | | | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery |
| 59612 | | 920.79 | | | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); |
| 59614 | | 1,014.67 | | | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care |
| 59618 | | 2,003.19 | | | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| 59620 | | 1,059.67 | | | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; |
| 59622 | | 1,200.83 | | | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care |
| 59812 | 05 | 279.74 | | | Treatment of incomplete abortion, any trimester, completed surgically |
| 59820 | 05 | 325.31 | | | Treatment of missed abortion, completed surgically; first trimester |
| 59821 | 05 | 342.40 | | | Treatment of missed abortion, completed surgically; second trimester |
| 59830 | 02 | 438.95 | | | Treatment of septic abortion, completed surgically |
| 59840 | 05 | 222.79 | | | Induced abortion, by dilation and curettage |
| 59841 | 05 | 339.86 | | | Induced abortion, by dilation and evacuation |
| 59850 | | 398.71 | | | Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; |
| 59851 | | 419.28 | | | Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| 59852 | | 577.33 | | | Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection) |
| 59855 | | 420.36 | | | Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; |
| 59856 | | 501.84 | | | Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| 59857 | | 603.41 | | | Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation) |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 59866 | 05 | 253.69 | | | Multifetal pregnancy reduction(s) (MPR) |
| 59870 | 05 | 440.89 | | | Uterine evacuation and curettage for hydatidiform mole |
| 59871 | 05 | 168.31 | | | Removal of cerclage suture under anesthesia (other than local) |
| 59897 | | I.C. | | | Unlisted fetal invasive procedure, including ultrasound guidance |
| 59898 | | I.C. | | | Unlisted laparoscopy procedure, maternity care and delivery |
| 59899 | | I.C. | | | Unlisted procedure, maternity care and delivery |
| 60000 | 01 | 162.52 | | | Incision and drainage of thyroglossal duct cyst, infected |
| 60001 | | 101.49 | | | Aspiration and/or injection, thyroid cyst |
| 60100 | | 120.49 | | | Biopsy thyroid, percutaneous core needle |
| 60200 | 02 | 648.87 | | | Excision of cyst or adenoma of thyroid, or transection of isthmus |
| 60210 | | 689.77 | | | Partial thyroid lobectomy, unilateral; with or without isthmusectomy |
| 60212 | | 987.96 | | | Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| 60220 | | 748.65 | | | Total thyroid lobectomy, unilateral; with or without isthmusectomy |
| 60225 | | 900.00 | | | Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| 60240 | | 985.84 | | | Thyroidectomy, total or complete |
| 60252 | | 1,267.41 | | | Thyroidectomy, total or subtotal for malignancy; with limited neck dissection |
| 60254 | | 1,693.24 | | | Thyroidectomy, total or subtotal for malignancy; with radical neck dissection |
| 60260 | | 1,081.11 | | | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid |
| 60270 | | 1,277.09 | | | Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach |
| 60271 | | 1,052.52 | | | Thyroidectomy, including substernal thyroid; cervical approach |
| 60280 | 04 | 440.78 | | | Excision of thyroglossal duct cyst or sinus; |
| 60281 | 04 | 598.08 | | | Excision of thyroglossal duct cyst or sinus; recurrent |
| 60500 | | 986.88 | | | Parathyroidectomy or exploration of parathyroid(s); |
| 60502 | | 1,238.58 | | | Parathyroidectomy or exploration of parathyroid(s); re-exploration |
| 60505 | | 1,355.38 | | | Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach |
| 60512 | | 252.04 | | | Parathyroid autotransplantation (List separately in addition to code for primary procedure) |
| 60520 | | 1,052.60 | | | Thymectomy, partial or total; transcervical approach (separate procedure) |
| 60521 | | 1,200.96 | | | Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure) |
| 60522 | | 1,450.30 | | | Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure) |
| 60540 | | 1,014.83 | | | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); |
| 60545 | | 1,174.77 | | | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor |
| 60600 | | 1,202.26 | | | Excision of carotid body tumor; without excision of carotid artery |
| 60605 | | 1,383.73 | | | Excision of carotid body tumor; with excision of carotid artery |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 60650 | | 1,161.55 | | | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal |
| 60659 | | I.C. | | | Unlisted laparoscopy procedure, endocrine system |
| 60699 | | I.C. | | | Unlisted procedure, endocrine system |
| 61000 | | 104.85 | | | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial |
| 61001 | | 106.27 | | | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps |
| 61020 | 01 | 123.15 | | | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection |
| 61026 | 01 | 130.66 | | | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment |
| 61050 | 01 | 114.85 | | | Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure) |
| 61055 | 01 | 143.85 | | | Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2) |
| 61070 | 01 | 80.28 | | | Puncture of shunt tubing or reservoir for aspiration or injection procedure |
| 61105 | | 398.04 | | | Twist drill hole for subdural or ventricular puncture; |
| 61107 | | 365.01 | | | Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device |
| 61108 | | 758.25 | | | Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma |
| 61120 | | 648.25 | | | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material) |
| 61140 | | 1,130.52 | | | Burr hole(s) or trephine; with biopsy of brain or intracranial lesion |
| 61150 | | 1,227.69 | | | Burr hole(s) or trephine; with drainage of brain abscess or cyst |
| 61151 | | 886.97 | | | Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst |
| 61154 | | 1,075.33 | | | Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural |
| 61156 | | 1,153.85 | | | Burr hole(s); with aspiration of hematoma or cyst, intracerebral |
| 61210 | | 418.22 | | | Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure) |
| 61215 | 03 | 389.17 | | | Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter |
| 61250 | | 754.95 | | | Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery |
| 61253 | | 873.47 | | | Burr hole(s) or trephine, infratentorial, unilateral or bilateral |
| 61304 | | 1,526.45 | | | Craniectomy or craniotomy, exploratory; supratentorial |
| 61305 | | 1,839.67 | | | Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa) |
| 61312 | | 1,741.22 | | | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural |
| 61313 | | 1,747.80 | | | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral |
| 61314 | | 1,608.11 | | | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural |
| 61315 | | 1,923.02 | | | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar |
| 61316 | | 92.04 | | | Incision and subcutaneous placement of cranial bone graft (List separately in addition |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | to code for primary procedure) |
| 61320 | | 1,776.51 | | | Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial |
| 61321 | | 1,948.68 | | | Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial |
| 61322 | | 1,900.57 | | | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy |
| 61323 | | 1,964.77 | | | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy |
| 61330 | | 1,553.25 | | | Decompression of orbit only, transcranial approach |
| 61332 | | 1,837.58 | | | Exploration of orbit (transcranial approach); with biopsy |
| 61333 | | 1,793.59 | | | Exploration of orbit (transcranial approach); with removal of lesion |
| 61334 | | 1,248.03 | | | Exploration of orbit (transcranial approach); with removal of foreign body |
| 61340 | | 1,305.21 | | | Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome) |
| 61343 | | 2,050.97 | | | Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation) |
| 61345 | | 1,865.53 | | | Other cranial decompression, posterior fossa |
| 61440 | | 1,806.17 | | | Craniotomy for section of tentorium cerebelli (separate procedure) |
| 61450 | | 1,766.68 | | | Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion |
| 61458 | | 1,875.36 | | | Craniectomy, suboccipital; for exploration or decompression of cranial nerves |
| 61460 | | 1,949.81 | | | Craniectomy, suboccipital; for section of one or more cranial nerves |
| 61470 | | 1,735.79 | | | Craniectomy, suboccipital; for medullary tractotomy |
| 61480 | | 1,844.37 | | | Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy |
| 61490 | | 1,767.03 | | | Craniotomy for lobotomy, including cingulotomy |
| 61500 | | 1,249.84 | | | Craniectomy; with excision of tumor or other bone lesion of skull |
| 61501 | | 1,043.84 | | | Craniectomy; for osteomyelitis |
| 61510 | | 1,986.54 | | | Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma |
| 61512 | | 2,412.49 | | | Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial |
| 61514 | | 1,747.59 | | | Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial |
| 61516 | | 1,709.31 | | | Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial |
| 61517 | | 79.07 | | | Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure) |
| 61518 | | 2,571.00 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull |
| 61519 | | 2,812.31 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma |
| 61520 | | 3,714.23 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor |
| 61521 | | 3,020.25 | | | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 61522 | | 1,995.78 | | | Craniectomy, infratentorial or posterior fossa; for excision of brain abscess |
| 61524 | | 1,893.71 | | | Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst |
| 61526 | | 3,455.81 | | | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; |
| 61530 | | 2,936.28 | | | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy |
| 61531 | | 1,040.34 | | | Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring |
| 61533 | | 1,368.03 | | | Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring |
| 61534 | | 1,452.04 | | | Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery |
| 61535 | | 835.04 | | | Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure) |
| 61536 | | 2,416.85 | | | Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array) |
| 61537 | | 1,744.97 | | | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery |
| 61538 | | 1,852.43 | | | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery |
| 61539 | | 2,199.58 | | | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery |
| 61540 | | 2,105.92 | | | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery |
| 61541 | | 1,971.49 | | | Craniotomy with elevation of bone flap; for transection of corpus callosum |
| 61542 | | 2,157.64 | | | Craniotomy with elevation of bone flap; for total hemispherectomy |
| 61543 | | 2,015.22 | | | Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy |
| 61544 | | 1,723.55 | | | Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus |
| 61545 | | 2,995.80 | | | Craniotomy with elevation of bone flap; for excision of craniopharyngioma |
| 61546 | | 2,138.70 | | | Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach |
| 61548 | | 1,483.78 | | | Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic |
| 61550 | | 888.28 | | | Craniectomy for craniosynostosis; single cranial suture |
| 61552 | | 1,156.09 | | | Craniectomy for craniosynostosis; multiple cranial sutures |
| 61556 | | 1,448.93 | | | Craniotomy for craniosynostosis; frontal or parietal bone flap |
| 61557 | | 1,588.60 | | | Craniotomy for craniosynostosis; bifrontal bone flap |
| 61558 | | 1,658.27 | | | Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts |
| 61559 | | 2,299.97 | | | Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts) |
| 61563 | | 1,817.79 | | | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression |
| 61564 | | 2,304.28 | | | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| 61566 | | 2,096.05 | | | Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy |
| 61567 | | 2,405.28 | | | Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery |
| 61570 | | 1,681.47 | | | Craniectomy or craniotomy; with excision of foreign body from brain |
| 61571 | | 1,824.03 | | | Craniectomy or craniotomy; with treatment of penetrating wound of brain |
| 61575 | | 2,307.37 | | | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; |
| 61576 | | 3,394.39 | | | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy) |
| 61580 | | 2,316.68 | | | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration |
| 61581 | | 2,396.28 | | | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy |
| 61582 | | 2,557.63 | | | Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa |
| 61583 | | 2,668.84 | | | Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa |
| 61584 | | 2,570.03 | | | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration |
| 61585 | | 2,793.11 | | | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration |
| 61586 | | 2,014.60 | | | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft |
| 61590 | | 2,942.45 | | | Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery |
| 61591 | | 3,087.05 | | | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery |
| 61592 | | 2,887.02 | | | Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe |
| 61595 | | 2,172.82 | | | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization |
| 61596 | | 2,532.12 | | | Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery |
| 61597 | | 2,641.34 | | | Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| | | | | | mobilization |
| 61598 | | 2,408.73 | | | Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus |
| 61600 | | 1,924.07 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural |
| 61601 | | 2,108.21 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft |
| 61605 | | 2,129.52 | | | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural |
| 61606 | | 2,771.74 | | | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft |
| 61607 | | 2,578.20 | | | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural |
| 61608 | | 3,010.03 | | | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft |
| 61609 | | 652.83 | | | Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure) |
| 61610 | | 1,800.80 | | | Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure) |
| 61611 | | 497.37 | | | Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure) |
| 61612 | | 1,741.37 | | | Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure) |
| 61613 | | 2,949.65 | | | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus |
| 61615 | | 2,337.35 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural |
| 61616 | | 3,098.46 | | | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft |
| 61618 | | 1,188.15 | | | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts) |
| 61619 | | 1,422.30 | | | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle) |
| 61623 | | 571.52 | | | Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion |
| 61624 | | 1,092.54 | | | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) |
| 61626 | | 889.81 | | | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; |

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| | | | | | non-central nervous system, head or neck (extracranial, brachiocephalic branch) |
| 61680 | | 2,113.02 | | | Surgery of intracranial arteriovenous malformation; supratentorial, simple |
| 61682 | | 4,142.00 | | | Surgery of intracranial arteriovenous malformation; supratentorial, complex |
| 61684 | | 2,715.13 | | | Surgery of intracranial arteriovenous malformation; infratentorial, simple |
| 61686 | | 4,375.84 | | | Surgery of intracranial arteriovenous malformation; infratentorial, complex |
| 61690 | | 2,011.36 | | | Surgery of intracranial arteriovenous malformation; dural, simple |
| 61692 | | 3,484.79 | | | Surgery of intracranial arteriovenous malformation; dural, complex |
| 61697 | | 3,460.60 | | | Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation |
| 61698 | | 3,313.95 | | | Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation |
| 61700 | | 3,447.67 | | | Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation |
| 61702 | | 3,277.85 | | | Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation |
| 61703 | | 1,232.16 | | | Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type) |
| 61705 | | 2,419.56 | | | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery |
| 61708 | | 2,048.90 | | | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis |
| 61710 | | 1,780.74 | | | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter |
| 61711 | | 2,474.15 | | | Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries |
| 61720 | | 1,180.91 | | | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus |
| 61735 | | 1,434.93 | | | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus |
| 61750 | | 1,269.01 | | | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; |
| 61751 | | 1,250.35 | | | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance |
| 61760 | | 1,374.48 | | | Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring |
| 61770 | | 1,474.11 | | | Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source |
| 61790 | 03 | 725.56 | | | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion |
| 61791 | 03 | 1,037.33 | | | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract |
| 61793 | | 1,204.11 | | | Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions |
| 61795 | | 267.35 | | | Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure) |
| 61850 | | 872.14 | | | Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical |
| 61860 | | 1,443.23 | | | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| 61863 | | 1,247.22 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array |
| 61864 | | 299.73 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) |
| 61867 | | 1,905.73 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array |
| 61868 | | 504.45 | | | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) |
| 61870 | | 1,038.06 | | | Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical |
| 61875 | | 1,017.66 | | | Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical |
| 61880 | | 478.10 | | | Revision or removal of intracranial neurostimulator electrodes |
| 61885 | 02 | 488.56 | | | Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array |
| 61886 | 03 | 628.77 | | | Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays |
| 61888 | 01 | 391.85 | | | Revision or removal of cranial neurostimulator pulse generator or receiver |
| 62000 | | 737.20 | | | Elevation of depressed skull fracture; simple, extradural |
| 62005 | | 1,065.50 | | | Elevation of depressed skull fracture; compound or comminuted, extradural |
| 62010 | | 1,387.54 | | | Elevation of depressed skull fracture; with repair of dura and/or debridement of brain |
| 62100 | | 1,518.53 | | | Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea |
| 62115 | | 1,472.16 | | | Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty |
| 62116 | | 1,629.19 | | | Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty |
| 62117 | | 1,853.63 | | | Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts) |
| 62120 | | 1,594.04 | | | Repair of encephalocele, skull vault, including cranioplasty |
| 62121 | | 1,439.48 | | | Craniotomy for repair of encephalocele, skull base |
| 62140 | | 955.27 | | | Cranioplasty for skull defect; up to 5 cm diameter |
| 62141 | | 1,048.25 | | | Cranioplasty for skull defect; larger than 5 cm diameter |
| 62142 | | 778.34 | | | Removal of bone flap or prosthetic plate of skull |
| 62143 | | 924.32 | | | Replacement of bone flap or prosthetic plate of skull |
| 62145 | | 1,308.09 | | | Cranioplasty for skull defect with reparative brain surgery |
| 62146 | | 1,121.63 | | | Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter |
| 62147 | | 1,339.53 | | | Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| | | | | | diameter |
| 62148 | | 125.58 | | | Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure) |
| 62160 | | 180.08 | | | Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure) |
| 62161 | | 1,289.80 | | | Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter) |
| 62162 | | 1,652.14 | | | Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage |
| 62163 | | 1,048.39 | | | Neuroendoscopy, intracranial; with retrieval of foreign body |
| 62164 | | 1,788.00 | | | Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage |
| 62165 | | 1,402.86 | | | Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach |
| 62180 | | 1,469.44 | | | Ventriculocisternostomy (Torkildsen type operation) |
| 62190 | | 795.27 | | | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular |
| 62192 | | 873.15 | | | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus |
| 62194 | 01 | 324.91 | | | Replacement or irrigation, subarachnoid/subdural catheter |
| 62200 | | 1,282.51 | | | Ventriculocisternostomy, third ventricle; |
| 62201 | | 1,050.81 | | | Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method |
| 62220 | | 919.01 | | | Creation of shunt; ventriculo-atrial, -jugular, -auricular |
| 62223 | | 926.86 | | | Creation of shunt; ventriculo-peritoneal, -pleural, other terminus |
| 62225 | 01 | 416.17 | | | Replacement or irrigation, ventricular catheter |
| 62230 | 02 | 746.99 | | | Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system |
| 62252 | | 96.59 | 49.20 | 47.39 | Reprogramming of programmable cerebrospinal shunt |
| 62256 | | 496.05 | | | Removal of complete cerebrospinal fluid shunt system; without replacement |
| 62258 | | 1,021.22 | | | Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation |
| 62263 | 01 | 746.82 | | | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days |
| 62264 | | 500.37 | | | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day |
| 62268 | 01 | 634.85 | | | Percutaneous aspiration, spinal cord cyst or syrinx |
| 62269 | 01 | 738.99 | | | Biopsy of spinal cord, percutaneous needle |
| 62270 | 01 | 174.55 | | | Spinal puncture, lumbar, diagnostic |
| 62272 | 01 | 210.83 | | | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter) |
| 62273 | 01 | 201.26 | | | Injection, epidural, of blood or clot patch |
| 62280 | 01 | 383.27 | | | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 62281 | 01 | 348.81 | | | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic |
| 62282 | 01 | 438.63 | | | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) |
| 62284 | | 267.38 | | | Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) |
| 62287 | 09 | 561.00 | | | Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous diskectomy, percutaneous laser diskectomy) |
| 62290 | | 407.40 | | | Injection procedure for diskography, each level; lumbar |
| 62291 | | 355.89 | | | Injection procedure for diskography, each level; cervical or thoracic |
| 62292 | | 509.11 | | | Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar |
| 62294 | 03 | 713.15 | | | Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal |
| 62310 | 01 | 279.53 | | | Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic |
| 62311 | 01 | 268.35 | | | Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal) |
| 62318 | 01 | 313.40 | | | Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic |
| 62319 | 01 | 277.60 | | | Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal) |
| 62350 | 02 | 449.98 | | | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy |
| 62351 | | 740.78 | | | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy |
| 62355 | 02 | 357.13 | | | Removal of previously implanted intrathecal or epidural catheter |
| 62360 | 02 | 220.53 | | | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir |
| 62361 | 02 | 386.83 | | | Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump |
| 62362 | 02 | 480.92 | | | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming |
| 62365 | 02 | 376.76 | | | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion |
| 62367 | | | 24.78 | | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| 62368 | | | 38.09 | | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming |
| 63001 | | 1,106.57 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; cervical |
| 63003 | | 1,124.01 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; thoracic |
| 63005 | | 1,075.22 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis |
| 63011 | | 946.57 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; sacral |
| 63012 | | 1,103.37 | | | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) |
| 63015 | | 1,368.60 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), more than 2 vertebral segments; cervical |
| 63016 | | 1,350.93 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), more than 2 vertebral segments; thoracic |
| 63017 | | 1,142.31 | | | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), more than 2 vertebral segments; lumbar |
| 63020 | | 1,070.01 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical |
| 63030 | | 885.50 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach) |
| 63035 | | 206.50 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) |
| 63040 | | 1,314.41 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical |
| 63042 | | 1,246.45 | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar |
| 63043 | | I.C. | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure) |
| 63044 | | I.C. | | | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure) |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 63045 | | 1,173.20 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; cervical |
| 63046 | | 1,128.00 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; thoracic |
| 63047 | | 1,059.86 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; lumbar |
| 63048 | | 214.32 | | | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) |
| 63055 | | 1,529.84 | | | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic |
| 63056 | | 1,416.10 | | | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disk) |
| 63057 | | 338.65 | | | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) |
| 63064 | | 1,706.28 | | | Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment |
| 63066 | | 216.12 | | | Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; each additional segment (List separately in addition to code for primary procedure) |
| 63075 | | 1,374.97 | | | Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace |
| 63076 | | 267.37 | | | Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure) |
| 63077 | | 1,469.70 | | | Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace |
| 63078 | | 210.81 | | | Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) |
| 63081 | | 1,658.74 | | | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment |
| 63082 | | 288.10 | | | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) |
| 63085 | | 1,835.78 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment |
| 63086 | | 207.53 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) |
| 63087 | | 2,371.65 | | | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| | | | | | root(s), lower thoracic or lumbar; single segment |
| 63088 | | 282.69 | | | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) |
| 63090 | | 1,889.72 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment |
| 63091 | | 192.00 | | | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) |
| 63101 | | 2,190.71 | | | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment |
| 63102 | | 2,190.71 | | | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment |
| 63103 | | 254.21 | | | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) |
| 63170 | | 1,395.66 | | | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar |
| 63172 | | 1,247.24 | | | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space |
| 63173 | | 1,527.00 | | | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space |
| 63180 | | 1,298.91 | | | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments |
| 63182 | | 1,369.14 | | | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments |
| 63185 | | 989.44 | | | Laminectomy with rhizotomy; one or two segments |
| 63190 | | 1,195.57 | | | Laminectomy with rhizotomy; more than two segments |
| 63191 | | 1,237.04 | | | Laminectomy with section of spinal accessory nerve |
| 63194 | | 1,368.86 | | | Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical |
| 63195 | | 1,307.57 | | | Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic |
| 63196 | | 1,580.77 | | | Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical |
| 63197 | | 1,477.03 | | | Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic |
| 63198 | | 1,511.26 | | | Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical |
| 63199 | | 1,858.24 | | | Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic |
| 63200 | | 1,336.51 | | | Laminectomy, with release of tethered spinal cord, lumbar |
| 63250 | | 2,655.90 | | | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| 63251 | | 2,796.32 | | | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic |
| 63252 | | 2,772.67 | | | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar |
| 63265 | | 1,506.91 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical |
| 63266 | | 1,558.70 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic |
| 63267 | | 1,269.79 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar |
| 63268 | | 1,251.65 | | | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral |
| 63270 | | 1,859.15 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical |
| 63271 | | 1,873.71 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic |
| 63272 | | 1,757.45 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar |
| 63273 | | 1,704.87 | | | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral |
| 63275 | | 1,643.57 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical |
| 63276 | | 1,628.46 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic |
| 63277 | | 1,458.71 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar |
| 63278 | | 1,441.90 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral |
| 63280 | | 1,967.53 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical |
| 63281 | | 1,945.09 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic |
| 63282 | | 1,834.79 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar |
| 63283 | | 1,746.63 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral |
| 63285 | | 2,463.64 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical |
| 63286 | | 2,439.31 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic |
| 63287 | | 2,517.58 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar |
| 63290 | | 2,555.00 | | | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level |
| 63300 | | 1,697.25 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical |
| 63301 | | 1,878.06 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach |
| 63302 | | 1,906.42 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach |
| 63303 | | 2,049.82 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| 63304 | | 2,043.43 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | intraspinal lesion, single segment; intradural, cervical |
| 63305 | | 2,162.17 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach |
| 63306 | | 2,051.53 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach |
| 63307 | | 2,052.84 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| 63308 | | 344.63 | | | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) |
| 63600 | 02 | 801.34 | | | Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording) |
| 63610 | 01 | 2,690.72 | | | Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery |
| 63615 | | 1,112.98 | | | Stereotactic biopsy, aspiration, or excision of lesion, spinal cord |
| 63650 | 02 | 406.92 | | | Percutaneous implantation of neurostimulator electrode array, epidural |
| 63655 | | 745.01 | | | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural |
| 63660 | 01 | 408.33 | | | Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s) |
| 63685 | 02 | 475.25 | | | Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling |
| 63688 | 01 | 378.56 | | | Revision or removal of implanted spinal neurostimulator pulse generator or receiver |
| 63700 | | 1,152.67 | | | Repair of meningocele; less than 5 cm diameter |
| 63702 | | 1,201.88 | | | Repair of meningocele; larger than 5 cm diameter |
| 63704 | | 1,479.76 | | | Repair of myelomeningocele; less than 5 cm diameter |
| 63706 | | 1,652.31 | | | Repair of myelomeningocele; larger than 5 cm diameter |
| 63707 | | 818.37 | | | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy |
| 63709 | | 1,023.77 | | | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy |
| 63710 | | 1,005.77 | | | Dural graft, spinal |
| 63740 | | 816.39 | | | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy |
| 63741 | | 550.31 | | | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy |
| 63744 | 03 | 582.22 | | | Replacement, irrigation or revision of lumbosubarachnoid shunt |
| 63746 | 02 | 443.96 | | | Removal of entire lumbosubarachnoid shunt system without replacement |
| 64400 | | 128.69 | | | Injection, anesthetic agent; trigeminal nerve, any division or branch |
| 64402 | | 122.88 | | | Injection, anesthetic agent; facial nerve |
| 64405 | | 116.85 | | | Injection, anesthetic agent; greater occipital nerve |
| 64408 | | 123.07 | | | Injection, anesthetic agent; vagus nerve |
| 64410 | 01 | 164.84 | | | Injection, anesthetic agent; phrenic nerve |
| 64412 | | 161.73 | | | Injection, anesthetic agent; spinal accessory nerve |
| 64413 | | 135.34 | | | Injection, anesthetic agent; cervical plexus |
| 64415 | 01 | 178.53 | | | Injection, anesthetic agent; brachial plexus, single |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 64416 | | 164.96 | | | Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration |
| 64417 | 01 | 187.86 | | | Injection, anesthetic agent; axillary nerve |
| 64418 | | 163.88 | | | Injection, anesthetic agent; suprascapular nerve |
| 64420 | 01 | 195.70 | | | Injection, anesthetic agent; intercostal nerve, single |
| 64421 | 01 | 294.16 | | | Injection, anesthetic agent; intercostal nerves, multiple, regional block |
| 64425 | | 141.55 | | | Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves |
| 64430 | 01 | 168.13 | | | Injection, anesthetic agent; pudendal nerve |
| 64435 | | 168.83 | | | Injection, anesthetic agent; paracervical (uterine) nerve |
| 64445 | | 172.20 | | | Injection, anesthetic agent; sciatic nerve, single |
| 64446 | | 175.30 | | | Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, (including catheter placement) including daily management for anesthetic agent administration |
| 64447 | | 81.06 | | | Injection, anesthetic agent; femoral nerve, single |
| 64448 | | 159.55 | | | Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration |
| 64449 | | 157.02 | | | Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration |
| 64450 | | 104.00 | | | Injection, anesthetic agent; other peripheral nerve or branch |
| 64470 | 01 | 278.83 | | | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level |
| 64472 | 01 | 133.72 | | | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure) |
| 64475 | 01 | 248.69 | | | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level |
| 64476 | 01 | 115.78 | | | Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) |
| 64479 | 01 | 385.25 | | | Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level |
| 64480 | 01 | 162.96 | | | Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure) |
| 64483 | 01 | 393.27 | | | Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level |
| 64484 | 01 | 171.18 | | | Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) |
| 64505 | | 105.71 | | | Injection, anesthetic agent; sphenopalatine ganglion |
| 64508 | | 169.11 | | | Injection, anesthetic agent; carotid sinus (separate procedure) |
| 64510 | 01 | 183.30 | | | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) |
| 64517 | | 200.68 | | | Injection, anesthetic agent; superior hypogastric plexus |
| 64520 | 01 | 246.13 | | | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) |
| 64530 | 01 | 228.97 | | | Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring |
| 64550 | | 19.73 | | | Application of surface (transcutaneous) neurostimulator |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 64553 | 01 | 207.22 | | | Percutaneous implantation of neurostimulator electrodes; cranial nerve |
| 64555 | | 219.76 | | | Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve) |
| 64560 | | 206.58 | | | Percutaneous implantation of neurostimulator electrodes; autonomic nerve |
| 64561 | | 390.90 | | | Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) |
| 64565 | | 210.58 | | | Percutaneous implantation of neurostimulator electrodes; neuromuscular |
| 64573 | 01 | 556.59 | | | Incision for implantation of neurostimulator electrodes; cranial nerve |
| 64575 | 01 | 290.97 | | | Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve) |
| 64577 | 01 | 331.79 | | | Incision for implantation of neurostimulator electrodes; autonomic nerve |
| 64580 | 01 | 312.13 | | | Incision for implantation of neurostimulator electrodes; neuromuscular |
| 64581 | | 749.89 | | | Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) |
| 64585 | 01 | 575.90 | | | Revision or removal of peripheral neurostimulator electrodes |
| 64590 | 02 | 410.93 | | | Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling |
| 64595 | 01 | 523.96 | | | Revision or removal of peripheral neurostimulator pulse generator or receiver |
| 64600 | 01 | 496.12 | | | Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch |
| 64605 | 01 | 592.47 | | | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale |
| 64610 | 01 | 642.70 | | | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring |
| 64612 | | 187.65 | | | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm) |
| 64613 | | 202.71 | | | Chemodenervation of muscle(s); cervical spinal muscle(s) (eg, for spasmodic torticollis) |
| 64614 | | 222.84 | | | Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis) |
| 64620 | 01 | 307.30 | | | Destruction by neurolytic agent, intercostal nerve |
| 64622 | 01 | 440.64 | | | Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level |
| 64623 | 01 | 141.44 | | | Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) |
| 64626 | 01 | 412.95 | | | Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level |
| 64627 | 01 | 156.76 | | | Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure) |
| 64630 | 02 | 233.91 | | | Destruction by neurolytic agent; pudendal nerve |
| 64640 | | 286.71 | | | Destruction by neurolytic agent; other peripheral nerve or branch |
| 64680 | 02 | 355.86 | | | Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus |
| 64681 | | 506.05 | | | Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus |
| 64702 | 01 | 338.76 | | | Neuroplasty; digital, one or both, same digit |
| 64704 | 01 | 331.51 | | | Neuroplasty; nerve of hand or foot |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 64708 | 02 | 463.70 | | | Neuroplasty, major peripheral nerve, arm or leg; other than specified |
| 64712 | 02 | 521.72 | | | Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve |
| 64713 | 02 | 699.35 | | | Neuroplasty, major peripheral nerve, arm or leg; brachial plexus |
| 64714 | 02 | 590.62 | | | Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus |
| 64716 | 03 | 480.59 | | | Neuroplasty and/or transposition; cranial nerve (specify) |
| 64718 | 02 | 504.43 | | | Neuroplasty and/or transposition; ulnar nerve at elbow |
| 64719 | 02 | 393.31 | | | Neuroplasty and/or transposition; ulnar nerve at wrist |
| 64721 | 02 | 391.35 | | | Neuroplasty and/or transposition; median nerve at carpal tunnel |
| 64722 | 01 | 317.55 | | | Decompression; unspecified nerve(s) (specify) |
| 64726 | 01 | 294.29 | | | Decompression; plantar digital nerve |
| 64727 | 01 | 194.95 | | | Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) |
| 64732 | 02 | 342.61 | | | Transection or avulsion of; supraorbital nerve |
| 64734 | 02 | 386.29 | | | Transection or avulsion of; infraorbital nerve |
| 64736 | 02 | 368.76 | | | Transection or avulsion of; mental nerve |
| 64738 | 02 | 440.74 | | | Transection or avulsion of; inferior alveolar nerve by osteotomy |
| 64740 | 02 | 411.07 | | | Transection or avulsion of; lingual nerve |
| 64742 | 02 | 458.88 | | | Transection or avulsion of; facial nerve, differential or complete |
| 64744 | 02 | 392.37 | | | Transection or avulsion of; greater occipital nerve |
| 64746 | 02 | 441.19 | | | Transection or avulsion of; phrenic nerve |
| 64752 | | 477.53 | | | Transection or avulsion of; vagus nerve (vagotomy), transthoracic |
| 64755 | | 790.50 | | | Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy) |
| 64760 | | 429.06 | | | Transection or avulsion of; vagus nerve (vagotomy), abdominal |
| 64761 | | 400.71 | | | Transection or avulsion of; pudendal nerve |
| 64763 | | 509.73 | | | Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy |
| 64766 | | 583.98 | | | Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy |
| 64771 | 02 | 559.69 | | | Transection or avulsion of other cranial nerve, extradural |
| 64772 | 02 | 522.81 | | | Transection or avulsion of other spinal nerve, extradural |
| 64774 | 02 | 376.78 | | | Excision of neuroma; cutaneous nerve, surgically identifiable |
| 64776 | 03 | 370.19 | | | Excision of neuroma; digital nerve, one or both, same digit |
| 64778 | 02 | 194.30 | | | Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure) |
| 64782 | 03 | 421.12 | | | Excision of neuroma; hand or foot, except digital nerve |
| 64783 | 02 | 235.28 | | | Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure) |
| 64784 | 03 | 689.17 | | | Excision of neuroma; major peripheral nerve, except sciatic |
| 64786 | 03 | 1,077.40 | | | Excision of neuroma; sciatic nerve |
| 64787 | 02 | 271.95 | | | Implantation of nerve end into bone or muscle (List separately in addition to neuroma |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | excision) |
| 64788 | 03 | 339.23 | | | Excision of neurofibroma or neurolemmoma; cutaneous nerve |
| 64790 | 03 | 789.70 | | | Excision of neurofibroma or neurolemmoma; major peripheral nerve |
| 64792 | 03 | 1,002.59 | | | Excision of neurofibroma or neurolemmoma; extensive (including malignant type) |
| 64795 | 02 | 194.93 | | | Biopsy of nerve |
| 64802 | 02 | 594.09 | | | Sympathectomy, cervical |
| 64804 | | 919.60 | | | Sympathectomy, cervicothoracic |
| 64809 | | 794.02 | | | Sympathectomy, thoracolumbar |
| 64818 | | 651.32 | | | Sympathectomy, lumbar |
| 64820 | | 732.30 | | | Sympathectomy; digital arteries, each digit |
| 64821 | 04 | 675.10 | | | Sympathectomy; radial artery |
| 64822 | | 671.73 | | | Sympathectomy; ulnar artery |
| 64823 | | 777.40 | | | Sympathectomy; superficial palmar arch |
| 64831 | 04 | 693.87 | | | Suture of digital nerve, hand or foot; one nerve |
| 64832 | 01 | 362.01 | | | Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure) |
| 64834 | 02 | 726.34 | | | Suture of one nerve, hand or foot; common sensory nerve |
| 64835 | 03 | 784.29 | | | Suture of one nerve, hand or foot; median motor thenar |
| 64836 | 03 | 781.95 | | | Suture of one nerve, hand or foot; ulnar motor |
| 64837 | 01 | 401.48 | | | Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure) |
| 64840 | 02 | 870.46 | | | Suture of posterior tibial nerve |
| 64856 | 02 | 967.97 | | | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition |
| 64857 | 02 | 1,014.76 | | | Suture of major peripheral nerve, arm or leg, except sciatic; without transposition |
| 64858 | 02 | 1,174.27 | | | Suture of sciatic nerve |
| 64859 | 01 | 271.00 | | | Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure) |
| 64861 | 03 | 1,311.55 | | | Suture of; brachial plexus |
| 64862 | 03 | 1,325.47 | | | Suture of; lumbar plexus |
| 64864 | 03 | 854.74 | | | Suture of facial nerve; extracranial |
| 64865 | 04 | 1,039.49 | | | Suture of facial nerve; infratemporal, with or without grafting |
| 64866 | | 1,040.50 | | | Anastomosis; facial-spinal accessory |
| 64868 | | 953.28 | | | Anastomosis; facial-hypoglossal |
| 64870 | 04 | 1,010.06 | | | Anastomosis; facial-phrenic |
| 64872 | 02 | 129.69 | | | Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy) |
| 64874 | 03 | 189.59 | | | Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture) |
| 64876 | 03 | 195.13 | | | Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture) |
| 64885 | 02 | 1,174.40 | | | Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 64886 | 02 | 1,381.49 | | | Nerve graft (includes obtaining graft), head or neck; more than 4 cm length |
| 64890 | 02 | 1,054.64 | | | Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length |
| 64891 | 02 | 979.30 | | | Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length |
| 64892 | 02 | 984.86 | | | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length |
| 64893 | 02 | 1,068.30 | | | Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length |
| 64895 | 03 | 1,206.19 | | | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length |
| 64896 | 03 | 1,302.54 | | | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length |
| 64897 | 03 | 1,233.95 | | | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length |
| 64898 | 03 | 1,330.11 | | | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length |
| 64901 | 02 | 643.32 | | | Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure) |
| 64902 | 02 | 737.74 | | | Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure) |
| 64905 | 02 | 943.66 | | | Nerve pedicle transfer; first stage |
| 64907 | 01 | 1,300.65 | | | Nerve pedicle transfer; second stage |
| 64999 | | I.C. | | | Unlisted procedure, nervous system |
| 65091 | 03 | 662.69 | | | Evisceration of ocular contents; without implant |
| 65093 | 03 | 694.22 | | | Evisceration of ocular contents; with implant |
| 65101 | 03 | 725.13 | | | Enucleation of eye; without implant |
| 65103 | 03 | 754.10 | | | Enucleation of eye; with implant, muscles not attached to implant |
| 65105 | 04 | 817.69 | | | Enucleation of eye; with implant, muscles attached to implant |
| 65110 | 05 | 1,165.77 | | | Exenteration of orbit (does not include skin graft), removal of orbital contents; only |
| 65112 | 07 | 1,363.29 | | | Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone |
| 65114 | 07 | 1,414.65 | | | Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap |
| 65125 | | 512.14 | | | Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure) |
| 65130 | 03 | 711.10 | | | Insertion of ocular implant secondary; after evisceration, in scleral shell |
| 65135 | 02 | 725.78 | | | Insertion of ocular implant secondary; after enucleation, muscles not attached to implant |
| 65140 | 03 | 771.37 | | | Insertion of ocular implant secondary; after enucleation, muscles attached to implant |
| 65150 | 02 | 636.30 | | | Reinsertion of ocular implant; with or without conjunctival graft |
| 65155 | 03 | 829.15 | | | Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant |
| 65175 | 01 | 652.53 | | | Removal of ocular implant |
| 65205 | | 53.27 | | | Removal of foreign body, external eye; conjunctival superficial |
| 65210 | | 64.07 | | | Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 65220 | | 53.87 | | | Removal of foreign body, external eye; corneal, without slit lamp |
| 65222 | | 68.61 | | | Removal of foreign body, external eye; corneal, with slit lamp |
| 65235 | 02 | 601.92 | | | Removal of foreign body, intraocular; from anterior chamber of eye or lens |
| 65260 | 03 | 909.97 | | | Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route |
| 65265 | 04 | 1,026.10 | | | Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction |
| 65270 | 02 | 236.10 | | | Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure |
| 65272 | 02 | 393.02 | | | Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization |
| 65273 | | 407.66 | | | Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization |
| 65275 | 04 | 449.48 | | | Repair of laceration; cornea, nonperforating, with or without removal foreign body |
| 65280 | 04 | 643.68 | | | Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue |
| 65285 | 04 | 1,026.17 | | | Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue |
| 65286 | | 569.84 | | | Repair of laceration; application of tissue glue, wounds of cornea and/or sclera |
| 65290 | 03 | 485.67 | | | Repair of wound, extraocular muscle, tendon and/or Tenon's capsule |
| 65400 | 01 | 600.63 | | | Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium |
| 65410 | 02 | 130.04 | | | Biopsy of cornea |
| 65420 | 02 | 480.59 | | | Excision or transposition of pterygium; without graft |
| 65426 | 05 | 520.53 | | | Excision or transposition of pterygium; with graft |
| 65430 | | 266.20 | | | Scraping of cornea, diagnostic, for smear and/or culture |
| 65435 | | 91.84 | | | Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) |
| 65436 | | 410.53 | | | Removal of corneal epithelium; with application of chelating agent (eg, EDTA) |
| 65450 | | 432.46 | | | Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization |
| 65600 | | 370.26 | | | Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo) |
| 65710 | 07 | 1,002.42 | | | Keratoplasty (corneal transplant); lamellar |
| 65730 | 07 | 1,056.96 | | | Keratoplasty (corneal transplant); penetrating (except in aphakia) |
| 65750 | 07 | 1,148.95 | | | Keratoplasty (corneal transplant); penetrating (in aphakia) |
| 65755 | 07 | 1,140.71 | | | Keratoplasty (corneal transplant); penetrating (in pseudophakia) |
| 65760 | | I.C. | | | Keratomileusis |
| 65765 | | I.C. | | | Keratophakia |
| 65767 | | I.C. | | | Epikeratoplasty |
| 65770 | 07 | 1,289.18 | | | Keratoprosthesis |
| 65771 | | I.C. | | | Radial keratotomy |
| 65772 | 04 | 469.10 | | | Corneal relaxing incision for correction of surgically induced astigmatism |
| 65775 | 04 | 535.89 | | | Corneal wedge resection for correction of surgically induced astigmatism |
| 65780 | | 815.28 | | | Ocular surface reconstruction; amniotic membrane transplantation |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 65781 | | 1,236.78 | | | Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor) |
| 65782 | | 1,066.92 | | | Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft) |
| 65800 | 01 | 170.72 | | | Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous |
| 65805 | 01 | 170.72 | | | Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous |
| 65810 | 03 | 529.51 | | | Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection |
| 65815 | 02 | 550.09 | | | Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection |
| 65820 | | 766.84 | | | Goniotomy |
| 65850 | 04 | 806.06 | | | Trabeculotomy ab externo |
| 65855 | | 370.31 | | | Trabeculoplasty by laser surgery, one or more sessions (defined treatment series) |
| 65860 | | 302.99 | | | Severing adhesions of anterior segment, laser technique (separate procedure) |
| 65865 | 01 | 492.06 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae |
| 65870 | 04 | 545.74 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae |
| 65875 | 04 | 568.87 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae |
| 65880 | 04 | 601.35 | | | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions |
| 65900 | 05 | 913.11 | | | Removal of epithelial downgrowth, anterior chamber of eye |
| 65920 | 07 | 695.13 | | | Removal of implanted material, anterior segment of eye |
| 65930 | 05 | 616.96 | | | Removal of blood clot, anterior segment of eye |
| 66020 | 01 | 162.26 | | | Injection, anterior chamber of eye (separate procedure); air or liquid |
| 66030 | 01 | 142.10 | | | Injection, anterior chamber of eye (separate procedure); medication |
| 66130 | 07 | 616.02 | | | Excision of lesion, sclera |
| 66150 | 04 | 740.25 | | | Fistulization of sclera for glaucoma; trephination with iridectomy |
| 66155 | 04 | 737.05 | | | Fistulization of sclera for glaucoma; thermocauterization with iridectomy |
| 66160 | 02 | 846.39 | | | Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy |
| 66165 | 04 | 721.25 | | | Fistulization of sclera for glaucoma; iridencleisis or iridotasis |
| 66170 | 04 | 1,000.01 | | | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery |
| 66172 | 04 | 1,225.07 | | | Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) |
| 66180 | 05 | 1,055.92 | | | Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin) |
| 66185 | 02 | 663.52 | | | Revision of aqueous shunt to extraocular reservoir |
| 66220 | 03 | 672.33 | | | Repair of scleral staphyloma; without graft |
| 66225 | 04 | 824.71 | | | Repair of scleral staphyloma; with graft |
| 66250 | 02 | 556.85 | | | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 66500 | 01 | 359.91 | | | Iridotomy by stab incision (separate procedure); except transfixion |
| 66505 | 01 | 386.57 | | | Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe |
| 66600 | 03 | 714.84 | | | Iridectomy, with corneoscleral or corneal section; for removal of lesion |
| 66605 | 03 | 978.41 | | | Iridectomy, with corneoscleral or corneal section; with cyclectomy |
| 66625 | 03 | 496.20 | | | Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure) |
| 66630 | 03 | 553.40 | | | Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure) |
| 66635 | 03 | 523.91 | | | Iridectomy, with corneoscleral or corneal section; optical (separate procedure) |
| 66680 | 03 | 466.87 | | | Repair of iris, ciliary body (as for iridodialysis) |
| 66682 | 02 | 555.71 | | | Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture) |
| 66700 | 02 | 411.88 | | | Ciliary body destruction; diathermy |
| 66710 | 02 | 406.52 | | | Ciliary body destruction; cyclophotocoagulation |
| 66720 | 02 | 426.21 | | | Ciliary body destruction; cryotherapy |
| 66740 | 02 | 413.26 | | | Ciliary body destruction; cyclodialysis |
| 66761 | | 392.76 | | | Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions) |
| 66762 | | 415.84 | | | Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle) |
| 66770 | | 457.19 | | | Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure) |
| 66820 | | 451.31 | | | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife) |
| 66821 | 02 | 259.99 | | | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages) |
| 66825 | 04 | 746.59 | | | Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure) |
| 66830 | 04 | 618.99 | | | Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy) |
| 66840 | 04 | 603.66 | | | Removal of lens material; aspiration technique, one or more stages |
| 66850 | 07 | 682.75 | | | Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration |
| 66852 | 04 | 735.35 | | | Removal of lens material; pars plana approach, with or without vitrectomy |
| 66920 | 04 | 659.54 | | | Removal of lens material; intracapsular |
| 66930 | 05 | 759.09 | | | Removal of lens material; intracapsular, for dislocated lens |
| 66940 | 05 | 686.63 | | | Removal of lens material; extracapsular (other than 66840, 66850, 66852) |
| 66982 | 08 | 946.90 | | | Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage |
| 66983 | 08 | 613.49 | | | Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure) |
| 66984 | 08 | 721.35 | | | Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) |
| 66985 | 6 | 642.90 | | | Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal |
| 66986 | 6 | 868.68 | | | Exchange of intraocular lens |
| 66990 | | 88.13 | | | Use of ophthalmic endoscope (List separately in addition to code for primary procedure) |
| 66999 | | I.C. | | | Unlisted procedure, anterior segment of eye |
| 67005 | 04 | 407.30 | | | Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal |
| 67010 | 04 | 476.41 | | | Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy |
| 67015 | 01 | 596.33 | | | Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) |
| 67025 | 01 | 867.31 | | | Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure) |
| 67027 | 04 | 963.62 | | | Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous |
| 67028 | | 372.93 | | | Intravitreal injection of a pharmacologic agent (separate procedure) |
| 67030 | 01 | 476.11 | | | Discission of vitreous strands (without removal), pars plana approach |
| 67031 | 02 | 343.23 | | | Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages) |
| 67036 | 04 | 858.86 | | | Vitrectomy, mechanical, pars plana approach; |
| 67038 | 05 | 1,497.42 | | | Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping |
| 67039 | 07 | 1,096.10 | | | Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation |
| 67040 | 07 | 1,264.21 | | | Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation |
| 67101 | | 709.29 | | | Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid |
| 67105 | | 626.36 | | | Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid |
| 67107 | 05 | 1,120.27 | | | Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid |
| 67108 | 07 | 1,531.15 | | | Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique |
| 67110 | | 992.35 | | | Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy) |
| 67112 | 07 | 1,273.68 | | | Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques |
| 67115 | 02 | 493.57 | | | Release of encircling material (posterior segment) |
| 67120 | 02 | 752.02 | | | Removal of implanted material, posterior segment; extraocular |
| 67121 | 02 | 887.77 | | | Removal of implanted material, posterior segment; intraocular |
| 67141 | 02 | 508.11 | | | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 67145 | | 452.43 | | | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc) |
| 67208 | | 512.40 | | | Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy |
| 67210 | | 608.29 | | | Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation |
| 67218 | 05 | 1,312.47 | | | Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source) |
| 67220 | | 927.77 | | | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions |
| 67221 | | 354.24 | | | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion) |
| 67225 | | 28.98 | | | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment) |
| 67227 | 01 | 526.00 | | | Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy |
| 67228 | | 954.20 | | | Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc) |
| 67250 | 03 | 776.23 | | | Scleral reinforcement (separate procedure); without graft |
| 67255 | 03 | 809.43 | | | Scleral reinforcement (separate procedure); with graft |
| 67299 | | I.C. | | | Unlisted procedure, posterior segment |
| 67311 | 03 | 530.92 | | | Strabismus surgery, recession or resection procedure; one horizontal muscle |
| 67312 | 04 | 652.53 | | | Strabismus surgery, recession or resection procedure; two horizontal muscles |
| 67314 | 04 | 600.04 | | | Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique) |
| 67316 | 04 | 724.81 | | | Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique) |
| 67318 | 04 | 628.80 | | | Strabismus surgery, any procedure, superior oblique muscle |
| 67320 | 04 | 251.83 | | | Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure) |
| 67331 | 04 | 239.54 | | | Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure) |
| 67332 | 04 | 261.11 | | | Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure) |
| 67334 | 04 | 231.71 | | | Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) |
| 67335 | 04 | 144.71 | | | Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery) |
| 67340 | 04 | 286.44 | | | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure) |
| 67343 | | 597.00 | | | Release of extensive scar tissue without detaching extraocular muscle (separate procedure) |
| 67345 | | 300.21 | | | Chemodenervation of extraocular muscle |
| 67350 | 01 | 191.85 | | | Biopsy of extraocular muscle |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 67399 | | I.C. | | | Unlisted procedure, ocular muscle |
| 67400 | 03 | 910.62 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy |
| 67405 | 04 | 779.05 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only |
| 67412 | 05 | 920.15 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion |
| 67413 | 05 | 904.07 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body |
| 67414 | | 1,026.93 | | | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression |
| 67415 | 01 | 102.13 | | | Fine needle aspiration of orbital contents |
| 67420 | 05 | 1,576.86 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion |
| 67430 | 05 | 1,206.57 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body |
| 67440 | 05 | 1,165.99 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage |
| 67445 | | 1,227.64 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression |
| 67450 | 05 | 1,195.98 | | | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy |
| 67500 | | 65.86 | | | Retrobulbar injection; medication (separate procedure, does not include supply of medication) |
| 67505 | | 71.20 | | | Retrobulbar injection; alcohol |
| 67515 | | 58.17 | | | Injection of medication or other substance into Tenon's capsule |
| 67550 | 04 | 919.16 | | | Orbital implant (implant outside muscle cone); insertion |
| 67560 | 02 | 935.83 | | | Orbital implant (implant outside muscle cone); removal or revision |
| 67570 | | 1,182.46 | | | Optic nerve decompression (eg, incision or fenestration of optic nerve sheath) |
| 67599 | | I.C. | | | Unlisted procedure, orbit |
| 67700 | | 257.03 | | | Blepharotomy, drainage of abscess, eyelid |
| 67710 | | 250.31 | | | Severing of tarsorrhaphy |
| 67715 | 01 | 240.87 | | | Canthotomy (separate procedure) |
| 67800 | | 159.52 | | | Excision of chalazion; single |
| 67801 | | 299.00 | | | Excision of chalazion; multiple, same lid |
| 67805 | | 318.44 | | | Excision of chalazion; multiple, different lids |
| 67808 | 02 | 369.69 | | | Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple |
| 67810 | | 211.77 | | | Biopsy of eyelid |
| 67820 | | 81.85 | | | Correction of trichiasis; epilation, by forceps only |
| 67825 | | 120.74 | | | Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery) |
| 67830 | 02 | 381.82 | | | Correction of trichiasis; incision of lid margin |
| 67835 | 02 | 428.16 | | | Correction of trichiasis; incision of lid margin, with free mucous membrane graft |
| 67840 | | 304.19 | | | Excision of lesion of eyelid (except chalazion) without closure or with simple direct |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
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| | | | | | closure |
| 67850 | | 321.58 | | | Destruction of lesion of lid margin (up to 1 cm) |
| 67875 | | 350.19 | | | Temporary closure of eyelids by suture (eg, Frost suture) |
| 67880 | 03 | 555.83 | | | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; |
| 67882 | 03 | 662.43 | | | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate |
| 67900 | 04 | 685.84 | | | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| 67901 | 05 | 544.37 | | | Repair of blepharoptosis; frontalis muscle technique with suture or other material |
| 67902 | 05 | 549.76 | | | Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia) |
| 67903 | 04 | 729.43 | | | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach |
| 67904 | 04 | 771.49 | | | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach |
| 67906 | 05 | 654.99 | | | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) |
| 67908 | 04 | 572.49 | | | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) |
| 67909 | 04 | 606.82 | | | Reduction of overcorrection of ptosis |
| 67911 | 03 | 461.36 | | | Correction of lid retraction |
| 67912 | | 1,081.31 | | | Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight) |
| 67914 | 03 | 536.13 | | | Repair of ectropion; suture |
| 67915 | | 457.73 | | | Repair of ectropion; thermocauterization |
| 67916 | 04 | 704.54 | | | Repair of ectropion; excision tarsal wedge |
| 67917 | 04 | 644.95 | | | Repair of ectropion; extensive (eg, tarsal strip operations) |
| 67921 | 03 | 516.96 | | | Repair of entropion; suture |
| 67922 | | 451.52 | | | Repair of entropion; thermocauterization |
| 67923 | 04 | 708.50 | | | Repair of entropion; excision tarsal wedge |
| 67924 | 04 | 609.96 | | | Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) |
| 67930 | | 496.99 | | | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness |
| 67935 | 02 | 723.55 | | | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness |
| 67938 | | 297.17 | | | Removal of embedded foreign body, eyelid |
| 67950 | 02 | 577.66 | | | Canthoplasty (reconstruction of canthus) |
| 67961 | 03 | 653.46 | | | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin |
| 67966 | 03 | 610.52 | | | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin |
| 67971 | 03 | 690.56 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage |
| 67973 | 03 | 895.37 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 67974 | 03 | 889.07 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage |
| 67975 | 03 | 650.68 | | | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage |
| 67999 | | I.C. | | | Unlisted procedure, eyelids |
| 68020 | | 293.62 | | | Incision of conjunctiva, drainage of cyst |
| 68040 | | 236.44 | | | Expression of conjunctival follicles (eg, for trachoma) |
| 68100 | | 264.20 | | | Biopsy of conjunctiva |
| 68110 | | 324.60 | | | Excision of lesion, conjunctiva; up to 1 cm |
| 68115 | 02 | 326.97 | | | Excision of lesion, conjunctiva; over 1 cm |
| 68130 | 02 | 535.57 | | | Excision of lesion, conjunctiva; with adjacent sclera |
| 68135 | | 296.05 | | | Destruction of lesion, conjunctiva |
| 68200 | | 49.43 | | | Subconjunctival injection |
| 68320 | 04 | 486.15 | | | Conjunctivoplasty; with conjunctival graft or extensive rearrangement |
| 68325 | 04 | 557.33 | | | Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft) |
| 68326 | 04 | 544.78 | | | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement |
| 68328 | 04 | 618.83 | | | Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft) |
| 68330 | 04 | 493.86 | | | Repair of symblepharon; conjunctivoplasty, without graft |
| 68335 | 04 | 567.48 | | | Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) |
| 68340 | 04 | 618.44 | | | Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens |
| 68360 | 02 | 448.93 | | | Conjunctival flap; bridge or partial (separate procedure) |
| 68362 | 02 | 612.34 | | | Conjunctival flap; total (such as Gunderson thin flap or purse string flap) |
| 68371 | | 385.45 | | | Harvesting conjunctival allograft, living donor |
| 68399 | | I.C. | | | Unlisted procedure, conjunctiva |
| 68400 | | 386.92 | | | Incision, drainage of lacrimal gland |
| 68420 | | 424.19 | | | Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy) |
| 68440 | | 244.77 | | | Snip incision of lacrimal punctum |
| 68500 | 03 | 864.69 | | | Excision of lacrimal gland (dacryoadenectomy), except for tumor; total |
| 68505 | 03 | 903.35 | | | Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial |
| 68510 | 01 | 535.30 | | | Biopsy of lacrimal gland |
| 68520 | 03 | 622.78 | | | Excision of lacrimal sac (dacryocystectomy) |
| 68525 | 01 | 258.43 | | | Biopsy of lacrimal sac |
| 68530 | | 541.70 | | | Removal of foreign body or dacryolith, lacrimal passages |
| 68540 | 03 | 827.74 | | | Excision of lacrimal gland tumor; frontal approach |
| 68550 | 03 | 1,018.58 | | | Excision of lacrimal gland tumor; involving osteotomy |
| 68700 | 02 | 565.71 | | | Plastic repair of canaliculi |
| 68705 | | 310.42 | | | Correction of everted punctum, cautery |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 68720 | 04 | 699.49 | | | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) |
| 68745 | 04 | 685.36 | | | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube |
| 68750 | 04 | 706.01 | | | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent |
| 68760 | | 235.83 | | | Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery |
| 68761 | | 197.55 | | | Closure of the lacrimal punctum; by plug, each |
| 68770 | 04 | 812.01 | | | Closure of lacrimal fistula (separate procedure) |
| 68801 | | 76.57 | | | Dilation of lacrimal punctum, with or without irrigation |
| 68810 | 01 | 172.45 | | | Probing of nasolacrimal duct, with or without irrigation; |
| 68811 | 02 | 191.70 | | | Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia |
| 68815 | 02 | 469.75 | | | Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent |
| 68840 | | 118.07 | | | Probing of lacrimal canaliculi, with or without irrigation |
| 68850 | | 719.32 | | | Injection of contrast medium for dacryocystography |
| 68899 | | I.C. | | | Unlisted procedure, lacrimal system |
| 69000 | | 182.63 | | | Drainage external ear, abscess or hematoma; simple |
| 69005 | | 210.04 | | | Drainage external ear, abscess or hematoma; complicated |
| 69020 | | 224.95 | | | Drainage external auditory canal, abscess |
| 69090 | | I.C. | | | Ear piercing |
| 69100 | | 105.39 | | | Biopsy external ear |
| 69105 | | 131.53 | | | Biopsy external auditory canal |
| 69110 | 01 | 309.61 | | | Excision external ear; partial, simple repair |
| 69120 | 02 | 330.37 | | | Excision external ear; complete amputation |
| 69140 | 02 | 602.58 | | | Excision exostosis(es), external auditory canal |
| 69145 | 02 | 255.89 | | | Excision soft tissue lesion, external auditory canal |
| 69150 | 03 | 961.70 | | | Radical excision external auditory canal lesion; without neck dissection |
| 69155 | | 1,447.79 | | | Radical excision external auditory canal lesion; with neck dissection |
| 69200 | | 129.05 | | | Removal foreign body from external auditory canal; without general anesthesia |
| 69205 | 01 | 105.46 | | | Removal foreign body from external auditory canal; with general anesthesia |
| 69210 | | 51.06 | | | Removal impacted cerumen (separate procedure), one or both ears |
| 69220 | | 130.77 | | | Debridement, mastoidectomy cavity, simple (eg, routine cleaning) |
| 69222 | | 215.73 | | | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning) |
| 69300 | 03 | 433.37 | | | Otoplasty, protruding ear, with or without size reduction |
| 69310 | 03 | 786.86 | | | Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure) |
| 69320 | 07 | 1,190.36 | | | Reconstruction external auditory canal for congenital atresia, single stage |
| 69399 | | I.C. | | | Unlisted procedure, external ear |
| 69400 | | 131.62 | | | Eustachian tube inflation, transnasal; with catheterization |
| 69401 | | 80.06 | | | Eustachian tube inflation, transnasal; without catheterization |
| 69405 | | 252.47 | | | Eustachian tube catheterization, transtympanic |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| 69410 | | 99.46 | | | Focal application of phase control substance, middle ear (baffle technique) |
| 69420 | | 183.59 | | | Myringotomy including aspiration and/or eustachian tube inflation |
| 69421 | 03 | 158.14 | | | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia |
| 69424 | 01 | 124.36 | | | Ventilating tube removal requiring general anesthesia |
| 69433 | | 191.47 | | | Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia |
| 69436 | 03 | 172.59 | | | Tympanostomy (requiring insertion of ventilating tube), general anesthesia |
| 69440 | 03 | 569.01 | | | Middle ear exploration through postauricular or ear canal incision |
| 69450 | 01 | 435.38 | | | Tympanolysis, transcanal |
| 69501 | 07 | 662.65 | | | Transmastoid antrotomy (simple mastoidectomy) |
| 69502 | 07 | 887.63 | | | Mastoidectomy; complete |
| 69505 | 07 | 923.27 | | | Mastoidectomy; modified radical |
| 69511 | 07 | 959.09 | | | Mastoidectomy; radical |
| 69530 | 07 | 1,318.63 | | | Petrous apicectomy including radical mastoidectomy |
| 69535 | | 2,397.09 | | | Resection temporal bone, external approach |
| 69540 | | 203.68 | | | Excision aural polyp |
| 69550 | 05 | 792.77 | | | Excision aural glomus tumor; transcanal |
| 69552 | 07 | 1,326.52 | | | Excision aural glomus tumor; transmastoid |
| 69554 | | 2,212.73 | | | Excision aural glomus tumor; extended (extratemporal) |
| 69601 | 07 | 953.78 | | | Revision mastoidectomy; resulting in complete mastoidectomy |
| 69602 | 07 | 964.67 | | | Revision mastoidectomy; resulting in modified radical mastoidectomy |
| 69603 | 07 | 992.51 | | | Revision mastoidectomy; resulting in radical mastoidectomy |
| 69604 | 07 | 990.77 | | | Revision mastoidectomy; resulting in tympanoplasty |
| 69605 | 07 | 1,282.48 | | | Revision mastoidectomy; with apicectomy |
| 69610 | | 404.98 | | | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch |
| 69620 | 02 | 494.53 | | | Myringoplasty (surgery confined to drumhead and donor area) |
| 69631 | 05 | 727.24 | | | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction |
| 69632 | 05 | 921.87 | | | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) |
| 69633 | 05 | 881.23 | | | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)) |
| 69635 | 07 | 928.82 | | | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction |
| 69636 | 07 | 1,081.90 | | | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction |
| 69637 | 07 | 1,074.92 | | | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)) |
| 69641 | 07 | 909.83 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction |
| 69642 | 07 | 1,186.98 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction |
| 69643 | 07 | 1,085.97 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction |
| 69644 | 07 | 1,190.37 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction |
| 69645 | 07 | 1,152.12 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction |
| 69646 | 07 | 1,255.26 | | | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction |
| 69650 | 07 | 700.43 | | | Stapes mobilization |
| 69660 | 05 | 840.81 | | | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; |
| 69661 | 05 | 1,099.33 | | | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out |
| 69662 | 05 | 1,075.32 | | | Revision of stapedectomy or stapedotomy |
| 69666 | 04 | 707.20 | | | Repair oval window fistula |
| 69667 | 04 | 708.23 | | | Repair round window fistula |
| 69670 | 03 | 825.27 | | | Mastoid obliteration (separate procedure) |
| 69676 | 03 | 703.88 | | | Tympanic neurectomy |
| 69700 | 03 | 577.21 | | | Closure postauricular fistula, mastoid (separate procedure) |
| 69710 | | I.C. | | | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone |
| 69711 | 01 | 755.19 | | | Removal or repair of electromagnetic bone conduction hearing device in temporal bone |
| 69714 | 09 | 980.68 | | | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69715 | 09 | 1,256.21 | | | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy |
| 69717 | 09 | 1,005.70 | | | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69718 | 09 | 1,262.32 | | | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy |
| 69720 | 05 | 1,031.44 | | | Decompression facial nerve, intratemporal; lateral to geniculate ganglion |
| 69725 | 05 | 1,729.50 | | | Decompression facial nerve, intratemporal; including medial to geniculate ganglion |
| 69740 | 05 | 1,078.18 | | | Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion |
| 69745 | 05 | 1,142.57 | | | Suture facial nerve, intratemporal, with or without graft or decompression; including |

| Code | Group | Fee Global | Fee PC | Fee TC | 40.06(8) – Surgical Services Description |
|---|---|---|---|---|---|
| | | | | | medial to geniculate ganglion |
| 69799 | | I.C. | | | Unlisted procedure, middle ear |
| 69801 | 05 | 631.08 | | | Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal |
| 69802 | 07 | 930.49 | | | Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy |
| 69805 | 07 | 978.71 | | | Endolymphatic sac operation; without shunt |
| 69806 | 07 | 882.71 | | | Endolymphatic sac operation; with shunt |
| 69820 | 05 | 743.23 | | | Fenestration semicircular canal |
| 69840 | 05 | 700.53 | | | Revision fenestration operation |
| 69905 | 07 | 795.60 | | | Labyrinthectomy; transcanal |
| 69910 | 07 | 956.02 | | | Labyrinthectomy; with mastoidectomy |
| 69915 | 07 | 1,451.71 | | | Vestibular nerve section, translabyrinthine approach |
| 69930 | 07 | 1,173.80 | | | Cochlear device implantation, with or without mastoidectomy |
| 69949 | | I.C. | | | Unlisted procedure, inner ear |
| 69950 | | 1,746.48 | | | Vestibular nerve section, transcranial approach |
| 69955 | | 1,827.19 | | | Total facial nerve decompression and/or repair (may include graft) |
| 69960 | | 1,824.34 | | | Decompression internal auditory canal |
| 69970 | | 1,987.76 | | | Removal of tumor, temporal bone |
| 69979 | | I.C. | | | Unlisted procedure, temporal bone, middle fossa approach |
| 69990 | | 226.74 | | | Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure) |

| Code | Fee Global | Fee PC | Fee TC | 40.06(8) Surgical Pathology - Description |
|---|---|---|---|---|
| 80050 | I.C. | | | General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443) |
| 80055 | I.C. | | | Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901) |
| 80500 | 23.53 | | | Clinical pathology consultation; limited, without review of patient's history and medical records |
| 80502 | 78.09 | | | Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records |
| 85060 | 26.00 | | | Blood smear, peripheral, interpretation by physician with written report |
| 85097 | 110.42 | | | Bone marrow, smear interpretation |
| 85396 | 22.32 | | | Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day |

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|---|---|---|---|---|
| 86077 | 56.04 | | | Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report |
| 86078 | 57.30 | | | Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report |
| 86079 | 57.30 | | | Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report |
| 86485 | I.C. | | | Skin test; candida |
| 86490 | 12.82 | | | Skin test; coccidioidomycosis |
| 86510 | 14.09 | | | Skin test; histoplasmosis |
| 86580 | 11.56 | | | Skin test; tuberculosis, intradermal |
| 86585 | 9.15 | | | Skin test; tuberculosis, tine test |
| 86586 | I.C. | | | Skin test; Unlisted antigen, each |
| 86910 | I.C. | | | Blood typing, for paternity testing, per individual; ABO, Rh and MN |
| 86911 | I.C. | | | Blood typing, for paternity testing, per individual; each additional antigen system |
| 88000 | I.C. | | | Necropsy (autopsy), gross examination only; without CNS |
| 88005 | I.C. | | | Necropsy (autopsy), gross examination only; with brain |
| 88007 | I.C. | | | Necropsy (autopsy), gross examination only; with brain and spinal cord |
| 88012 | I.C. | | | Necropsy (autopsy), gross examination only; infant with brain |
| 88014 | I.C. | | | Necropsy (autopsy), gross examination only; stillborn or newborn with brain |
| 88016 | I.C. | | | Necropsy (autopsy), gross examination only; macerated stillborn |
| 88020 | I.C. | | | Necropsy (autopsy), gross and microscopic; without CNS |
| 88025 | I.C. | | | Necropsy (autopsy), gross and microscopic; with brain |
| 88027 | I.C. | | | Necropsy (autopsy), gross and microscopic; with brain and spinal cord |
| 88028 | I.C. | | | Necropsy (autopsy), gross and microscopic; infant with brain |
| 88029 | I.C. | | | Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain |
| 88036 | I.C. | | | Necropsy (autopsy), limited, gross and/or microscopic; regional |
| 88037 | I.C. | | | Necropsy (autopsy), limited, gross and/or microscopic; single organ |
| 88040 | I.C. | | | Necropsy (autopsy); forensic examination |
| 88045 | I.C. | | | Necropsy (autopsy); coroner's call |
| 88099 | I.C. | | | Unlisted necropsy (autopsy) procedure |
| 88104 | 53.94 | 32.26 | 21.68 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation |
| 88106 | 48.46 | 32.26 | 16.20 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; filter method only with interpretation |
| 88107 | 71.77 | 44.19 | 27.58 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and filter preparation with interpretation |
| 88108 | 56.47 | 32.26 | 24.21 | Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique) |
| 88112 | 130.37 | 67.80 | 62.57 | Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal |
| 88125 | 21.36 | 15.16 | 6.20 | Cytopathology, forensic (eg, sperm) |
| 88141 | 23.73 | | | Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service) |
| 88160 | 58.84 | 28.73 | 30.11 | Cytopathology, smears, any other source; screening and interpretation |
| 88161 | 57.15 | 28.73 | 28.42 | Cytopathology, smears, any other source; preparation, screening and interpretation |

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|---|---|---|---|---|
| 88162 | 59.12 | 44.19 | 14.93 | Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains |
| 88172 | 51.65 | 34.61 | 17.04 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) |
| 88173 | 128.59 | 79.51 | 49.08 | Cytopathology, evaluation of fine needle aspirate; interpretation and report |
| 88180 | 74.76 | 20.62 | 54.14 | Flow cytometry; each cell surface, cytoplasmic or nuclear marker |
| 88182 | 98.46 | 44.57 | 53.89 | Flow cytometry; cell cycle or DNA analysis |
| 88199 | I.C. | I.C. | I.C. | Unlisted cytopathology procedure |
| 88291 | 32.01 | | | Cytogenetics and molecular cytogenetics, interpretation and report |
| 88299 | I.C. | | | Unlisted cytogenetic study |
| 88300 | 15.42 | 5.00 | 10.42 | Level I - Surgical pathology, gross examination only |
| 88302 | 34.89 | 7.73 | 27.16 | Level II - Surgical pathology, gross and microscopic examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglion Testis, Castration Vaginal Mucosa, Incidental Vas Deferens, Sterilization |
| 88304 | 45.87 | 12.81 | 33.06 | Level III - Surgical pathology, gross and microscopic examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other than Incidental Artery, Atheromatous Plaque Bartholin's Gland Cyst Bone Fragment(s), Other than Pathologic Fracture Bursa/Synovial Cyst Carpal Tunnel Tissue Cartilage, Shavings Cholesteatoma Colon, Colostomy Stoma Conjunctiva - Biopsy/Pterygium Cornea Diverticulum - Esophagus/Small Intestine Dupuytren's Contracture Tissue Femoral Head, Other than Fracture Fissure/Fistula Foreskin, Other than Newborn Gallbladder Ganglion Cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral Disc Joint, Loose Body Meniscus Mucocele, Salivary Neuroma - Morton's/Traumatic Pilonidal Cyst/Sinus Polyps, Inflammatory - Nasal/Sinusoidal Skin - Cyst/Tag/Debridement Soft Tissue, Debridement Soft Tissue, Lipoma Spermatocele Tendon/Tendon Sheath Testicular Appendage Thrombus or Embolus Tonsil and/or Adenoids Varicocele Vas Deferens, Other than Sterilization Vein, Varicosity |
| 88305 | 103.43 | 43.22 | 60.21 | Level IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins Breast, Reduction Mammoplasty Bronchus, Biopsy Cell Block, Any Source Cervix, Biopsy Colon, Biopsy Duodenum, Biopsy Endocervix, Curettings/Biopsy Endometrium, Curettings/Biopsy Esophagus, Biopsy Extremity, Amputation, Traumatic Fallopian Tube, Biopsy Fallopian Tube, Ectopic Pregnancy Femoral Head, Fracture Fingers/Toes, Amputation, Non-traumatic Gingiva/Oral Mucosa, Biopsy Heart Valve Joint, Resection Kidney, Biopsy Larynx, Biopsy Leiomyoma(s), Uterine Myomectomy - without Uterus Lip, Biopsy/Wedge Resection Lung, Transbronchial Biopsy Lymph Node, Biopsy Muscle, Biopsy Nasal Mucosa, Biopsy Nasopharynx/Oropharynx, Biopsy Nerve, Biopsy Odontogenic/Dental Cyst Omentum, Biopsy Ovary with or without Tube, Non-neoplastic Ovary, Biopsy/Wedge Resection Parathyroid Gland Peritoneum, Biopsy Pituitary Tumor Placenta, Other than Third Trimester Pleura/Pericardium - Biopsy/Tissue Polyp, Cervical/Endometrial Polyp, Colorectal Polyp, Stomach/Small Intestine Prostate, Needle Biopsy Prostate, TUR Salivary Gland, Biopsy Sinus, Paranasal Biopsy Skin, Other than Cyst/Tag/Debridement/Plastic Repair Small Intestine, Biopsy Soft Tissue, Other than Tumor/Mass/Lipoma/Debridement Spleen Stomach, Biopsy Synovium Testis, Other than Tumor/Biopsy/Castration Thyroglossal Duct/Brachial Cleft Cyst Tongue, Biopsy Tonsil, Biopsy Trachea, Biopsy Ureter, Biopsy Urethra, Biopsy Urinary Bladder, Biopsy Uterus, with or without Tubes and Ovaries, for Prolapse Vagina, Biopsy Vulva/Labia, Biopsy |
| 88307 | 175.57 | 91.15 | 84.42 | Level V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, Segmental Resection, Other than for Tumor Extremity, Amputation, Non-traumatic Eye, Enucleation Kidney, Partial/Total Nephrectomy Larynx, Partial/Total Resection Liver, Biopsy - Needle/Wedge |

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|---|---|---|---|---|
| | | | | Liver, Partial Resection Lung, Wedge Biopsy Lymph Nodes, Regional Resection Mediastinum, Mass Myocardium, Biopsy Odontogenic Tumor Ovary with or without Tube, Neoplastic Pancreas, Biopsy Placenta, Third Trimester Prostate, Except Radical Resection Salivary Gland Sentinel Lymph Node Small Intestine, Resection, Other than for Tumor Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision Stomach - Subtotal/Total Resection, Other than for Tumor Testis, Biopsy Thymus, Tumor Thyroid, Total/Lobe Ureter, Resection Urinary Bladder, TUR Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse |
| 88309 | 227.78 | 131.13 | 96.65 | Level VI - Surgical pathology, gross and microscopic examination Bone Resection Breast, Mastectomy - with Regional Lymph Nodes Colon, Segmental Resection for Tumor Colon, Total Resection Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus, with Dissection Larynx, Partial/Total Resection - with Regional Lymph Nodes Lung - Total/Lobe/Segment Resection Pancreas, Total/Subtotal Resection Prostate, Radical Resection Small Intestine, Resection for Tumor Soft Tissue Tumor, Extensive Resection Stomach - Subtotal/Total Resection for Tumor Testis, Tumor Tongue/Tonsil - Resection for Tumor Urinary Bladder, Partial/Total Resection Uterus, with or without Tubes and Ovaries, Neoplastic Vulva, Total/Subtotal Resection |
| 88311 | 18.08 | 13.99 | 4.09 | Decalcification procedure (List separately in addition to code for surgical pathology examination) |
| 88312 | 78.17 | 31.08 | 47.09 | Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each |
| 88313 | 55.60 | 13.99 | 41.61 | Special stains (List separately in addition to code for primary service); Group II, all other, (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each |
| 88314 | 55.69 | 26.00 | 29.69 | Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s) |
| 88318 | 50.16 | 24.15 | 26.01 | Determinative histochemistry to identify chemical components (eg, copper, zinc) |
| 88319 | 100.86 | 30.28 | 70.58 | Determinative histochemistry or cytochemistry to identify enzyme constituents, each |
| 88321 | 85.09 | | | Consultation and report on referred slides prepared elsewhere |
| 88323 | 114.01 | 77.58 | 36.43 | Consultation and report on referred material requiring preparation of slides |
| 88325 | 208.96 | | | Consultation, comprehensive, with review of records and specimens, with report on referred material |
| 88329 | 52.42 | | | Pathology consultation during surgery; |
| 88331 | 88.88 | 68.29 | 20.59 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen |
| 88332 | 44.53 | 33.81 | 10.72 | Pathology consultation during surgery; each additional tissue block with frozen section(s) |
| 88342 | 90.76 | 48.85 | 41.91 | Immunohistochemistry (including tissue immunoperoxidase), each antibody |
| 88346 | 94.93 | 49.23 | 45.70 | Immunofluorescent study, each antibody; direct method |
| 88347 | 108.43 | 48.81 | 59.62 | Immunofluorescent study, each antibody; indirect method |
| 88348 | 417.88 | 86.14 | 331.74 | Electron microscopy; diagnostic |
| 88349 | 452.77 | 44.19 | 408.58 | Electron microscopy; scanning |
| 88355 | 183.57 | 105.89 | 77.68 | Morphometric analysis; skeletal muscle |
| 88356 | 240.57 | 171.02 | 69.55 | Morphometric analysis; nerve |
| 88358 | 99.69 | 91.27 | 8.42 | Morphometric analysis; tumor (eg, DNA ploidy) |
| 88361 | 150.32 | 56.33 | 93.99 | Morphometric analysis; tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative |
| 88362 | 271.50 | 123.43 | 148.07 | Nerve teasing preparations |
| 88365 | 130.03 | 53.55 | 76.48 | Tissue in situ hybridization, interpretation and report |
| 88380 | I.C. | I.C. | I.C. | Microdissection (eg, mechanical, laser capture) |
| 88399 | I.C. | I.C. | I.C. | Unlisted surgical pathology procedure |
| 89100 | 90.67 | | | Duodenal intubation and aspiration; single specimen (eg, simple bile study or afferent loop culture) plus appropriate test procedure |

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|---|---|---|---|---|
| 89105 | 113.88 | | | Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube |
| 89130 | 90.92 | | | Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; |
| 89132 | 69.85 | | | Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; after stimulation |
| 89135 | 98.02 | | | Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); one hour |
| 89136 | 75.67 | | | Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); two hours |
| 89140 | 123.48 | | | Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); two hours including gastric stimulation (eg, histalog, pentagastrin) |
| 89141 | 147.91 | | | Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); three hours, including gastric stimulation |
| 89220 | 17.46 | | | Sputum, obtaining specimen, aerosol induced technique (separate procedure) |
| 89230 | 19.15 | | | Sweat collection by iontophoresis |
| 89240 | I.C. | | | Unlisted miscellaneous pathology test |

## 40.06(9) Homemakers

| Code | Fee | 40.06(9) Homemaker - Description |
|---|---|---|
| S5130 | 3.90 | Homemaker service, NOS; per 15 minutes |

## 40.06(10) Medicine / Podiatric Care

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| 90281 | I.C. | | | Immune globulin (Ig), human, for intramuscular use |
| 90283 | I.C. | | | Immune globulin (IgIV), human, for intravenous use |
| 90287 | I.C. | | | Botulinum antitoxin, equine, any route |
| 90288 | I.C. | | | Botulism immune globulin, human, for intravenous use |
| 90291 | I.C. | | | Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use |
| 90296 | I.C. | | | Diphtheria antitoxin, equine, any route |
| 90371 | I.C. | | | Hepatitis B immune globulin (HBIg), human, for intramuscular use |
| 90375 | I.C. | | | Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use |
| 90376 | I.C. | | | Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use |
| 90378 | I.C. | | | Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each |
| 90379 | I.C. | | | Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use |
| 90384 | I.C. | | | Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use |
| 90385 | I.C. | | | Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use |
| 90386 | I.C. | | | Rho(D) immune globulin (RhIgIV), human, for intravenous use |
| 90389 | I.C. | | | Tetanus immune globulin (TIg), human, for intramuscular use |
| 90393 | I.C. | | | Vaccinia immune globulin, human, for intramuscular use |
| 90396 | I.C. | | | Varicella-zoster immune globulin, human, for intramuscular use |
| 90399 | I.C. | | | Unlisted immune globulin |
| 90471 | 9.15 | | | Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); one vaccine (single or combination vaccine/toxoid) |
| 90472 | 6.20 | | | Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |
| 90473 | I.C. | | | Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) |
| 90474 | I.C. | | | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |
| 90476 | I.C. | | | Adenovirus vaccine, type 4, live, for oral use |
| 90477 | I.C. | | | Adenovirus vaccine, type 7, live, for oral use |
| 90581 | I.C. | | | Anthrax vaccine, for subcutaneous use |
| 90585 | I.C. | | | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use |
| 90586 | I.C. | | | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use |
| 90632 | I.C. | | | Hepatitis A vaccine, adult dosage, for intramuscular use |
| 90633 | I.C. | | | Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use |
| 90634 | I.C. | | | Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use |
| 90636 | I.C. | | | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use |

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| 90645 | I.C. | | | Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use |
| 90646 | I.C. | | | Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use |
| 90647 | I.C. | | | Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use |
| 90648 | I.C. | | | Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use |
| 90655 | I.C. | | | Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use |
| 90657 | I.C. | | | Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use |
| 90658 | I.C. | | | Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use |
| 90660 | I.C. | | | Influenza virus vaccine, live, for intranasal use |
| 90665 | I.C. | | | Lyme disease vaccine, adult dosage, for intramuscular use |
| 90669 | I.C. | | | Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use |
| 90675 | I.C. | | | Rabies vaccine, for intramuscular use |
| 90676 | I.C. | | | Rabies vaccine, for intradermal use |
| 90680 | I.C. | | | Rotavirus vaccine, tetravalent, live, for oral use |
| 90690 | I.C. | | | Typhoid vaccine, live, oral |
| 90691 | I.C. | | | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use |
| 90692 | I.C. | | | Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use |
| 90693 | I.C. | | | Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military) |
| 90698 | I.C. | | | Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use |
| 90700 | I.C. | | | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than seven years, for intramuscular use |
| 90701 | I.C. | | | Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use |
| 90702 | I.C. | | | Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use |
| 90703 | I.C. | | | Tetanus toxoid adsorbed, for intramuscular use |
| 90704 | I.C. | | | Mumps virus vaccine, live, for subcutaneous use |
| 90705 | I.C. | | | Measles virus vaccine, live, for subcutaneous use |
| 90706 | I.C. | | | Rubella virus vaccine, live, for subcutaneous use |
| 90707 | I.C. | | | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use |
| 90708 | I.C. | | | Measles and rubella virus vaccine, live, for subcutaneous use |
| 90710 | I.C. | | | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use |
| 90712 | I.C. | | | Poliovirus vaccine, (any type(s)) (OPV), live, for oral use |
| 90713 | I.C. | | | Poliovirus vaccine, inactivated, (IPV), for subcutaneous use |
| 90715 | I.C. | | | Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP), for use in individuals seven years or older, for intramuscular use |

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| 90716 | I.C. | | | Varicella virus vaccine, live, for subcutaneous use |
| 90717 | I.C. | | | Yellow fever vaccine, live, for subcutaneous use |
| 90718 | I.C. | | | Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular use |
| 90719 | I.C. | | | Diphtheria toxoid, for intramuscular use |
| 90720 | I.C. | | | Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use |
| 90721 | I.C. | | | Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use |
| 90723 | I.C. | | | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use |
| 90725 | I.C. | | | Cholera vaccine for injectable use |
| 90727 | I.C. | | | Plague vaccine, for intramuscular use |
| 90732 | I.C. | | | Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use |
| 90733 | I.C. | | | Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use |
| 90734 | I.C. | | | Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use |
| 90735 | I.C. | | | Japanese encephalitis virus vaccine, for subcutaneous use |
| 90740 | I.C. | | | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use |
| 90743 | I.C. | | | Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use |
| 90744 | I.C. | | | Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use |
| 90746 | I.C. | | | Hepatitis B vaccine, adult dosage, for intramuscular use |
| 90747 | I.C. | | | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use |
| 90748 | I.C. | | | Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use |
| 90749 | I.C. | | | Unlisted vaccine/toxoid |
| 90780 | 99.14 | | | Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour |
| 90781 | 27.00 | | | Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; each additional hour, up to eight (8) hours (List separately in addition to code for primary procedure) |
| 90782 | 20.20 | | | Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular |
| 90783 | 20.50 | | | Therapeutic, prophylactic or diagnostic injection (specify material injected); intra-arterial |
| 90784 | 41.33 | | | Therapeutic, prophylactic or diagnostic injection (specify material injected); intravenous |
| 90788 | 18.09 | | | Intramuscular injection of antibiotic (specify) |
| 90799 | I.C. | | | Unlisted therapeutic, prophylactic or diagnostic injection |
| 90801 | 157.01 | | | Psychiatric diagnostic interview examination |
| 90802 | 166.49 | | | Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication |
| 90804 | 67.48 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; |
| 90805 | 73.94 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; |

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| | | | | with medical evaluation and management services |
| 90806 | 101.15 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; |
| 90807 | 107.48 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services |
| 90808 | 151.03 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; |
| 90809 | 155.80 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services |
| 90810 | 72.05 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; |
| 90811 | 81.04 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services |
| 90812 | 109.39 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; |
| 90813 | 114.58 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services |
| 90814 | 158.55 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; |
| 90815 | 162.06 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services |
| 90816 | 67.73 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; |
| 90817 | 73.34 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services |
| 90818 | 101.86 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; |
| 90819 | 106.51 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services |
| 90821 | 151.40 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; |
| 90822 | 155.20 | | | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services |
| 90823 | 72.72 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, |

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| | | | | partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; |
| 90824 | 79.18 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services |
| 90826 | 108.07 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; |
| 90827 | 112.34 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services |
| 90828 | 158.37 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; |
| 90829 | 161.03 | | | Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services |
| 90845 | 93.45 | | | Psychoanalysis |
| 90846 | 97.91 | | | Family psychotherapy (without the patient present) |
| 90847 | 119.71 | | | Family psychotherapy (conjoint psychotherapy) (with patient present) |
| 90849 | 33.93 | | | Multiple-family group psychotherapy |
| 90853 | 33.09 | | | Group psychotherapy (other than of a multiple-family group) |
| 90857 | 37.00 | | | Interactive group psychotherapy |
| 90862 | 53.29 | | | Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy |
| 90865 | 176.52 | | | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview) |
| 90870 | 105.70 | | | Electroconvulsive therapy (includes necessary monitoring); single seizure |
| 90871 | 149.78 | | | Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day |
| 90875 | 84.39 | | | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes |
| 90876 | 122.05 | | | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes |
| 90880 | 128.23 | | | Hypnotherapy |
| 90882 | I.C. | | | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions |
| 90885 | 52.78 | | | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes |
| 90887 | 91.58 | | | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient |
| 90889 | I.C. | | | Preparation of report of patient's psychiatric status, history, treatment, or progress (other |

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| | | | | than for legal or consultative purposes) for other physicians, agencies, or insurance carriers |
| 90899 | I.C. | | | Unlisted psychiatric service or procedure |
| 90901 | 43.88 | | | Biofeedback training by any modality |
| 90911 | 102.93 | | | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry |
| 90918 | 741.06 | | | End stage renal disease (ESRD) related services per full month; for patients under two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents |
| 90919 | 501.93 | | | End stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents |
| 90920 | 441.28 | | | End stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents |
| 90921 | 276.93 | | | End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over |
| 90922 | 23.53 | | | End stage renal disease (ESRD) related services (less than full month), per day; for patients under two years of age |
| 90923 | 16.34 | | | End stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age |
| 90924 | 14.41 | | | End stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age |
| 90925 | 9.33 | | | End stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and over |
| 90935 | 75.45 | | | Hemodialysis procedure with single physician evaluation |
| 90937 | 122.98 | | | Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription |
| 90939 | I.C. | | | Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection |
| 90940 | I.C. | | | Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; measurement and disconnection |
| 90945 | 79.28 | | | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation |
| 90947 | 126.13 | | | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription |
| 90989 | I.C. | | | Dialysis training, patient, including helper where applicable, any mode, completed course |
| 90993 | I.C. | | | Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session |
| 90997 | 130.62 | | | Hemoperfusion (eg, with activated charcoal or resin) |
| 90999 | I.C. | | | Unlisted dialysis procedure, inpatient or outpatient |
| 91000 | 42.94 | 39.27 | 3.67 | Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure) |
| 91010 | 164.97 | 67.06 | 97.91 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; |
| 91011 | 195.06 | 80.71 | 114.35 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyl or similar stimulant |

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| 91012 | 200.04 | 78.65 | 121.39 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies |
| 91020 | 181.72 | 76.64 | 105.08 | Gastric motility (manometric) studies |
| 91030 | 137.29 | 49.43 | 87.86 | Esophagus, acid perfusion (Bernstein) test for esophagitis |
| 91032 | 222.06 | 64.71 | 157.35 | Esophagus, acid reflux test, with intraluminal pH electrode for detection of gastroesophageal reflux; |
| 91033 | 229.48 | 69.79 | 159.69 | Esophagus, acid reflux test, with intraluminal pH electrode for detection of gastroesophageal reflux; prolonged recording |
| 91052 | 123.90 | 42.79 | 81.11 | Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin) |
| 91055 | 137.45 | 48.33 | 89.12 | Gastric intubation, washings, and preparing slides for cytology (separate procedure) |
| 91060 | 30.81 | 23.47 | 7.34 | Gastric saline load test |
| 91065 | 91.06 | 10.79 | 80.27 | Breath hydrogen test (eg, for detection of lactase deficiency) |
| 91100 | 55.05 | | | Intestinal bleeding tube, passage, positioning and monitoring |
| 91105 | 18.35 | | | Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons) |
| 91110 | 1,030.68 | 192.67 | 838.01 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report |
| 91122 | 328.20 | 95.64 | 232.56 | Anorectal manometry |
| 91123 | I.C. | | | Pulsed irrigation of fecal impaction |
| 91132 | | 28.82 | | Electrogastrography, diagnostic, transcutaneous; |
| 91133 | | 36.21 | | Electrogastrography, diagnostic, transcutaneous; with provocative testing |
| 91299 | I.C. | I.C. | I.C. | Unlisted diagnostic gastroenterology procedure |
| 92002 | 74.25 | | | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient |
| 92004 | 134.99 | | | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits |
| 92012 | 68.56 | | | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient |
| 92014 | 100.25 | | | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits |
| 92015 | 77.44 | | | Determination of refractive state |
| 92018 | 141.00 | | | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete |
| 92019 | 74.21 | | | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited |
| 92020 | 28.16 | | | Gonioscopy (separate procedure) |
| 92060 | 56.97 | 38.54 | 18.43 | Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) |
| 92065 | 37.32 | 20.58 | 16.74 | Orthoptic and/or pleoptic training, with continuing medical direction and evaluation |
| 92070 | 72.22 | | | Fitting of contact lens for treatment of disease, including supply of lens |
| 92081 | 50.01 | 20.20 | 29.81 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) |
| 92082 | 65.67 | 24.90 | 40.77 | Visual field examination, unilateral or bilateral, with interpretation and report; |

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| | | | | intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33) |
| 92083 | 75.52 | 28.43 | 47.09 | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) |
| 92100 | 88.41 | | | Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) |
| 92120 | 74.99 | | | Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method |
| 92130 | 82.99 | | | Tonography with water provocation |
| 92135 | 46.68 | 20.24 | 26.44 | Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral |
| 92136 | 96.53 | 31.20 | 65.33 | Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation |
| 92140 | 58.78 | | | Provocative tests for glaucoma, with interpretation and report, without tonography |
| 92225 | 23.90 | | | Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial |
| 92226 | 21.60 | | | Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent |
| 92230 | 93.62 | | | Fluorescein angioscopy with interpretation and report |
| 92235 | 156.45 | 46.74 | 109.71 | Fluorescein angiography (includes multiframe imaging) with interpretation and report |
| 92240 | 340.23 | 62.74 | 277.49 | Indocyanine-green angiography (includes multiframe imaging) with interpretation and report |
| 92250 | 90.12 | 25.32 | 64.80 | Fundus photography with interpretation and report |
| 92260 | 20.07 | | | Ophthalmodynamometry |
| 92265 | 111.00 | 42.95 | 68.05 | Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report |
| 92270 | 98.11 | 46.08 | 52.03 | Electro-oculography with interpretation and report |
| 92275 | 120.64 | 56.39 | 64.25 | Electroretinography with interpretation and report |
| 92283 | 42.00 | 9.66 | 32.34 | Color vision examination, extended, eg, anomaloscope or equivalent |
| 92284 | 107.02 | 13.14 | 93.88 | Dark adaptation examination with interpretation and report |
| 92285 | 53.25 | 11.64 | 41.61 | External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography) |
| 92286 | 167.85 | 37.84 | 130.01 | Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count |
| 92287 | 144.54 | | | Special anterior segment photography with interpretation and report; with fluorescein angiography |
| 92310 | 92.53 | | | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia |
| 92311 | 91.67 | | | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye |
| 92312 | 97.61 | | | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes |
| 92313 | 84.19 | | | Prescription of optical and physical characteristics of and fitting of contact lens, with |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| | | | | medical supervision of adaptation; corneoscleral lens |
| 92314 | 65.94 | | | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia |
| 92315 | 57.32 | | | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye |
| 92316 | 68.10 | | | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes |
| 92317 | 61.53 | | | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens |
| 92325 | 16.74 | | | Modification of contact lens (separate procedure), with medical supervision of adaptation |
| 92326 | 70.93 | | | Replacement of contact lens |
| 92330 | 87.75 | | | Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation |
| 92335 | 59.85 | | | Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation |
| 92340 | 43.76 | | | Fitting of spectacles, except for aphakia; monofocal |
| 92341 | 49.22 | | | Fitting of spectacles, except for aphakia; bifocal |
| 92342 | 52.32 | | | Fitting of spectacles, except for aphakia; multifocal, other than bifocal |
| 92352 | 45.03 | | | Fitting of spectacle prosthesis for aphakia; monofocal |
| 92353 | 52.34 | | | Fitting of spectacle prosthesis for aphakia; multifocal |
| 92354 | 377.75 | | | Fitting of spectacle mounted low vision aid; single element system |
| 92355 | 183.25 | | | Fitting of spectacle mounted low vision aid; telescopic or other compound lens system |
| 92358 | 42.39 | | | Prosthesis service for aphakia, temporary (disposable or loan, including materials) |
| 92370 | 35.85 | | | Repair and refitting spectacles; except for aphakia |
| 92371 | 26.74 | | | Repair and refitting spectacles; spectacle prosthesis for aphakia |
| 92390 | I.C. | | | Supply of spectacles, except prosthesis for aphakia and low vision aids |
| 92391 | I.C. | | | Supply of contact lenses, except prosthesis for aphakia |
| 92392 | 160.36 | | | Supply of low vision aids (A low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.) |
| 92393 | 512.82 | | | Supply of ocular prosthesis (artificial eye) |
| 92395 | 56.96 | | | Supply of permanent prosthesis for aphakia; spectacles |
| 92396 | 93.15 | | | Supply of permanent prosthesis for aphakia; contact lenses |
| 92499 | I.C. | I.C. | I.C. | Unlisted ophthalmological service or procedure |
| 92502 | 106.68 | | | Otolaryngologic examination under general anesthesia |
| 92504 | 27.74 | | | Binocular microscopy (separate diagnostic procedure) |
| 92510 | 146.35 | | | Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming |
| 92531 | I.C. | | | Spontaneous nystagmus, including gaze |
| 92532 | I.C. | | | Positional nystagmus test |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| 92533 | I.C. | | | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests) |
| 92534 | I.C. | | | Optokinetic nystagmus test |
| 92541 | 57.17 | 23.69 | 33.48 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording |
| 92542 | 58.03 | 19.49 | 38.54 | Positional nystagmus test, minimum of 4 positions, with recording |
| 92543 | 26.71 | 6.18 | 20.53 | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording |
| 92544 | 46.11 | 15.16 | 30.95 | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording |
| 92545 | 42.87 | 13.61 | 29.26 | Oscillating tracking test, with recording |
| 92546 | 87.72 | 16.72 | 71.00 | Sinusoidal vertical axis rotational testing |
| 92547 | 50.28 | | | Use of vertical electrodes (List separately in addition to code for primary procedure) |
| 92548 | 157.83 | 30.42 | 127.41 | Computerized dynamic posturography |
| 92551 | I.C. | | | Screening test, pure tone, air only |
| 92552 | 19.75 | | | Pure tone audiometry (threshold); air only |
| 92553 | 29.62 | | | Pure tone audiometry (threshold); air and bone |
| 92555 | 16.80 | | | Speech audiometry threshold; |
| 92556 | 25.83 | | | Speech audiometry threshold; with speech recognition |
| 92557 | 53.76 | | | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) |
| 92559 | I.C. | | | Audiometric testing of groups |
| 92560 | I.C. | | | Bekesy audiometry; screening |
| 92561 | 32.15 | | | Bekesy audiometry; diagnostic |
| 92562 | 18.06 | | | Loudness balance test, alternate binaural or monaural |
| 92563 | 16.80 | | | Tone decay test |
| 92564 | 21.31 | | | Short increment sensitivity index (SISI) |
| 92565 | 17.64 | | | Stenger test, pure tone |
| 92567 | 23.72 | | | Tympanometry (impedance testing) |
| 92568 | 16.80 | | | Acoustic reflex testing |
| 92569 | 18.06 | | | Acoustic reflex decay test |
| 92571 | 17.22 | | | Filtered speech test |
| 92572 | 4.09 | | | Staggered spondaic word test |
| 92573 | 15.95 | | | Lombard test |
| 92575 | 13.25 | | | Sensorineural acuity level test |
| 92576 | 20.05 | | | Synthetic sentence identification test |
| 92577 | 32.45 | | | Stenger test, speech |
| 92579 | 32.57 | | | Visual reinforcement audiometry (VRA) |
| 92582 | 32.57 | | | Conditioning play audiometry |
| 92583 | 39.92 | | | Select picture audiometry |
| 92584 | 111.26 | | | Electrocochleography |
| 92585 | 111.33 | 28.73 | 82.60 | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| 92586 | 82.60 | | | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited |
| 92587 | 66.67 | 8.15 | 58.52 | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) |
| 92588 | 86.90 | 21.04 | 65.86 | Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) |
| 92589 | 24.14 | | | Central auditory function test(s) (specify) |
| 92590 | I.C. | | | Hearing aid examination and selection; monaural |
| 92591 | I.C. | | | Hearing aid examination and selection; binaural |
| 92592 | I.C. | | | Hearing aid check; monaural |
| 92593 | I.C. | | | Hearing aid check; binaural |
| 92594 | I.C. | | | Electroacoustic evaluation for hearing aid; monaural |
| 92595 | I.C. | | | Electroacoustic evaluation for hearing aid; binaural |
| 92596 | 26.67 | | | Ear protector attenuation measurements |
| 92597 | 105.17 | | | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech |
| 92601 | 145.84 | | | Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming |
| 92602 | 101.58 | | | Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming |
| 92603 | 96.10 | | | Diagnostic analysis of cochlear implant, age 7 years or older; with programming |
| 92604 | 64.07 | | | Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming |
| 92605 | I.C. | | | Evaluation for prescription of non-speech-generating augmentative and alternative communication device |
| 92606 | I.C. | | | Therapeutic service(s) for the use of non-speech-generating device, including programming and modification |
| 92607 | 137.23 | | | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour |
| 92608 | 29.74 | | | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 92609 | 68.65 | | | Therapeutic services for the use of speech-generating device, including programming and modification |
| 92610 | 147.41 | | | Evaluation of oral and pharyngeal swallowing function |
| 92611 | 147.41 | | | Motion fluoroscopic evaluation of swallowing function by cine or video recording |
| 92612 | 164.53 | | | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; |
| 92613 | 44.71 | | | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only |
| 92614 | 151.88 | | | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; |
| 92615 | 40.43 | | | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only |
| 92616 | 211.98 | | | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; |
| 92617 | 49.84 | | | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only |
| 92700 | I.C. | | | Unlisted otorhinolaryngological service or procedure |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| 92950 | 191.73 | | | Cardiopulmonary resuscitation (eg, in cardiac arrest) |
| 92953 | 18.67 | | | Temporary transcutaneous pacing |
| 92960 | 368.59 | | | Cardioversion, elective, electrical conversion of arrhythmia; external |
| 92961 | 267.49 | | | Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure) |
| 92970 | 183.77 | | | Cardioassist-method of circulatory assist; internal |
| 92971 | 104.68 | | | Cardioassist-method of circulatory assist; external |
| 92973 | 182.27 | | | Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure) |
| 92974 | 167.97 | | | Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure) |
| 92975 | 399.57 | | | Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography |
| 92977 | 354.40 | | | Thrombolysis, coronary; by intravenous infusion |
| 92978 | 300.17 | 99.91 | 200.26 | Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure) |
| 92979 | 180.26 | 79.41 | 100.85 | Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure) |
| 92980 | 840.53 | | | Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel |
| 92981 | 233.20 | | | Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure) |
| 92982 | 624.00 | | | Percutaneous transluminal coronary balloon angioplasty; single vessel |
| 92984 | 166.00 | | | Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) |
| 92986 | 1,351.87 | | | Percutaneous balloon valvuloplasty; aortic valve |
| 92987 | 1,403.75 | | | Percutaneous balloon valvuloplasty; mitral valve |
| 92990 | 1,091.40 | | | Percutaneous balloon valvuloplasty; pulmonary valve |
| 92992 | I.C. | | | Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization) |
| 92993 | I.C. | | | Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization) |
| 92995 | 686.08 | | | Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel |
| 92996 | 182.59 | | | Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) |
| 92997 | 679.01 | | | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel |
| 92998 | 330.14 | | | Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) |
| 93000 | 28.81 | | | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report |
| 93005 | 19.57 | | | Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report |
| 93010 | 9.24 | | | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only |
| 93012 | 260.01 | | | Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour |

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| | | | | attended monitoring, per 30 day period of time; tracing only |
| 93014 | 28.22 | | | Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only |
| 93015 | 115.65 | | | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report |
| 93016 | 24.44 | | | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report |
| 93017 | 74.54 | | | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report |
| 93018 | 16.67 | | | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only |
| 93024 | 114.20 | 64.59 | 49.61 | Ergonovine provocation test |
| 93025 | 377.00 | 41.11 | 335.89 | Microvolt T-wave alternans for assessment of ventricular arrhythmias |
| 93040 | 15.06 | | | Rhythm ECG, one to three leads; with interpretation and report |
| 93041 | 6.62 | | | Rhythm ECG, one to three leads; tracing only without interpretation and report |
| 93042 | 8.44 | | | Rhythm ECG, one to three leads; interpretation and report only |
| 93224 | 179.82 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation |
| 93225 | 54.67 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection) |
| 93226 | 96.51 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report |
| 93227 | 28.64 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation |
| 93230 | 191.81 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation |
| 93231 | 67.37 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes hook-up, recording, and disconnection) |
| 93232 | 95.79 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report |
| 93233 | 28.64 | | | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation |
| 93235 | 139.08 | | | Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
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| 93236 | 114.64 | | | Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; monitoring and real-time data analysis with report |
| 93237 | 24.44 | | | Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation |
| 93268 | 342.89 | | | Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation |
| 93270 | 54.67 | | | Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes hook-up, recording, and disconnection) |
| 93271 | 260.01 | | | Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; monitoring, receipt of transmissions, and analysis |
| 93272 | 28.22 | | | Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only |
| 93278 | 65.72 | 13.94 | 51.78 | Signal-averaged electrocardiography (SAECG), with or without ECG |
| 93303 | 240.79 | 70.76 | 170.03 | Transthoracic echocardiography for congenital cardiac anomalies; complete |
| 93304 | 126.79 | 40.69 | 86.10 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study |
| 93307 | 221.10 | 51.07 | 170.03 | Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete |
| 93308 | 115.54 | 29.44 | 86.10 | Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study |
| 93312 | 287.72 | 119.26 | 168.46 | Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report |
| 93313 | I.C. | | | Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only |
| 93314 | 236.91 | 68.45 | 168.46 | Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only |
| 93315 | | 151.43 | | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report |
| 93316 | 47.74 | | | Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only |
| 93317 | | 99.35 | | Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only |
| 93318 | | 104.87 | | Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis |
| 93320 | 97.05 | 20.95 | 76.10 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete |
| 93321 | 58.10 | 8.49 | 49.61 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging) |
| 93325 | 133.16 | 4.20 | 128.96 | Doppler echocardiography color flow velocity mapping (List separately in addition to |

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|---|---|---|---|---|
| | | | | codes for echocardiography) |
| 93350 | 158.95 | 80.44 | 78.51 | Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report |
| 93501 | 914.47 | 168.06 | 746.41 | Right heart catheterization |
| 93503 | 144.10 | | | Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes |
| 93505 | 333.11 | 244.43 | 88.68 | Endomyocardial biopsy |
| 93508 | 802.14 | 249.83 | 552.31 | Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization |
| 93510 | 1,894.93 | 262.90 | 1,632.03 | Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous |
| 93511 | 1,890.50 | 301.88 | 1,588.62 | Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown |
| 93514 | 1,999.96 | 411.34 | 1,588.62 | Left heart catheterization by left ventricular puncture |
| 93524 | 2,485.33 | 409.08 | 2,076.25 | Combined transseptal and retrograde left heart catheterization |
| 93526 | 2,488.80 | 355.48 | 2,133.32 | Combined right heart catheterization and retrograde left heart catheterization |
| 93527 | 2,504.57 | 428.32 | 2,076.25 | Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization) |
| 93528 | 2,603.08 | 526.83 | 2,076.25 | Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization) |
| 93529 | 2,362.41 | 286.16 | 2,076.25 | Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization) |
| 93530 | 996.02 | 249.61 | 746.41 | Right heart catheterization, for congenital cardiac anomalies |
| 93531 | 2,615.65 | 482.33 | 2,133.32 | Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies |
| 93532 | 2,651.87 | 575.62 | 2,076.25 | Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies |
| 93533 | 2,462.58 | 386.33 | 2,076.25 | Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies |
| 93539 | 22.13 | | | Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass |
| 93540 | 23.68 | | | Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries |
| 93541 | 15.87 | | | Injection procedure during cardiac catheterization; for pulmonary angiography |
| 93542 | 15.87 | | | Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography |
| 93543 | 16.29 | | | Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography |
| 93544 | 13.94 | | | Injection procedure during cardiac catheterization; for aortography |
| 93545 | 22.13 | | | Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand) |
| 93555 | 320.99 | 45.23 | 275.76 | Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography |
| 93556 | 480.29 | 46.41 | 433.88 | Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used |

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| | | | | in bypass) |
| 93561 | 49.92 | 26.20 | 23.72 | Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure) |
| 93562 | 23.13 | 8.44 | 14.69 | Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output |
| 93571 | 300.70 | 100.44 | 200.26 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) |
| 93572 | 182.53 | 81.68 | 100.85 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure) |
| 93580 | 1,022.67 | | | Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant |
| 93581 | 1,368.05 | | | Percutaneous transcatheter closure of a congenital ventricular septal defect with implant |
| 93600 | 205.35 | 118.83 | 86.52 | Bundle of His recording |
| 93602 | 168.44 | 119.13 | 49.31 | Intra-atrial recording |
| 93603 | 192.95 | 118.41 | 74.54 | Right ventricular recording |
| 93609 | 409.03 | 289.27 | 119.76 | Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure) |
| 93610 | 229.41 | 169.08 | 60.33 | Intra-atrial pacing |
| 93612 | 240.67 | 169.08 | 71.59 | Intraventricular pacing |
| 93613 | 398.83 | | | Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure) |
| 93615 | 64.00 | 49.91 | 14.09 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); |
| 93616 | 90.08 | 75.99 | 14.09 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing |
| 93618 | 414.15 | 239.18 | 174.97 | Induction of arrhythmia by electrical pacing |
| 93619 | 764.71 | 424.35 | 340.36 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia |
| 93620 | | 662.77 | | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording |
| 93621 | | 119.16 | | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure) |
| 93622 | | 192.20 | | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure) |
| 93623 | | 160.08 | | Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure) |
| 93624 | 370.52 | 282.74 | 87.78 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
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| 93631 | 706.08 | 427.40 | 278.68 | Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction |
| 93640 | 512.39 | 196.29 | 316.10 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; |
| 93641 | 648.24 | 332.14 | 316.10 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator |
| 93642 | 599.41 | 283.31 | 316.10 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) |
| 93650 | 602.96 | | | Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement |
| 93651 | 910.60 | | | Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination |
| 93652 | 990.16 | | | Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia |
| 93660 | 176.41 | 104.57 | 71.84 | Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention |
| 93662 | | 167.07 | | Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) |
| 93668 | I.C. | | | Peripheral arterial disease (PAD) rehabilitation, per session |
| 93701 | 50.01 | 9.66 | 40.35 | Bioimpedance, thoracic, electrical |
| 93720 | 40.55 | | | Plethysmography, total body; with interpretation and report |
| 93721 | 31.73 | | | Plethysmography, total body; tracing only, without interpretation and report |
| 93722 | 8.82 | | | Plethysmography, total body; interpretation and report only |
| 93724 | 446.53 | 271.56 | 174.97 | Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings) |
| 93727 | 29.84 | | | Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming) |
| 93731 | 47.01 | 25.16 | 21.85 | Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming |
| 93732 | 73.77 | 51.07 | 22.70 | Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming |
| 93733 | 42.23 | 9.66 | 32.57 | Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
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| 93734 | 36.30 | 20.95 | 15.35 | Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming |
| 93735 | 61.08 | 41.33 | 19.75 | Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming |
| 93736 | 36.85 | 8.49 | 28.36 | Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis |
| 93740 | 15.06 | 8.02 | 7.04 | Temperature gradient studies |
| 93741 | 73.70 | 44.26 | 29.44 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber, without reprogramming |
| 93742 | 79.53 | 50.09 | 29.44 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber, with reprogramming |
| 93743 | 89.29 | 56.90 | 32.39 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming |
| 93744 | 94.53 | 65.09 | 29.44 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming |
| 93760 | I.C. | | | Thermogram; cephalic |
| 93762 | I.C. | | | Thermogram; peripheral |
| 93770 | 10.00 | 8.44 | 1.56 | Determination of venous pressure |
| 93784 | 80.57 | | | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report |
| 93786 | 38.66 | | | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only |
| 93788 | 21.80 | | | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report |
| 93790 | 20.11 | | | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report |
| 93797 | 22.68 | | | Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) |
| 93798 | 31.51 | | | Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) |
| 93799 | I.C. | I.C. | I.C. | Unlisted cardiovascular service or procedure |
| 93875 | 81.87 | 11.97 | 69.90 | Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
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| | | | | Doppler ultrasound spectral analysis) |
| 93880 | 210.82 | 32.98 | 177.84 | Duplex scan of extracranial arteries; complete bilateral study |
| 93882 | 150.06 | 22.48 | 127.58 | Duplex scan of extracranial arteries; unilateral or limited study |
| 93886 | 237.36 | 52.84 | 184.52 | Transcranial Doppler study of the intracranial arteries; complete study |
| 93888 | 160.28 | 34.58 | 125.70 | Transcranial Doppler study of the intracranial arteries; limited study |
| 93922 | 95.28 | 13.82 | 81.46 | Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement) |
| 93923 | 151.52 | 24.79 | 126.73 | Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia) |
| 93924 | 186.65 | 27.82 | 158.83 | Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study |
| 93925 | 239.15 | 31.80 | 207.35 | Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study |
| 93926 | 169.92 | 21.39 | 148.53 | Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study |
| 93930 | 191.93 | 25.29 | 166.64 | Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study |
| 93931 | 138.36 | 16.93 | 121.43 | Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study |
| 93965 | 95.81 | 18.86 | 76.95 | Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) |
| 93970 | 206.79 | 37.14 | 169.65 | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study |
| 93971 | 146.82 | 24.49 | 122.33 | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study |
| 93975 | 330.01 | 97.07 | 232.94 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study |
| 93976 | 202.58 | 64.59 | 137.99 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study |
| 93978 | 188.31 | 35.58 | 152.73 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study |
| 93979 | 136.99 | 24.41 | 112.58 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study |
| 93980 | 261.23 | 66.82 | 194.41 | Duplex scan of arterial inflow and venous outflow of penile vessels; complete study |
| 93981 | 220.82 | 23.52 | 197.30 | Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study |
| 93990 | 161.09 | 13.82 | 147.27 | Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) |
| 94010 | 35.56 | 8.82 | 26.74 | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation |
| 94014 | 52.97 | | | Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation |
| 94015 | 25.59 | | | Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration) |
| 94016 | 27.38 | | | Patient-initiated spirometric recording per 30-day period of time; physician review and |

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| | | | | interpretation only |
| 94060 | 61.01 | 16.21 | 44.80 | Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) |
| 94070 | 152.27 | 31.24 | 121.03 | Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics |
| 94150 | 23.47 | 4.20 | 19.27 | Vital capacity, total (separate procedure) |
| 94200 | 23.59 | 5.71 | 17.88 | Maximum breathing capacity, maximal voluntary ventilation |
| 94240 | 41.11 | 13.48 | 27.63 | Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method |
| 94250 | 32.15 | 5.71 | 26.44 | Expired gas collection, quantitative, single procedure (separate procedure) |
| 94260 | 30.43 | 6.89 | 23.54 | Thoracic gas volume |
| 94350 | 42.92 | 13.48 | 29.44 | Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time |
| 94360 | 40.99 | 13.48 | 27.51 | Determination of resistance to airflow, oscillatory or plethysmographic methods |
| 94370 | 41.06 | 13.48 | 27.58 | Determination of airway closing volume, single breath tests |
| 94375 | 38.31 | 16.21 | 22.10 | Respiratory flow volume loop |
| 94400 | 52.59 | 20.44 | 32.15 | Breathing response to CO2 (CO2 response curve) |
| 94450 | 44.95 | 20.74 | 24.21 | Breathing response to hypoxia (hypoxia response curve) |
| 94620 | 129.75 | 33.17 | 96.58 | Pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm with pre- and post-spirometry) |
| 94621 | 145.18 | 73.47 | 71.71 | Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings) |
| 94640 | 14.09 | | | Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device) |
| 94642 | I.C. | | | Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis |
| 94656 | 97.85 | | | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day |
| 94657 | 74.65 | | | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days |
| 94660 | 57.68 | | | Continuous positive airway pressure ventilation (CPAP), initiation and management |
| 94662 | 39.38 | | | Continuous negative pressure ventilation (CNP), initiation and management |
| 94664 | 14.69 | | | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device |
| 94667 | 24.26 | | | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation |
| 94668 | 19.99 | | | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent |
| 94680 | 91.58 | 13.48 | 78.10 | Oxygen uptake, expired gas analysis; rest and exercise, direct, simple |
| 94681 | 121.88 | 10.79 | 111.09 | Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted |
| 94690 | 87.18 | 3.78 | 83.40 | Oxygen uptake, expired gas analysis; rest, indirect (separate procedure) |
| 94720 | 54.06 | 13.48 | 40.58 | Carbon monoxide diffusing capacity (eg, single breath, steady state) |
| 94725 | 136.79 | 13.48 | 123.31 | Membrane diffusion capacity |
| 94750 | 67.08 | 11.92 | 55.16 | Pulmonary compliance study (eg, plethysmography, volume and pressure measurements) |
| 94760 | 2.29 | | | Noninvasive ear or pulse oximetry for oxygen saturation; single determination |
| 94761 | 4.75 | | | Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, |

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| | | | | during exercise) |
| 94762 | 19.86 | | | Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure) |
| 94770 | 78.45 | 7.64 | 70.81 | Carbon dioxide, expired gas determination by infrared analyzer |
| 94772 | I.C. | I.C. | I.C. | Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant |
| 94799 | I.C. | I.C. | I.C. | Unlisted pulmonary service or procedure |
| 95004 | 4.52 | | | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests |
| 95010 | 19.87 | | | Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests |
| 95015 | 12.28 | | | Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests |
| 95024 | 6.62 | | | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests |
| 95027 | 6.62 | | | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, specify number of tests |
| 95028 | 10.42 | | | Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests |
| 95044 | 9.15 | | | Patch or application test(s) (specify number of tests) |
| 95052 | 11.26 | | | Photo patch test(s) (specify number of tests) |
| 95056 | 7.89 | | | Photo tests |
| 95060 | 15.35 | | | Ophthalmic mucous membrane tests |
| 95065 | 9.15 | | | Direct nasal mucous membrane test |
| 95070 | 97.13 | | | Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds |
| 95071 | 124.11 | | | Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify |
| 95075 | 72.01 | | | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite) |
| 95078 | 11.56 | | | Provocative testing (eg, Rinkel test) |
| 95115 | 16.62 | | | Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection |
| 95117 | 21.68 | | | Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections |
| 95120 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection |
| 95125 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections |
| 95130 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom |
| 95131 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms |
| 95132 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms |
| 95133 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms |
| 95134 | I.C. | | | Professional services for allergen immunotherapy in prescribing physicians office or |

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| | | | | institution, including provision of allergenic extract; five stinging insect venoms |
| 95144 | 8.89 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single dose vial(s) (specify number of vials) |
| 95145 | 16.47 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom |
| 95146 | 21.11 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms |
| 95147 | 20.27 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms |
| 95148 | 27.01 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms |
| 95149 | 36.71 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms |
| 95165 | 10.99 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) |
| 95170 | 8.46 | | | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses) |
| 95180 | 141.37 | | | Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum) |
| 95199 | I.C. | | | Unlisted allergy/clinical immunologic service or procedure |
| 95250 | 161.33 | | | Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading with printout of data) |
| 95805 | 768.62 | 100.82 | 667.80 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness |
| 95806 | 234.60 | 87.04 | 147.56 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist |
| 95807 | 568.93 | 86.74 | 482.19 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist |
| 95808 | 660.03 | 142.43 | 517.60 | Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist |
| 95810 | 866.99 | 186.68 | 680.31 | Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist |
| 95811 | 938.36 | 201.26 | 737.10 | Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist |
| 95812 | 210.35 | 61.20 | 149.15 | Electroencephalogram (EEG) extended monitoring; 41-60 minutes |
| 95813 | 278.46 | 96.85 | 181.61 | Electroencephalogram (EEG) extended monitoring; greater than one hour |
| 95816 | 177.59 | 61.62 | 115.97 | Electroencephalogram (EEG); including recording awake and drowsy |
| 95819 | 200.78 | 61.62 | 139.16 | Electroencephalogram (EEG); including recording awake and asleep |
| 95822 | 229.50 | 61.20 | 168.30 | Electroencephalogram (EEG); recording in coma or sleep only |
| 95824 | | 43.19 | | Electroencephalogram (EEG); cerebral death evaluation only |
| 95827 | 159.94 | 58.79 | 101.15 | Electroencephalogram (EEG); all night recording |
| 95829 | 1,564.92 | 343.12 | 1,221.80 | Electrocorticogram at surgery (separate procedure) |
| 95830 | 208.57 | | | Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording |
| 95831 | 25.19 | | | Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or |

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| | | | | trunk |
| 95832 | 21.77 | | | Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side |
| 95833 | 36.99 | | | Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands |
| 95834 | 44.30 | | | Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands |
| 95851 | 21.93 | | | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) |
| 95852 | 15.41 | | | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side |
| 95857 | 46.30 | | | Tensilon test for myasthenia gravis; |
| 95858 | 106.21 | 88.57 | 17.64 | Tensilon test for myasthenia gravis; with electromyographic recording |
| 95860 | 99.13 | 55.11 | 44.02 | Needle electromyography; one extremity with or without related paraspinal areas |
| 95861 | 121.53 | 88.54 | 32.99 | Needle electromyography; two extremities with or without related paraspinal areas |
| 95863 | 148.18 | 106.76 | 41.42 | Needle electromyography; three extremities with or without related paraspinal areas |
| 95864 | 192.87 | 113.82 | 79.05 | Needle electromyography; four extremities with or without related paraspinal areas |
| 95867 | 71.39 | 45.74 | 25.65 | Needle electromyography; cranial nerve supplied muscle(s), unilateral |
| 95868 | 98.51 | 67.50 | 31.01 | Needle electromyography; cranial nerve supplied muscles, bilateral |
| 95869 | 30.87 | 21.00 | 9.87 | Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12) |
| 95870 | 30.87 | 21.00 | 9.87 | Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters |
| 95872 | 111.41 | 84.62 | 26.79 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied |
| 95875 | 106.32 | 62.37 | 43.95 | Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s) |
| 95900 | 71.12 | 24.15 | 46.97 | Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study |
| 95903 | 74.84 | 34.19 | 40.65 | Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study |
| 95904 | 60.51 | 19.44 | 41.07 | Nerve conduction, amplitude and latency/velocity study, each nerve; sensory |
| 95920 | 181.61 | 124.29 | 57.32 | Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure) |
| 95921 | 65.25 | 49.05 | 16.20 | Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio |
| 95922 | 70.46 | 54.26 | 16.20 | Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt |
| 95923 | 123.42 | 50.74 | 72.68 | Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential |
| 95925 | 70.82 | 30.66 | 40.16 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs |
| 95926 | 71.24 | 31.08 | 40.16 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs |
| 95927 | 72.26 | 32.10 | 40.16 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head |

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| 95930 | 74.08 | 19.82 | 54.26 | Visual evoked potential (VEP) testing central nervous system, checkerboard or flash |
| 95933 | 68.07 | 32.97 | 35.10 | Orbicularis oculi (blink) reflex, by electrodiagnostic testing |
| 95934 | 38.98 | 29.11 | 9.87 | H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle |
| 95936 | 41.33 | 31.46 | 9.87 | H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle |
| 95937 | 51.42 | 36.49 | 14.93 | Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method |
| 95950 | 261.26 | 86.92 | 174.34 | Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours |
| 95951 | | 341.42 | | Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours |
| 95953 | 454.70 | 174.13 | 280.57 | Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours |
| 95954 | 278.63 | 140.25 | 138.38 | Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test) |
| 95955 | 143.20 | 55.06 | 88.14 | Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery) |
| 95956 | 729.00 | 174.85 | 554.15 | Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours |
| 95957 | 188.58 | 112.90 | 75.68 | Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) |
| 95958 | 317.93 | 240.26 | 77.67 | Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring |
| 95961 | 231.56 | 174.24 | 57.32 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance |
| 95962 | 243.26 | 185.94 | 57.32 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure) |
| 95965 | | 456.57 | | Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization) |
| 95966 | | 228.79 | | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization) |
| 95967 | | 192.47 | | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure) |
| 95970 | 25.34 | | | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming |
| 95971 | 43.32 | | | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple brain, spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming |
| 95972 | 87.73 | | | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse |

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| | | | | amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex brain, spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour |
| 95973 | 53.53 | | | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex brain, spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure) |
| 95974 | 172.91 | | | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour |
| 95975 | 97.28 | | | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure) |
| 95990 | 65.03 | | | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); |
| 95991 | 91.12 | | | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician |
| 95999 | I.C. | | | Unlisted neurological or neuromuscular diagnostic procedure |
| 96000 | 91.66 | | | Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; |
| 96001 | 109.50 | | | Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking |
| 96002 | 22.38 | | | Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles |
| 96003 | 21.05 | | | Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle |
| 96004 | 123.75 | | | Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report |
| 96100 | 80.01 | | | Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour |
| 96105 | 80.01 | | | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |
| 96110 | 13.41 | | | Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report |
| 96111 | 148.55 | | | Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour |

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| 96115 | 80.01 | | | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour |
| 96117 | 80.01 | | | Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour |
| 96150 | 27.46 | | | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment |
| 96151 | 26.29 | | | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment |
| 96152 | 25.11 | | | Health and behavior intervention, each 15 minutes, face-to-face; individual |
| 96153 | 5.76 | | | Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients) |
| 96154 | 24.74 | | | Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present) |
| 96155 | 24.78 | | | Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) |
| 96400 | 53.92 | | | Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia |
| 96405 | 119.27 | | | Chemotherapy administration, intralesional; up to and including 7 lesions |
| 96406 | 161.45 | | | Chemotherapy administration, intralesional; more than 7 lesions |
| 96408 | 130.88 | | | Chemotherapy administration, intravenous; push technique |
| 96410 | 184.17 | | | Chemotherapy administration, intravenous; infusion technique, up to one hour |
| 96412 | 39.70 | | | Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure) |
| 96414 | 228.85 | | | Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump |
| 96420 | 127.26 | | | Chemotherapy administration, intra-arterial; push technique |
| 96422 | 227.59 | | | Chemotherapy administration, intra-arterial; infusion technique, up to one hour |
| 96423 | 89.63 | | | Chemotherapy administration, intra-arterial; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure) |
| 96425 | 208.20 | | | Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump |
| 96440 | 448.51 | | | Chemotherapy administration into pleural cavity, requiring and including thoracentesis |
| 96445 | 445.36 | | | Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis |
| 96450 | 381.94 | | | Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture |
| 96520 | 174.30 | | | Refilling and maintenance of portable pump |
| 96530 | 128.77 | | | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial) |
| 96542 | 242.09 | | | Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents |
| 96545 | I.C. | | | Provision of chemotherapy agent |
| 96549 | I.C. | | | Unlisted chemotherapy procedure |
| 96567 | 42.51 | | | Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of |

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| | | | | photosensitive drug(s), each phototherapy exposure session |
| 96570 | 58.58 | | | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus) |
| 96571 | 29.77 | | | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus) |
| 96900 | 20.83 | | | Actinotherapy (ultraviolet light) |
| 96902 | 26.30 | | | Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality |
| 96910 | 46.30 | | | Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B |
| 96912 | 57.99 | | | Photochemotherapy; psoralens and ultraviolet A (PUVA) |
| 96913 | 78.03 | | | Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings) |
| 96920 | 369.99 | | | Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm |
| 96921 | 373.69 | | | Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm |
| 96922 | 442.35 | | | Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm |
| 96999 | I.C. | | | Unlisted special dermatological service or procedure |
| 97802 | 20.11 | | | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97803 | 20.11 | | | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 97804 | 8.31 | | | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes |
| 98925 | 31.18 | | | Osteopathic manipulative treatment (OMT); one to two body regions involved |
| 98926 | 42.82 | | | Osteopathic manipulative treatment (OMT); three to four body regions involved |
| 98927 | 55.51 | | | Osteopathic manipulative treatment (OMT); five to six body regions involved |
| 98928 | 65.33 | | | Osteopathic manipulative treatment (OMT); seven to eight body regions involved |
| 98929 | 75.04 | | | Osteopathic manipulative treatment (OMT); nine to ten body regions involved |
| 98943 | 25.50 | | | Chiropractic manipulative treatment (CMT); extraspinal, one or more regions |
| 99000 | I.C. | | | Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory |
| 99001 | I.C. | | | Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated) |
| 99002 | I.C. | | | Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician |
| 99024 | I.C. | | | Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure |
| 99026 | I.C. | | | Hospital mandated on call service; in-hospital, each hour |
| 99027 | I.C. | | | Hospital mandated on call service; out-of-hospital, each hour |
| 99050 | I.C. | | | Services requested after posted office hours in addition to basic service |

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| 99052 | I.C. | | | Services requested between 10:00 PM and 8:00 AM in addition to basic service |
| 99054 | I.C. | | | Services requested on Sundays and holidays in addition to basic service |
| 99056 | I.C. | | | Services provided at request of patient in a location other than physician's office which are normally provided in the office |
| 99058 | I.C. | | | Office services provided on an emergency basis |
| 99070 | I.C. | | | Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) |
| 99071 | I.C. | | | Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician |
| 99075 | I.C. | | | Medical testimony |
| 99078 | I.C. | | | Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions) |
| 99080 | 24.85 | | | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. (An additional report that is completed at the request of the patient's employer, insurer, utilization reviewer or agent subsequent to the completion of the required report under 452 CMR 1.13(1). This fee is for the treating provider's preparation time only. (per 15 minutes)) (Do not report 99080 in conjunction with codes using modifier -32 or with 99455, 99456 for the completion of Workmen's Compensation forms) |
| 99082 | I.C. | | | Unusual travel (eg, transportation and escort of patient) |
| 99090 | I.C. | | | Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data) |
| 99091 | I.C. | | | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time |
| 99100 | I.C. | | | Anesthesia for patient of extreme age, under 1 year and over 70 (List separately in addition to code for primary anesthesia procedure) |
| 99116 | I.C. | | | Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure) |
| 99135 | I.C. | | | Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure) |
| 99140 | I.C. | | | Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure) |
| 99141 | 112.60 | | | Sedation with or without analgesia (conscious sedation); intravenous, intramuscular or inhalation |
| 99142 | 65.56 | | | Sedation with or without analgesia (conscious sedation); oral, rectal and/or intranasal |
| 99170 | 140.90 | | | Anogenital examination with colposcopic magnification in childhood for suspected trauma |
| 99172 | I.C. | | | Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare) |
| 99173 | I.C. | | | Screening test of visual acuity, quantitative, bilateral |
| 99175 | 62.01 | | | Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison |
| 99183 | 292.67 | | | Physician attendance and supervision of hyperbaric oxygen therapy, per session |
| 99185 | 28.18 | | | Hypothermia; regional |

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| 99186 | 88.95 | | | Hypothermia; total body |
| 99190 | I.C. | | | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour |
| 99191 | I.C. | | | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 3/4 hour |
| 99192 | I.C. | | | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 1/2 hour |
| 99195 | 19.15 | | | Phlebotomy, therapeutic (separate procedure) |
| 99199 | I.C. | | | Unlisted special service, procedure or report |
| 99201 | 38.65 | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family. |
| 99202 | 68.29 | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family. |
| 99203 | 101.16 | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. |
| 99204 | 142.67 | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family. |
| 99205 | 180.76 | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. |
| 99211 | 23.15 | | | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. |
| 99212 | 40.33 | | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided |

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| | | | | consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family. |
| 99213 | 55.97 | | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. |
| 99214 | 87.24 | | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. |
| 99215 | 125.63 | | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. |
| 99217 | 72.41 | | | Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]) |
| 99218 | 68.19 | | | Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. |
| 99219 | 114.05 | | | Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. |
| 99220 | 160.07 | | | Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. |
| 99221 | 69.04 | | | Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's |

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| | | | | needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit. |
| 99222 | 114.89 | | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit. |
| 99223 | 160.19 | | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit. |
| 99231 | 34.43 | | | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit. |
| 99232 | 56.77 | | | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit. |
| 99233 | 80.66 | | | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit. |
| 99234 | 142.59 | | | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. |
| 99235 | 187.77 | | | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. |

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| 99236 | 233.97 | | | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. |
| 99238 | 72.53 | | | Hospital discharge day management; 30 minutes or less |
| 99239 | 98.99 | | | Hospital discharge day management; more than 30 minutes |
| 99241 | 53.03 | | | Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family. |
| 99242 | 96.21 | | | Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. |
| 99243 | 127.05 | | | Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. |
| 99244 | 179.23 | | | Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. |
| 99245 | 231.20 | | | Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family. |
| 99251 | 36.93 | | | Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit. |
| 99252 | 73.85 | | | Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the |

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| | | | | nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit. |
| 99253 | 100.60 | | | Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit. |
| 99254 | 145.19 | | | Initial inpatient consultation for a new or established patient, which requires three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit. |
| 99255 | 199.57 | | | Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit. |
| 99261 | 23.18 | | | Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 10 minutes at the bedside and on the patient's hospital floor or unit. |
| 99262 | 46.32 | | | Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit. |
| 99263 | 68.36 | | | Follow-up inpatient consultation for an established patient which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit. |
| 99271 | 41.35 | | | Confirmatory consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. |
| 99272 | 68.34 | | | Confirmatory consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused |

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| | | | | examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. |
| 99273 | 93.64 | | | Confirmatory consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. |
| 99274 | 125.87 | | | Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. |
| 99275 | 159.84 | | | Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. |
| 99281 | 16.84 | | | Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. |
| 99282 | 28.26 | | | Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. |
| 99283 | 62.83 | | | Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. |
| 99284 | 97.55 | | | Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. |
| 99285 | 152.64 | | | Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. |

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| 99288 | I.C. | | | Physician direction of emergency medical systems (EMS) emergency care, advanced life support |
| 99289 | 266.25 | | | Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport |
| 99290 | 127.89 | | | Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary service) |
| 99291 | 254.20 | | | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes |
| 99292 | 111.96 | | | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) |
| 99293 | 836.89 | | | Initial inpatient pediatric critical care, 31 days up through 24 months of age, per day, for the evaluation and management of a critically ill infant or young child |
| 99294 | 414.67 | | | Subsequent inpatient pediatric critical care, 31 days up through 24 months of age, per day, for the evaluation and management of a critically ill infant or young child |
| 99295 | 948.54 | | | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 30 days of age or less Care for neonates who require an intensive care setting but who are not critically ill is reported using the initial hospital care codes (99221-99223). |
| 99296 | 417.20 | | | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 30 days of age or less |
| 99298 | 146.51 | | | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams) |
| 99299 | 137.92 | | | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) |
| 99301 | 75.00 | | | Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. The review and affirmation of the medical plan of care is required. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit. |
| 99302 | 102.56 | | | Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem and has had a major permanent change in status. The creation of a new medical plan of care is required. Physicians typically spend 40 minutes at the bedside and on the patient's facility floor or unit. |
| 99303 | 126.80 | | | Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The creation of a medical plan of care is required. Physicians typically spend 50 minutes at the bedside and on the patient's facility floor or unit. |
| 99311 | 43.04 | | | Subsequent nursing facility care, per day, for the evaluation and management of a new or |

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| | | | | established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit. |
| 99312 | 66.31 | | | Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit. |
| 99313 | 90.46 | | | Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit. |
| 99315 | 73.62 | | | Nursing facility discharge day management; 30 minutes or less |
| 99316 | 96.30 | | | Nursing facility discharge day management; more than 30 minutes |
| 99321 | 42.13 | | | Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. |
| 99322 | 58.68 | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. |
| 99323 | 72.95 | | | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high complexity. |
| 99331 | 36.72 | | | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. |
| 99332 | 47.39 | | | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other |

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| 99333 | 57.88 | | | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. |
| 99341 | 60.12 | | | Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family. |
| 99342 | 87.78 | | | Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. |
| 99343 | 128.05 | | | Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family. |
| 99344 | 167.60 | | | Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. |
| 99345 | 207.45 | | | Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family. |
| 99347 | 46.30 | | | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family. |
| 99348 | 78.94 | | | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are |

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| | | | | provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. |
| 99349 | 122.11 | | | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. |
| 99350 | 176.88 | | | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family. |
| 99354 | 100.46 | | | Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other outpatient Evaluation and Management service) |
| 99355 | 99.62 | | | Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes (List separately in addition to code for prolonged physician service) |
| 99356 | 92.72 | | | Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (List separately in addition to code for inpatient Evaluation and Management service) |
| 99357 | 93.14 | | | Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes (List separately in addition to code for prolonged physician service) |
| 99358 | I.C. | | | Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service) |
| 99359 | I.C. | | | Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service) |
| 99360 | I.C. | | | Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG) |
| 99361 | I.C. | | | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes |
| 99362 | I.C. | | | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not |

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| | | | | present); approximately 60 minutes |
| 99371 | 24.85 | | | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 15 minutes.) |
| 99372 | 49.70 | | | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 30 minutes.) |
| 99373 | 74.55 | | | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 45 minutes.) |
| 99374 | 72.49 | | | Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| 99375 | 132.68 | | | Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |
| 99377 | 72.49 | | | Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in |

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| 99378 | 149.12 | | | Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |
| 99379 | 72.19 | | | Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| 99380 | 109.19 | | | Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |
| 99381 | 109.61 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age under 1 year) |
| 99382 | 117.70 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) |
| 99383 | 115.17 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) |
| 99384 | 124.83 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) |
| 99385 | 124.83 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years |
| 99386 | 146.34 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years |

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| 99387 | 158.61 | | | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 65 years and over |
| 99391 | 82.66 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age under 1 year) |
| 99392 | 92.32 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) |
| 99393 | 91.06 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) |
| 99394 | 100.42 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) |
| 99395 | 101.68 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years |
| 99396 | 112.19 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years |
| 99397 | 123.61 | | | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over |
| 99401 | 44.54 | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 99402 | 74.23 | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes |
| 99403 | 102.20 | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes |
| 99404 | 130.68 | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes |
| 99411 | 13.54 | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes |
| 99412 | 20.27 | | | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes |
| 99420 | I.C. | | | Administration and interpretation of health risk assessment instrument (eg, health hazard |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| | | | | appraisal) |
| 99429 | I.C. | | | Unlisted preventive medicine service |
| 99431 | 61.64 | | | History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.) |
| 99432 | 87.55 | | | Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s) |
| 99433 | 32.41 | | | Subsequent hospital care, for the evaluation and management of a normal newborn, per day |
| 99435 | 79.44 | | | History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.) |
| 99436 | 77.76 | | | Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn |
| 99440 | 154.01 | | | Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output |
| 99450 | I.C. | | | Basic life and/or disability examination that includes: measurement of height, weight and blood pressure; completion of a medical history following a life insurance pro forma; collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and completion of necessary documentation/certificates. |
| 99455 | I.C. | | | Work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report. |
| 99456 | I.C. | | | Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report. |
| 99499 | I.C. | | | Unlisted evaluation and management service |
| 99500 | I.C. | | | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring |
| 99501 | I.C. | | | Home visit for postnatal assessment and follow-up care |
| 99502 | I.C. | | | Home visit for newborn care and assessment |
| 99503 | I.C. | | | Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation) |
| 99504 | I.C. | | | Home visit for mechanical ventilation care |
| 99505 | I.C. | | | Home visit for stoma care and maintenance including colostomy and cystostomy |
| 99506 | I.C. | | | Home visit for intramuscular injections |
| 99507 | I.C. | | | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral) |
| 99509 | I.C. | | | Home visit for assistance with activities of daily living and personal care |
| 99510 | I.C. | | | Home visit for individual, family, or marriage counseling |
| 99511 | I.C. | | | Home visit for fecal impaction management and enema administration |
| 99512 | I.C. | | | Home visit for hemodialysis |
| 99600 | I.C. | | | Unlisted home visit service or procedure |

| Code | GL Fee | Fee PC | Fee TC | 40.06(10) – Medical Service Description |
|---|---|---|---|---|
| 99601 | I.C. | | | Home infusion/specialty drug administration, per visit (up to 2 hours); |
| 99602 | I.C. | | | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure) |

## 40.06(11) Psychological Services

| Code | Fee | 40.06(11) – Psychological Services Description |
|---|---|---|
| 90801 | 122.91 | Psychiatric diagnostic interview examination |
| 90804 | 52.93 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; |
| 90805 | 57.99 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services |
| 90806 | 79.33 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; |
| 90807 | 84.30 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services |
| 90808 | 118.46 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; |
| 90809 | 122.20 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services |
| 90816 | 53.12 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; |
| 90817 | 57.52 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services |
| 90818 | 79.89 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; |
| 90819 | 83.54 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services |
| 90821 | 118.74 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; |
| 90822 | 121.73 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services |
| 90847 | 93.89 | Family psychotherapy (conjoint psychotherapy) (with patient present) |
| 90853 | 25.95 | Group psychotherapy (other than of a multiple-family group) |
| 90857 | 29.02 | Interactive group psychotherapy |
| 90882 | I.C. | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions |
| 90885 | 41.39 | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes |
| 90887 | 71.83 | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient |
| 90889 | 24.78 | Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers (An additional report that is completed at the request of the patient's employer, insurer, utilization reviewer or agent subsequent to the completion of the required report under 452 CMR 1.13(1). This fee is for the treating provider's preparation time only. (per 15 minutes)) (Do not report 90889 in conjunction with codes using modifier -32 or with 99455, 99456 for the completion of Workmen's Compensation forms) |
| 96100 | 62.75 | Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour |

| Code | Fee | 40.06(11) – Psychological Services Description |
|---|---|---|
| 96105 | 62.75 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |
| 96115 | 62.75 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour |
| 96117 | 62.75 | Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour |
| 96150 | 21.54 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment |
| 96151 | 20.62 | Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment |
| 96152 | 19.70 | Health and behavior intervention, each 15 minutes, face-to-face; individual |
| 96153 | 4.52 | Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients) |
| 96154 | 19.40 | Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present) |
| 99371 | 24.85 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 15 minutes.) |
| 99372 | 49.70 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 30 minutes.) |
| 99373 | 74.55 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 45 minutes.) |
| H2011 | I.C. | Crisis intervention service, per 15 minutes |

## 40.06(12) Rehabilitation Clinics, Physical, Occupational, Speech Therapists and Audiologists

| Code | Fee | 40.06(12) – Restorative Services Description |
|---|---|---|
| 92506 | 107.80 | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status |
| 92507 | 50.80 | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual |
| 92508 | 23.98 | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals |
| 92511 | 123.74 | Nasopharyngoscopy with endoscope (separate procedure) |
| 92512 | 50.07 | Nasal function studies (eg, rhinomanometry) |
| 92516 | 40.69 | Facial nerve function studies (eg, electroneuronography) |
| 92520 | 38.14 | Laryngeal function studies |
| 92526 | 68.38 | Treatment of swallowing dysfunction and/or oral function for feeding |
| 97001 | 58.28 | Physical therapy evaluation |
| 97002 | 30.97 | Physical therapy re-evaluation |
| 97003 | 62.38 | Occupational therapy evaluation |
| 97004 | 36.33 | Occupational therapy re-evaluation |
| 97012 | 11.70 | Application of a modality to one or more areas; traction, mechanical |
| 97014 | 11.31 | Application of a modality to one or more areas; electrical stimulation (unattended) |
| 97016 | 11.31 | Application of a modality to one or more areas; vasopneumatic devices |
| 97018 | 5.39 | Application of a modality to one or more areas; paraffin bath |
| 97020 | 3.81 | Application of a modality to one or more areas; microwave |
| 97022 | 11.97 | Application of a modality to one or more areas; whirlpool |
| 97024 | 4.76 | Application of a modality to one or more areas; diathermy |
| 97026 | 3.81 | Application of a modality to one or more areas; infrared |
| 97028 | 4.69 | Application of a modality to one or more areas; ultraviolet |
| 97032 | 12.34 | Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes |
| 97033 | 16.63 | Application of a modality to one or more areas; iontophoresis, each 15 minutes |
| 97034 | 11.21 | Application of a modality to one or more areas; contrast baths, each 15 minutes |
| 97035 | 9.63 | Application of a modality to one or more areas; ultrasound, each 15 minutes |
| 97036 | 18.55 | Application of a modality to one or more areas; Hubbard tank, each 15 minutes |
| 97039 | 9.03 | Unlisted modality (specify type and time if constant attendance) |
| 97110 | 22.44 | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| 97112 | 22.63 | Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97113 | 25.95 | Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises |
| 97116 | 19.32 | Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing) |
| 97124 | 17.37 | Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) |
| 97139 | 12.47 | Unlisted therapeutic procedure (specify) |
| 97140 | 20.80 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes |
| 97150 | 13.76 | Therapeutic procedure(s), group (2 or more individuals) |
| 97504 | 24.02 | Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes |
| 97520 | 22.00 | Prosthetic training, upper and/or lower extremities, each 15 minutes |
| 97530 | 22.98 | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to |

| Code | Fee | 40.06(12) – Restorative Services Description |
|---|---|---|
| | | improve functional performance), each 15 minutes |
| 97532 | 19.28 | Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes |
| 97533 | 20.23 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes |
| 97535 | 23.57 | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes |
| 97537 | 21.46 | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes |
| 97542 | 21.77 | Wheelchair management/propulsion training, each 15 minutes |
| 97545 | 107.50 | Work hardening/conditioning; initial 2 hours |
| 97546 | 53.75 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) (Use 97546 in conjunction with code 97545) |
| 97601 | 30.71 | Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session |
| 97602 | I.C. | Removal of devitalized tissue from wound(s); non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session |
| 97703 | 20.45 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes |
| 97750 | 22.63 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes |
| 97755 | 27.11 | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes |
| 99080 | 24.85 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. (An additional report that is completed at the request of the patient's employer, insurer, utilization reviewer or agent subsequent to the completion of the required report under 452 CMR 1.13(1). This fee is for the treating provider's preparation time only. (per 15 minutes)) (Do not report 99080 in conjunction with codes using modifier -32 or with 99455, 99456 for the completion of Workmen's Compensation forms) |
| 99371 | 24.85 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 15 minutes.) |
| 99372 | 49.70 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 30 minutes.) |
| 99373 | 74.55 | Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy |

| Code | Fee | 40.06(12) – Restorative Services Description |
|---|---|---|
| | | communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan) (Treatment planning consultation with patient's employer, insurer, utilization reviewer or agent for the purpose of obtaining additional medical information subsequent to the completion of the required report under 452 CMR 1.13(1). Per 45 minutes.) |
| G0237 | 15.29 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring) |

## 40.07: Appendices

| APPENDIX | DESCRIPTION | PAGE NUMBER |
|---|---|---|
| **A** | CPT and HCPCS Modifiers. Add the appropriate Level 1 CPT modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951. | |
| **B** | Add-On Codes – Procedures that are commonly carried out in addition to the primary procedure performed and must never be reported as stand-alone codes. These codes are exempt from the multiple modifier '51'. | |
| **C** | Separate Procedures - Procedures that are stand alone codes. These codes are exempt from the multiple modifier '51'. | |
| **D** | Drugs Administered Other Than Oral Method – List of drugs and biologicals that can be injected either subcutaneously, intramuscularly, or intravenously reimbursed at invoice cost. | |

(1). **APPENDIX A –** Level I and Level II Common Modifiers

(a) Anesthesia Modifiers

1. Physical Status Modifiers. Physical status modifying units will be reimbursed if the patient is ranked in one of the following three categories. Physical status is included in CPT to distinguish various levels of complexity of the anesthesia service provided. Example: 00100-P3

| Physical Status Modifiers | Description | Modifying Unit Value |
|---|---|---|
| P3 | A patient with severe systemic disease. | 1 |
| P4 | A patient with severe systemic disease that is a constant threat to life. | 2 |
| P5 | A moribund patient who is not expected to survive without the operation. | 3 |

2. CPT and HCPCS Modifiers for Anesthesia Services. Add the appropriate Level 1 CPT modifier or HCPCS Level II modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951.

| Level 1 CPT Modifier | Description |
|---|---|
| -23 Unusual Anesthesia | Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding the modifier '-23' to the procedure code of the basic service or by use of the separate five digit modifier code 09923. |
| -47Anesthesia by Surgeon | Regional or general anesthesia provided by the surgeon may be reported by adding the modifier '-47' to the basic service or by use of the separate five digit modifier code 09947. (This does not include local anesthesia.) Note: Modifier '–47' or 09947 would not be used as a modifier for the anesthesia procedures 00100-01999. |
| -51 Multiple Procedures | This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '51' to the end of the service code for the secondary procedure(s). Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional." (See Appendix B) |
| -QK Medical Direction of Multiple Anesthesia Procedures | <u>This modifier must be used in conjunction with the appropriate service code to denote medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals.</u> |
| -QX CRNA Service | This modifier must be used to report services of a CRNA: with medical direction by a physician. This medical direction modifier is used when the physician medically directs two, three, or four concurrent procedures involving interns, residents, CRNAs and AAs. This allows 50% of the fee to be paid to the employer. |
| -QY CRNA Service | This modifier must be used to report services of one CRNA: with medical direction by an anesthesiologist. This allows 100% of the fee to be paid to the employer. |
| -QZ CRNA Service | This modifier is used to report CRNA service: without medical direction by a physician. This allows 100% of the fee to be paid to the employer. |

(b) <u>CPT Modifiers for Clinical Laboratory Services</u>. Add the appropriate Level 1 or Level II CPT modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951.

| Level 1 Modifier | Description |
|---|---|
| -59 Distinct Procedural Service | The modifier –59 is appropriate to report multiple service submissions for the same patient on the same day. These situations usually involve microbiology where samples or cultures are taken from a patient from different anatomical sites or different wounds, use the same CPT code, and then are tested the same day. |

| Level 1 Modifier | Description |
|---|---|
| | |
| -90 Reference (Outside) Laboratory | When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding the modifier '-90' to the usual procedure number or by use of the separate five digit modifier code 09990. |
| -91 Repeat Clinical Diagnostic Laboratory Service | The modifier –91 is used if an ordering physician requests a laboratory test that requires that several of the same services (CPT code) be performed for the same patient on the same day, modifier –91 should be used to indicate that multiple clinical diagnostic laboratory tests were done on the same day. (This modifier should not be used when multiple tests are described under a single code, e.g. glucose tolerance test.) |

(c) HCPCS Modifiers for Durable Medical Equipment, Oxygen Delivery and Orthotic and Prosthetic Procedure Codes. Add the appropriate Level II HCPCS modifier to the five-digit code to identify the specific circumstance.

| Level II Modifier | Description |
|---|---|
| -KH | DMEPOS item, initial claim, purchase or first month rental |
| -KI | DMEPOS item, second or third month rental |
| -KJ | DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months 4 to 15 |
| -KM | Replacement of facial prosthesis including new impression/moulage |
| -KN | Replacement of facial prosthesis using previous master model |
| -KR | Rental Item, billing for partial month |
| -LL | Lease/Rental with option to purchase (use the 'LL'modifier when DME equipment rental is to be applied against the purchase price) |
| -MS | Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty |
| -NR | New when rented (use the 'NR' modifier when DME which was new at the time of rental is subsequently purchased) |
| -NU | New equipment |
| -QE | Modifier QE should be used in conjunction with the appropriate service code to denote oxygen liter flow that is less than one liter per minute (LPM). This shall be reimbursed at 50% of the published rate of the appropriate service code. |
| -QF | Modifier QF should be used in conjunction with the appropriate service code to denote a stationary oxygen unit (liquid) with flow greater than four liters per minute (LPM). This shall be reimbursed at 150% of the published rate of the appropriate service code. |
| -QG | Modifier QG shall be used in conjunction with the appropriate service code to denote the use of a gaseous oxygen cylinder (H or M) with flow greater than four liters per minute (LPM). This shall be reimbursed at 150% of the published rate of the appropriate service code. |
| -RP | Replacement and repair –RP may be used to indicate replacement of DME, orthotic and prosthetic devices which have been in use for sometime. The claim shows the code for the part, followed by the '-RP' modifier and the charge for the part |
| -RR | Rental (use the 'RR' modifier when DME is to be rented) |
| -UE | Used Durable Medical Equipment |

(d) CPT and HCPCS Modifiers for Physicians' Services. Add the appropriate Level 1 CPT modifier or HCPCS Level II modifier to the five digit code or identify the modifier by use of a separate code by adding 099 before the 2 digit number e.g. 09950, 09951.

| Level 1 CPT Modifier | Description |
|---|---|
| -21 Prolonged Evaluation and Management Services | When the face to face or floor/unit services(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier '-21' to the evaluation |

| Level 1 CPT Modifier | Description |
|---|---|
| | and management code number or by use of the separate five digit modifier code 09921. A report may also be appropriate |
| -22 Unusual Procedural Service | When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number or by use of the separate five digit modifier code 09922. A report may also be appropriate |
| -25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service | The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date, This circumstance may be reported by adding the modifier '-25' to the appropriate level of E/M service, or the separate five digit modifier 09925 may be used. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier '-57.' |
| -26 Professional Component (PC) | Certain procedures are a combination of a physician, or professional component, and a technical component. When the modifier –26 is added to an appropriate code a PC allowable amount shall be paid. |
| -32 - Mandated Services | Services related to mandated consultation and/or related service (eg. PRO, third party payer, governmental, legislative, or regulatory requirement) may be identified by adding modifier '32' to the basic procedure. [Use modifier -32 in addition to an Evaluation and Management (E/M) code to identify an initial/comprehensive office visit for the purpose of an injury assessment and in-depth evaluation of medical complaint(s) and present injury, past medical history, system review, physical examination, ordering of appropriate tests and procedures, and the preparation of an appropriate report as required under 452 CMR 1.13(1). If a confirmatory consultation is required, eg, by a third party payor, the modifier '-32', mandated services, should also be reported. The addition of modifier -32 to the E/M code allows 115% of the allowable fee listed to be paid to the eligible provider.] |
| –50 Bilateral Procedures | Unless otherwise identified in the procedure code listing, bilateral procedures that are performed at the same operative session should be identified by adding the modifier '50' to the end of the service code identifying the second bilateral procedure or by use of the separate five digit modifier code 09950. The addition of the modifier '50' to the second bilateral code allows 50% of the allowable fee contained in 114.3 CMR 40.06 to be paid to the eligible provider for the second bilateral procedure. |
| –51 Multiple Procedures | When multiple procedures, other than E/M services, are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) must be identified by adding the modifier '51' to the end of the service code for the additional procedure(s) or service(s) or by use of the separate five-digit modifier 09951. The addition of the modifier "51" to the second and subsequent procedure code allows 50% of the allowable fee in 114.3 CMR 40.06 to be paid to the eligible provider. Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional." (See 114.3 CMR 40.08(2) and 114.3 CMR40.08(3).) |
| –52 Reduced Service | Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of the modifier "52" signifying the procedure is reduced. The fee will be based on individual consideration. |
| -54 Pertains to Surgical Care Only. | When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier '54' to the appropriate code. This allows 85% of the allowable fee contained in 114.3 CMR 40.06 to be paid to the physician. |
| -55 Pertains to Postoperative | When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by |

| Level 1 CPT Modifier | Description |
|---|---|
| Management Only | adding the modifier '55' to the appropriate procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 40.06 to be paid to the physician. |
| –59 Distinct Procedure or Service | If a procedure or service not normally reported together was performed on the same day, the fee will be based on the full maximum fee of 100% of the payment group for the distinct procedure or service. |
| -62: Pertains to Two Surgeons | Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. These circumstances may be identified by adding the modifier '-62'to the procedure code used by each surgeon for reporting his services. The addition of the modifier '-62'to the procedure codes allows 57.5% of the allowable fee contained in 114.3 CMR 40.06 to be paid to each surgeon. No separate payment will be made for assisting surgical services in these cases; it is included in the total surgical fee listed. |
| -66: Pertains to Team Surgery | This modifier must be used to identify highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment) carried out under the "surgical team" concept. The unit fee is payable to the "director" of the surgical team and includes all assistant surgeon fees, there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the members of the surgical team. Such procedures are so designated in 114.3 CMR 40.06. |
| –76 Repeat Procedure by the Same Physician | This modifier indicates a procedure that is repeated by the same physician. |
| –77 Repeat Procedure by Another Physician | This modifier indicates a repeated procedure by another physician. |
| –78 Return to the Operating Room for a Related Procedure During the Postoperative Period | This modifier indicates a procedure related to the initial procedure during the postoperative period. |
| –79 Unrelated Procedure or Service by the Same Physician during the Postoperative Period. | When the same physician performs a procedure, unrelated to the initial procedure, during the postoperative period. |
| -80: Pertains to Assistant Surgeons | Surgical assistant services may be identified by adding the modifier '-80' to the usual procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 40.06 to be paid to the assistant surgeon. |
| -81 Minimum Assistant Surgeon. | Minimum surgical assistant services are identified by adding the modifier '-81' to the usual procedure number or by use of the separate five digit modifier code 09981. This allows 15% of the allowable fee contained in 114.3 CMR 40.06 to be paid to the assistant surgeon. |
| -82 Assistant Surgeon (when qualified resident surgeon not available) | The unavailability of a qualified resident surgeon is a prerequisite for use of modifier '-82' appended to the usual procedure code numbers(s) or by use of the separate five digit modifier code 09982. This allows 15% of the allowable fee contained in 114.3 CMR 40.06 to be paid to the assistant surgeon. |
| -AS Assistant at Surgery | Add modifier -AS to the surgery procedure code to indicate physician assistants or nurse practitioner services for assistant-at-surgery in addition to modifier –81 when applicable. |
| -SA Nurse Practitioner | This modifier must be used to report services of a NP: with medical direction by a physician and indicates reduced payment. |
| -S1 Physician's Assistant | This modifier must be used to report services of a PA: with medical direction by a physician and indicates reduced payment. |
| -SM Second Option | This modifier is used to indicate a second surgical opinion. |
| -SN Third Option | This modifier is used to indicate a third surgical opinion. |

(2) **Appendix B** – Add-On Codes

Summary of CPT Add-On Codes for CPT 2004

| CODE |
|---|
| 01953 |
| 01968 |
| 01969 |
| 11001 |
| 11101 |
| 11201 |
| 11732 |
| 11922 |
| 13102 |
| 13122 |
| 13133 |
| 13153 |
| 15001 |
| 15101 |
| 15121 |
| 15201 |
| 15221 |
| 15241 |
| 15261 |
| 15343 |
| 15351 |
| 15401 |
| 15787 |
| 16036 |
| 17003 |
| 17310 |
| 19001 |
| 19126 |
| 19291 |
| 19295 |
| 22103 |
| 22116 |
| 22216 |
| 22226 |
| 22328 |
| 22522 |
| 22534 |
| 22585 |
| 22614 |
| 22632 |
| 26125 |
| 26861 |
| 26863 |
| 27358 |
| 27692 |
| 31632 |
| 31633 |
| 32501 |
| 33141 |
| 33225 |
| 33508 |
| 33530 |

| 33572 |
|---|
| 33924 |
| 33961 |
| 34808 |
| 34813 |
| 34826 |
| 35390 |
| 35400 |
| 35500 |
| 35572 |
| 35681 |
| 35682 |
| 35683 |
| 35685 |
| 35686 |
| 35697 |
| 35700 |
| 36218 |
| 36248 |
| 37206 |
| 37208 |
| 37250 |
| 37251 |
| 38102 |
| 38746 |
| 38747 |
| 43635 |
| 44015 |
| 44121 |
| 44128 |
| 44139 |
| 44203 |
| 44701 |
| 44955 |
| 47001 |
| 47550 |
| 48400 |
| 49568 |
| 49905 |
| 56606 |
| 54834 |
| 58611 |
| 59525 |
| 60512 |
| 61316 |
| 61517 |
| 61609 |
| 61610 |
| 61611 |
| 61612 |
| 61795 |
| 61864 |
| 61868 |

| 62148 |
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| 62160 |
| 63035 |
| 63043 |
| 63044 |
| 63048 |
| 63057 |
| 63066 |
| 63076 |
| 63078 |
| 63082 |
| 63086 |
| 63088 |
| 63091 |
| 63103 |
| 63308 |
| 64472 |
| 64476 |
| 64480 |
| 64484 |
| 64623 |
| 64627 |
| 64727 |
| 64778 |
| 64783 |
| 64787 |
| 64832 |
| 64837 |
| 64859 |
| 64872 |
| 64874 |
| 64876 |
| 64901 |
| 64902 |
| 66990 |
| 67225 |
| 67320 |
| 67331 |
| 67332 |
| 67334 |
| 67335 |
| 67340 |
| 69990 |
| 74301 |
| 75774 |
| 75946 |
| 75964 |
| 75968 |
| 75993 |
| 75996 |
| 75998 |
| 76082 |
| 76083 |

| 76125 |
|---|
| 76802 |
| 76810 |
| 76812 |
| 76937 |
| 78020 |
| 78478 |
| 78480 |
| 78496 |
| 87187 |
| 87904 |
| 88141 |
| 88155 |
| 88311 |
| 88312 |
| 88313 |
| 88314 |
| 90472 |
| 90474 |
| 90781 |
| 92547 |
| 92608 |
| 92973 |
| 92974 |
| 92978 |
| 92979 |
| 92981 |
| 92984 |
| 92996 |
| 92998 |
| 93320 |
| 93321 |
| 93325 |
| 93571 |
| 93572 |
| 93609 |
| 93613 |
| 93621 |
| 93622 |
| 93623 |
| 93662 |
| 95920 |
| 95962 |
| 95967 |
| 95973 |
| 96412 |
| 96423 |
| 96570 |
| 96571 |
| 97546 |
| 99100 |
| 99116 |
| 99135 |

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| 99140 |
| 99290 |
| 99292 |

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| 99354 |
| 99355 |
| 99356 |

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| 99357 |
| 99358 |
| 99359 |

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| 99602 |

(3). **APPENDIX C Codes Exempt from Modifier –51**

Summary of CPT Separate Procedure Codes Exempt from Modifier –51 for CPT 2004

| CODE |
|---|
| 17004 |
| 17304 |
| 17305 |
| 17306 |
| 17307 |
| 20660 |
| 20690 |
| 20692 |
| 20900 |
| 20902 |
| 20910 |
| 20912 |
| 20920 |
| 20922 |
| 20924 |
| 20926 |
| 20930 |
| 20931 |
| 20936 |
| 20937 |
| 20938 |
| 20974 |
| 20975 |
| 22840 |
| 22841 |
| 22842 |
| 22843 |
| 22844 |
| 22845 |
| 22846 |
| 22847 |
| 22848 |
| 22851 |
| 31500 |
| 32000 |
| 32002 |
| 32020 |
| 33517 |
| 33518 |
| 33519 |
| 33521 |
| 33522 |
| 33523 |
| 35600 |

| 36620 |
|---|
| 36660 |
| 38792 |
| 44500 |
| 61107 |
| 61210 |
| 62284 |
| 90281 |
| 90283 |
| 90287 |
| 90288 |
| 90291 |
| 90296 |
| 90371 |
| 90375 |
| 90376 |
| 90378 |
| 90379 |
| 90384 |
| 90385 |
| 90386 |
| 90389 |
| 90393 |
| 90396 |
| 90399 |
| 90476 |
| 90477 |
| 90581 |
| 90585 |
| 90586 |
| 90632 |
| 90633 |
| 90634 |
| 90636 |
| 90645 |
| 90646 |
| 90647 |
| 90648 |
| 90655 |
| 90657 |
| 90658 |
| 90660 |
| 90665 |
| 90669 |
| 90675 |

| 90676 |
|---|
| 90680 |
| 90690 |
| 90691 |
| 90692 |
| 90693 |
| 90700 |
| 90701 |
| 90702 |
| 90703 |
| 90704 |
| 90705 |
| 90706 |
| 90707 |
| 90708 |
| 90710 |
| 90712 |
| 90713 |
| 90716 |
| 90717 |
| 90718 |
| 90719 |
| 90720 |
| 90721 |
| 90723 |
| 90725 |
| 90727 |
| 90732 |
| 90733 |
| 90735 |
| 90740 |
| 90743 |
| 90744 |
| 90746 |
| 90747 |
| 90748 |
| 90749 |
| 93501 |
| 93503 |
| 93505 |
| 93508 |
| 93510 |
| 93511 |
| 93514 |
| 93524 |

| 93526 |
|---|
| 93527 |
| 93528 |
| 93529 |
| 93530 |
| 93531 |
| 93532 |
| 93533 |
| 93539 |
| 93540 |
| 93541 |
| 93542 |
| 93543 |
| 93544 |
| 93545 |
| 93555 |
| 93556 |
| 93600 |
| 93602 |
| 93603 |
| 93610 |
| 93612 |
| 93615 |
| 93616 |
| 93618 |
| 93619 |
| 93620 |
| 93624 |
| 93631 |
| 93640 |
| 93641 |
| 93642 |
| 93650 |
| 93651 |
| 93652 |
| 93660 |
| 95900 |
| 95903 |
| 95904 |
| 99141 |
| 99142 |

(3) **Appendix D** Drugs Administered Other Than Oral Method

| CODE | J0670 | J1250 | J1745 | J2430 | J3140 | J7330 | J9020 |
|---|---|---|---|---|---|---|---|
| J0130 | J0690 | J1260 | J1750 | J2440 | J3150 | J7340 | J9031 |
| J0150 | J0692 | J1270 | J1756 | J2460 | J3230 | J7342 | J9040 |
| J0151 | J0694 | J1320 | J1785 | J2501 | J3240 | J7500 | J9045 |
| J0152 | J0696 | J1325 | J1790 | J2505 | J3245 | J7501 | J9050 |
| J0170 | J0697 | J1327 | J1800 | J2510 | J3250 | J7502 | J9060 |
| J0200 | J0698 | J1335 | J1810 | J2515 | J3260 | J7504 | J9062 |
| J0205 | J0702 | J1364 | J1815 | J2540 | J3265 | J7506 | J9065 |
| J0207 | J0704 | J1380 | J1817 | J2543 | J3280 | J7507 | J9070 |
| J0210 | J0706 | J1390 | J1830 | J2545 | J3301 | J7508 | J9080 |
| J0215 | J0713 | J1410 | J1835 | J2550 | J3302 | J7509 | J9090 |
| J0256 | J0715 | J1435 | J1840 | J2560 | J3303 | J7510 | J9091 |
| J0270 | J0720 | J1436 | J1850 | J2590 | J3305 | J7511 | J9092 |
| J0275 | J0725 | J1438 | J1885 | J2597 | J3315 | J7513 | J9093 |
| J0280 | J0735 | J1440 | J1890 | J2650 | J3320 | J7515 | J9094 |
| J0282 | J0740 | J1441 | J1910 | J2670 | J3360 | J7517 | J9095 |
| J0285 | J0743 | J1450 | J1940 | J2675 | J3364 | J7520 | J9096 |
| J0287 | J0744 | J1452 | J1950 | J2680 | J3365 | J7525 | J9097 |
| J0288 | J0745 | J1455 | J1955 | J2690 | J3370 | J7608 | J9098 |
| J0289 | J0760 | J1460 | J1956 | J2700 | J3395 | J7618 | J9100 |
| J0290 | J0770 | J1470 | J1960 | J2710 | J3410 | J7619 | J9110 |
| J0295 | J0780 | J1480 | J1980 | J2720 | J3411 | J7621 | J9120 |
| J0300 | J0800 | J1490 | J1990 | J2725 | J3415 | J7622 | J9130 |
| J0330 | J0835 | J1500 | J2000 | J2730 | J3420 | J7626 | J9140 |
| J0360 | J0850 | J1510 | J2001 | J2760 | J3430 | J7631 | J9150 |
| J0380 | J0880 | J1520 | J2010 | J2765 | J3465 | J7633 | J9151 |
| J0390 | J0895 | J1530 | J2020 | J2770 | J3475 | J7635 | J9160 |
| J0395 | J0900 | J1540 | J2060 | J2780 | J3480 | J7636 | J9165 |
| J0456 | J0945 | J1550 | J2150 | J2783 | J3485 | J7637 | J9170 |
| J0460 | J0970 | J1563 | J2175 | J2788 | J3486 | J7638 | J9178 |
| J0470 | J1000 | J1564 | J2180 | J2790 | J3487 | J7639 | J9180 |
| J0475 | J1020 | J1565 | J2185 | J2792 | J7030 | J7641 | J9181 |
| J0476 | J1030 | J1570 | J2210 | J2795 | J7040 | J7642 | J9182 |
| J0500 | J1040 | J1580 | J2250 | J2800 | J7042 | J7643 | J9185 |
| J0515 | J1051 | J1590 | J2260 | J2820 | J7050 | J7644 | J9190 |
| J0520 | J1056 | J1595 | J2270 | J2910 | J7051 | J7658 | J9200 |
| J0530 | J1060 | J1600 | J2271 | J2912 | J7060 | J7659 | J9201 |
| J0540 | J1070 | J1610 | J2275 | J2916 | J7070 | J7681 | J9202 |
| J0550 | J1080 | J1620 | J2280 | J2920 | J7100 | J7682 | J9206 |
| J0560 | J1094 | J1626 | J2300 | J2930 | J7110 | J7683 | J9208 |
| J0570 | J1100 | J1630 | J2310 | J2940 | J7120 | J7684 | J9209 |
| J0580 | J1110 | J1631 | J2320 | J2941 | J7130 | J8510 | J9211 |
| J0583 | J1120 | J1642 | J2321 | J2950 | J7190 | J8520 | J9212 |
| J0585 | J1160 | J1644 | J2322 | J2993 | J7191 | J8521 | J9213 |
| J0587 | J1165 | J1645 | J2324 | J2995 | J7192 | J8530 | J9214 |
| J0592 | J1170 | J1650 | J2352 | J2997 | J7193 | J8560 | J9215 |
| J0595 | J1180 | J1652 | J2353 | J3000 | J7194 | J8600 | J9216 |
| J0600 | J1190 | J1655 | J2354 | J3010 | J7195 | J8610 | J9217 |
| J0610 | J1200 | J1670 | J2355 | J3030 | J7197 | J8700 | J9218 |
| J0620 | J1205 | J1700 | J2360 | J3070 | J7198 | J9000 | J9219 |
| J0630 | J1212 | J1710 | J2370 | J3100 | J7308 | J9001 | J9230 |
| J0636 | J1230 | J1720 | J2400 | J3105 | J7310 | J9010 | J9245 |
| J0637 | J1240 | J1730 | J2405 | J3120 | J7317 | J9015 | J9250 |
| J0640 | J1245 | J1742 | J2410 | J3130 | J7320 | J9017 | J9260 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| J9263 | J9268 | J9290 | J9300 | J9340 | J9357 | J9375 | J9395 |
| J9265 | J9270 | J9291 | J9310 | J9350 | J9360 | J9380 | J9600 |
| J9266 | J9280 | J9293 | J9320 | J9355 | J9370 | J9390 | |

40.08: Severability

The provisions of 114.3 CMR 40.00 are severable. If any provision of 114.3 CMR 40.00 or the application of such provision to eligible providers of services or any circumstances should be held invalid or unconstitutional, such determination shall not be construed to affect the validity or constitutionality of any other provision of 114.3 CMR 40.00 or the application of any other provision.