

PMIC Digital Book Series

# MEDICAL FEES 2019

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# BOOK

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# FOREWORD

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Fee strategies are becoming more and more important as the very structure of health care delivery changes. It is absolutely critical to the success of your medical practice for you to carefully review, analyze and adjust your fees frequently. This comprehensive publication is designed to help you accomplish this formidable task accurately, quickly, and easily.

*Medical Fees 2019*, our 24<sup>th</sup> annual edition, is a listing of medical procedure codes, descriptions, UCR fees at the 50th, 75th and 90th percentiles, Medicare fees and Medicare relative value units. The UCR fees listed in this publication are derived from an analysis of over 600 million actual charges. The CPT codes and descriptions are from the official CPT 2019 as published by the American Medical Association. The Medicare fees and RVUS are taken from the Medicare Physician Fee Schedule for Calendar Year 2019 as published in the *Federal Register*.

As I have written in numerous publications over the past 30 years, for every single physician that anyone can find who may be “over-Charging” for medical services and procedures, I can find nine who are not charging enough. *Medical Fees 2019* provides complete, accurate, and statistically valid information regarding usual, customary and reasonable (UCR) as well as Medicare fees and provides an excellent resource for reviewing, adjusting and setting fees.

James B. Davis  
Publisher & Editor

# DISCLAIMER

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This publication is designed to offer basic information regarding medical fees and fee schedule management. The information presented is based upon extensive analysis of various fee databases and the experience and interpretations of the authors. Though all of the information has been carefully researched and checked for accuracy and completeness, neither the authors nor the publisher accepts any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

# CONTRIBUTORS

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*Medical Fees 2019* is the result of a publishing collaboration between Context4 Healthcare Inc. and Practice Management Information Corporation.

## **Context4 Healthcare Inc.**

Context4 Healthcare Inc. is a leading developer of reimbursement products for the health care industry. Perhaps best known for its CodeLink, Claims Editor and ICD-9-CM software programs, the firm also markets numerous fee, coding and regulatory database products. Context4 Healthcare Inc. products are used by thousands of health care organizations, from solo physician practices to Fortune 500 companies.

Context4 Healthcare Inc. usual, customary and reasonable (UCR) databases were developed over several years by a team of fee experts and mathematicians and were constructed using hundreds of millions of actual submitted charges evenly distributed throughout the United States. To ensure accuracy, charge data was obtained from a variety of sources including third-party payers, clearinghouses, practice management system vendors, billing services, universities, medical practices, hospitals and the Centers for Medicare and Medicaid Services (CMS). In addition to these sources, a database of more than 600 million submitted charges was utilized for reference.

## **Practice Management Information Corporation (PMIC)**

PMIC is the nation's leading independent publisher and distributor of coding, payment and practice management books and software. The company is known for its innovative, high quality products and excellent customer service. Over 100,000 physicians, hospitals, insurance carriers, and other health care professionals regularly choose PMIC for their coding and compliance resources.

PMIC specializes in creating “tools for the business of medicine” by reviewing the work methods, work spaces, and content needs of its customers and then adapting its products to those needs. To create this publication, PMIC takes raw CPT/UCR data from Context4 Healthcare Inc., adds comprehensive introductory materials, full CPT descriptions, and then applies proprietary formulas to estimate fees for new medical services and procedures.

## **James B. Davis, Editor**

*Medical Fees* has been edited since its inception by James B. Davis, founder and President of Practice Management Information Corporation (PMIC). Mr. Davis has worked with health care professionals for over 40 years and is a nationally known expert in the areas of medical coding, compliance and practice management. Prior to founding PMIC he was an executive with Cedars-Sinai Medical Center and later founded Professional Data Systems (PDS) where he was responsible for processing over \$1 billion in medical claims. He is the author or editor of over 250 books on the subjects of medical coding, billing, reimbursement and practice management and has given seminars to hundreds of health care professionals nationwide.



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# TERMINOLOGY

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Managing the medical fee schedule and reimbursement process requires a fundamental working knowledge of the words and acronyms used by health care professionals, government agencies, health insurance plans and third party payers to describe services, benefits and reimbursement policies. While glossaries are most often found in the back of books, we feel that readers should have an opportunity to review and learn new terminology before they encounter it within the text.

**AAPCC:** Adjusted Average Per Capita Cost

**Accident and health insurance:** Insurance under which benefits are payable in case of disease, accidental injury, or accidental death.

**Actual charge:** One of the factors determining a physician's payment for a service under Medicare; equivalent to the billed or submitted charge.

**Adjusted average per capita cost (AAPCC):** An estimate of the average per capita cost incurred by Medicare for each beneficiary in the fee-for-service system, adjusted by county for age, sex, program entitlement and geographic cost difference.

**Adjusted historical payment basis (AHPB):** The AHPB for a service in a locality is the average payment for that service under the current system.

**Age/Sex rating:** A method of structuring capitation payments based on enrollee/ membership age and sex.

**AHPB:** Adjusted Historical Payment Basis

**Allowed charge [approved charge]:** The amount Medicare approves for payment to a physician. Typically, Medicare pays 80 percent of the approved charge and the beneficiary pays the remaining 20 percent. Physicians may bill beneficiaries for an additional amount above the approved charge.

**Alternative Delivery System (ADS):** A system of delivering health care benefits that is different from traditional indemnity systems. An HMO is an example of an ADS.

**AMA:** American Medical Association

**Ambulatory Surgery:** A surgical procedure for which a patient is admitted, treated and discharged the same day; also referred to as outpatient surgery.

**Ambulatory Surgery Center (ASC):** Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.

**Annual deductible:** See Deductible.

**Antitrust Laws:** Laws that prohibit institutional mergers and acquisitions, exclusive contracts, joint ventures, and other business dealings in areas that may substantially reduce competition or have a tendency to produce a monopoly, and consequently have a detrimental effect on consumer welfare.

**Approved charge:** Payment for a physician service under CPR. Includes Medicare payment and the beneficiary's coinsurance, but not any balance bill. Also called Allowed Charge or Reasonable Charge.

**ASC:** Ambulatory Surgical Center

**Assignment of benefits:** A procedure whereby the subscriber authorizes the carrier to make payment of allowable benefits directly to the provider.

**Assignment (Medicare):** The term used to refer to a physician's decision to accept Medicare's allowed charge as payment in full; a guarantee not to balance bill.

**Assistant-at-surgery:** An individual who has the necessary qualifications to participate in a

particular operation and actively assists in performing the surgery.

**Balance bill/extra bill:** Physicians' charges exceeding the Medicare-allowed charge.

**Balance billing:** Billing the patient or beneficiary for any fee in excess of the amount allowed by the insurance carrier.

**Beneficiary:** A person eligible to receive benefits under a health care plan. The term is commonly used with Medicare and Medicaid. Under Part B of Medicare, Americans over 65, many disabled individuals, and certain individuals with end-stage renal disease can become beneficiaries by paying a monthly premium.

**BMAD:** Part B Medicare Annual Data Files

**Bonus Payment:** An additional amount paid by Medicare for services provided by physicians in Health Professional Shortage Areas (HPSAs).

**Bundling:** The use of a single payment for a group of related procedures or services.

**Capitation:** A census-driven reimbursement system wherein a fixed amount is paid per patient enrolled monthly to the physician to cover services.

**Carrier:** The insurance company which writes and administers the health insurance policy.

**Carrier [Medicare]:** A private contractor who administers claims processing and payment for Part B Medicare services. *See Part B [Medicare].*

**Case management:** Monitoring and coordinating the delivery of health services for individual patients to enhance care and manage costs. Often used for patients with specific diagnoses or who require high-Cost or extensive health care services.

**Case rate:** A fixed fee for all care associated with a specific procedure.

**CF:** Conversion Factor

**Charge reduction [Medicare]:** The percentage difference between a provider's billed charge and the Medicare allowed charge.

**Claim:** A demand to the carrier, by the insured person, for payment of benefits under a policy.

**Claim form:** A form used to present claim information in an organized manner to the carrier. See CMSL500.

**Clinical Laboratory Improvement Act (CLIA):** Set standards to be met by all clinical laboratories, regardless of location, size, or type of laboratory. These standards are based on the complexity of tests performed by the laboratory. Regulations define four levels of testing complexity: waived, moderate complexity, and physician-performed microscope procedures. The Health Care Financing Administration requires all laboratories to register in order to perform testing at any or all of these levels.

**CMS:** Centers for Medicare and Medicaid Services. The government agency which administers the Medicare and Medicaid programs, formerly known as the Health Care Financing Administration (HCFA).

**CMS1500:** A universal insurance claim form that is mandated for Medicare billing and generally accepted by all insurance carriers.

**COB:** Coordination of Benefits

**COBRA:** Consolidated Omnibus Budget Reconciliation Act of 1985. P.L. 99-272, enacted April 1986.

**Coding:** The process of choosing codes which properly identify and define medical services and procedures and diagnoses.

**Coinsurance:** The portion of the balance of covered medical expenses which a beneficiary must pay after payment of the deductible. Under Medicare Part B, the beneficiary pays

coinsurance of 20 percent of allowed charges. *See Deductible.*

**Competitive pricing:** Pricing methods that use market information to establish payment rates that reflect the costs of an efficient HMO or health care provider. One well-known method is competitive bidding, which elicits information on costs through a bidding process.

**Comprehensive medical insurance:** A policy designed to give the protection offered by both a basic and a major medical health insurance policy.

**Conditions of Participation (COP):** COPs are statutory requirements that facilities must meet in order to enter into various Medicare/Medicaid contracts with CMS. These standards include those regarding the facility's governing body and management; its compliance with federal, state, and local laws pertaining to health and safety; its procedure for protecting client rights and keeping client records; and its staffing and provision of services under arrangement with outside sources.

**Consolidated Omnibus Budget Reconciliation Act (COBRA):** Requires an employer to offer employees and their dependents the opportunity to continue their group health coverage under the employer's plan upon the occurrence of certain events that otherwise would cause them to lose their employment-related health plan coverage. COBRA imposes a host of rules governing the obligations and duties of both employers and qualified beneficiaries involved in coverage-Continuation situations. Specific rules under COBRA, for example, address such issues as the length of the required coverage period, notification requirements for employers and plan administrators, procedures for electing continuation coverage, premiums the employer may require beneficiaries to pay, and the circumstances under which an employer may terminate COBRA coverage short of the full continuation period.

**Conversion factor:** The multiplicative factor applied to the relative value scale to produce a schedule of dollar amounts of payment for physicians.

**Conversion factor update:** Annual percentage change to the Medicare Fee Schedule conversion factor, established by the Congress or the default formula under Volume Performance Standards.

**Coordination of Benefits (COB):** A provision in an insurance plan that when a patient is covered under more than one group plan, benefits paid by all plans will be limited to 100 percent of the actual charge.

**Copayment:** A type of cost sharing where the insured party is responsible for paying a fixed dollar amount per service. Sometimes used more generally as a synonym for cost sharing.

**Cost of practice index [Medicare]:** A measurement of the differences across geographic areas of the cost of operating a medical practice.

**Cost sharing:** The portion of payment for health expenses that the beneficiary must pay, including the deductibles, copayments, coinsurance, and balance bill.

**Cost shifting:** A situation wherein a health care provider compensates for the effect of lower revenue from one payer by increasing charges to another payer.

**Coverage decision:** A decision by a health plan or insurer whether to pay for or provide a medical service or technology for particular clinical indications.

**CPI:** Consumer Price Index

**CPR:** Customary, Prevailing, and Reasonable. The method used by Medicare to determine payments to providers prior to the Medicare Fee Schedule.

**CPT [Current Procedural Terminology]:** A system of procedure codes and descriptions, and rules and conventions used by medical

procedures to classify and report services and procedures. This procedure coding system is accepted by virtually all commercial insurance carriers and is mandated by Federal law for Medicare and Medicaid and other government health programs.

**CQI:** Continuous Quality Improvement

**Cross-over patient:** A patient who has both Medicare and Medicaid coverage.

**CRS:** Congressional Research Service

**Current Procedural Terminology:** See CPT.

**Customary charge:** One of the factors determining a physician's payment for a service under Medicare. Calculated as the physician's median charge for that service over a prior 12-month period. See Customary, Prevailing, And Reasonable.

**Customary, Prevailing, and Reasonable (CPR):** The method of paying physicians under Medicare from 1965 until implementation of the Medicare Fee Schedule in January 1992. Payment for a service was limited to the lowest of 2) the physician's billed charge for the service; 2) the physician's customary charge for the service; or 3) the prevailing charge for that service in the community. Similar to the usual, customary, and reasonable system used by private insurers.

**Deductible:** A stipulated amount which the covered person must pay toward the cost of medical treatment before the benefits of the program go into effect. Medicare Part B has an annual deductible of •100.

**Deductible carryover:** A feature of an insurance plan whereby covered charges in the last three months of the year may be carried over to be counted toward the next year's deductible.

**Diagnosis related groups (DRGs):** A system of classifying medical cases for payment on the basis of diagnoses. Used under Medicare's

prospective payment system (PPS) for inpatient hospital services.

**Direct costs:** The labor, supply and equipment costs directly attributable to the provision of a specific service.

**DME:** Durable Medical Equipment

**DME-MAC:** Durable Medical Equipment Medicare Administrative Contractor (formerly known as DMERC). Four contracted regional carriers which process Medicare claims for DME, orthotics, prosthetics and supplies. Providers are required to obtain supplier numbers and disclose ownership prior to submitting claims.

**Down coding:** A process used by insurance carriers to reduce the value of billed procedures by changing the codes submitted to ones of lower value. Procedure code and procedure description mismatch, and diagnosis code not supporting the level of care are the two most common opportunities for insurance carrier down coding.

**DRG:** Diagnosis Related Groups

**E/M:** Evaluation and Management

**Electronic claim:** A claim form which is processed and delivered from one computer to another via some form of magnetic media (magnetic tape, diskette) or via telecommunications (telephone link).

**EM:** Evaluation and Management

**EMC:** Electronic Media Claim

**EOB [Explanation of Benefits]:** A form included with a check from the insurance carrier which explains the benefits that were paid and/or charges that were rejected.

**EOMB:** Explanation of Medicare Benefits

**Evaluation and Management (EM) services:** Nontechnical services provided by most physicians for the purpose of diagnosing

and treating diseases and counseling and evaluating patients.

**Exclusions:** Specific services or conditions which the policy will not cover or which are covered at a limited rate.

**Explanation of Benefits:** See EOB.

**Fee-For-Service (FFS):** Refers to paying medical providers for individual services rendered. UCR, CPR, and Fee Schedules are examples of fee-for-service systems.

**Fee schedule payment areas:** Geographic areas within which payment for a given service under the fee schedule will be the same. See Geographic Adjustment Factor.

**Fee schedule:** A list of predetermined payments for medical services.

**FFS:** Fee-for-Service

**Fiscal Intermediary (FI):** A private contractor who administers claims for Part A services (for example hospital and nursing home) and some Part B services (such as hospital outpatient departments).

**FY:** Fiscal Year

**GAF:** Geographic Adjustment Factor

**Gaming:** Gaining advantage by using improper means to evade the letter or intent of a rule or system.

**Generalists:** Physicians whose training and practice is not limited by health condition or organ system, who provide comprehensive and continuous services, and who make decisions about treatment for patients presenting with undifferentiated symptoms. Typically include family practitioners, general internists, and general pediatricians.

**Geographic Adjustment Factor (GAF):** The adjustment made to a service's fee in the Medicare Fee Schedule to determine the correct payment in each fee schedule payment area. As defined in OBRA89, the geographic

adjustment factor for a service is created by combining three separate adjustment factors, one for each component of the Medicare Fee Schedule: physician work, practice expense, and malpractice expense. The adjustment factors for physician work, practice expense, and malpractice are based on the same measures that underlie the GPCI.

### **Geographic Adjustment Method**

**(Medicare):** The method used to convert Medicare U.S. average fee-for-service per capita costs (USPCCs) to the local adjusted average per capita costs (AAPCCs) used to pay Medicare risk contracting HMOs.

### **Geographic Practice Cost Index (GPCI):**

An index summarizing the prices of inputs to physician services in an area relative to national average prices. The GPCI as originally defined is based on three components, reflecting the opportunity cost of physician work, the costs of goods and services that comprise practice expenses, and malpractice expenses. The GPCI is a single measure that combines these three fixed shares, while the GAF of the Medicare Fee Schedule allows for each service to reflect different shares, creating a GAF for each service. See Geographic Adjustment Factor.

**Global service:** A group of clinically related services that are treated as a single unit for the purpose of coding, billing, and payment.

**Global surgery policy:** The payment policy in the Medicare Fee Schedule that specifies the surgical procedure and the related services and visits which are included in a global surgical fee. Separate payment is permitted for the initial evaluation, services for unrelated problems, and return trips to the operating room because of complications.

**GPCI:** Geographic Practice Cost Index

**Harvard relative value study:** A study completed by William Hsiao, Ph.D. at Harvard University to develop a resource-based relative value scale and to be used to develop the Medicare Fee Schedule.

**HCPCS:** See Health Care Common Procedure Coding System.

**Health Care Common Procedure Coding System (HCPCS):** Coding system based on CPT, but supplemented with additional codes for nonphysician services; required for coding by Medicare carriers.

**Health Maintenance Organization (HMO):** A type of managed-Care plan that acts as both insurer and provider of a comprehensive set of health care services to an enrolled population. Benefits are financed through capitation with limited copayments, and services are provided through a system of affiliated providers.

**Health plan:** An organization that acts as an insurer for an enrolled population. May be structured as a fee-for-service or managed care plan.

**Health Professional Shortage Areas (HPSAs):** Replaces Health Manpower Shortage Areas (HMSAs). A Health Professional Shortage Area means any of the following which the Secretary of the Department of Health and Human Services determines has a shortage of health professionals: (1) an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; (3) a public or nonprofit private medical facility. Designated HPSAs can apply for National Health Services Corps (NHSC) personnel, or be eligible for the NHSC scholarship program or health profession student loan program.

**HHS:** U.S. Department of Health and Human Services (also referred to as DHHS).

**HI:** Hospital Insurance

**HMO:** An organization that provides comprehensive health services to its members in return for a fixed prepaid fee. There are four types of HMOs: group, staff, independent practice association, and network.

**Home Health Agency (HHA):** An HHA is a public or private agency or organization, or part of an agency or organization, that meets the requirements for participation in Medicare, that provides services to a beneficiary at this or his or her place of residence, on his or her physician's orders.

**Home Health Care (HHC):** HHC consists of the services provided to a recipient at his place of residence on physician's orders as part of a written plan of care. These services include nursing service, home health aide service, physical or occupational therapy, and speech pathology and audiology services. Medical supplies, equipment, and appliances suitable for use in the home are also covered under HHC.

**HPSA:** Health Professional Shortage Area

**HSA:** Health Service Area

**ICD-9-CM [International Classification of Diseases – 9<sup>th</sup> Revision – Clinical Modification]:** A standardized system of describing diagnoses by code numbers developed and maintained by the World Health Organization. Replaced by ICD-10-CM in 2015.

**ICD-10-CM [International Classification of Diseases – 10<sup>th</sup> Revision – Clinical Modification]:** A standardized system of describing diagnoses by code numbers developed and maintained by the World Health Organization. Implemented nationwide in 2015.

**ICD-10-PCS [International Classification of Diseases- 10<sup>th</sup> Revisions – Procedure Coding System]:** A standardized system of describing procedures performed in the acute hospital setting. Replaced ICD-9-CM Volume 3 Procedure Codes in 2015.

**Indemnity schedule:** See *Schedule of Allowances*.

**Independent Practice Association (IPA):** An HMO that contracts with individual physicians to provide services to HMO



members in a negotiated per capita or fee-for-service rate. Physicians maintain their own offices and can contract with other HMO's and see other fee-for-service patients.

**Insurance clerk:** One of the health care professional's employees assigned the very important job of managing insurance claims in the medical office.

**Insured:** The person who represents the family unit in relation to the insurance program. Usually the employee whose employment makes this coverage possible.

**Insurer:** See CARRIER.

**Intermediary:** An insurance carrier, or data processing company, designed to receive and process Medicare or Medicaid claims on behalf of the government.

**International Classification of Diseases:** See ICD-10-CM.

**IPA:** See *Independent Practice Association*.

**LCL:** Lowest Charge Level Limit

**Level 2 codes:** See HCPCS.

**Limited License Practitioner (LLP):** A professional licensed to perform certain health services in independent practice (for example, podiatrists, dentists, optometrists, and chiropractors).

**Limiting charge:** The maximum amount that a nonparticipating physician is permitted to charge a Medicare beneficiary for a service; a limit on balance billing.

**LLP:** Limited License Practitioner

**Local codes:** See HCPCS.

**Locality [Medicare]:** A geographic area for which a carrier calculates prevailing charges. Localities can be states, aggregations of counties, parts of counties, metropolitan zip code areas, or townships.

**Long Term Care (LTC):** Health care for patients with chronic disabilities or who suffer from chronic disease requiring assistance with routine activities of daily living.

**MAAC [Maximum Allowable Actual Charge]:** A limitation on billed charges for Medicare services provided by non-participating physicians. For physicians with charges exceeding 115 percent of the prevailing charge for nonparticipating physicians, MAACs limit increases in actual charges to 1 percent a year. For physicians whose charges are less than 115 percent of the prevailing, MAACs limit actual charge increases so they may not exceed 115 percent. See *Actual Charge, Nonparticipating Physician*.

**Major medical insurance:** Health insurance to finance the expense of major illnesses and injuries. Major medical policies usually include a substantial deductible clause. Above the initial deductible, major medical insurance is characterized by large benefit maximums.

**Malpractice expense:** The cost of professional liability insurance incurred by the physicians. A component of the Medicare relative value scale.

**Managed care:** Any system of health service payment or delivery arrangements where the health plan attempts to control or coordinate use of health services by its enrolled members in order to contain health expenditures, improve quality, or both. Arrangements often involve a defined delivery system of providers with some form of contractual arrangement with the plan.

**Management Service Organization (MSO):** An entity which provides practice management and other support services to physicians. May include administrative support services such as marketing, billing, financial management, nursing pools, and staff recruitment, etc. Some MSOs purchase the assets of physician practices outright, install office managers and other personnel, and hire physicians through professional service contracts.

**Maximum fee schedule:** A compensation arrangement in which a participating physician agrees to accept the Schedule of Allowances as his total fee for covered services.

**Maximums:** The top limit of the amount a carrier will pay for a specific benefit or policy during a specified time period.

**Medicaid:** A program of federal matching grants to the states to provide health insurance for the poor and medically indigent. States share in financing the program and determine eligibility and benefits consistent with federal standards.

**Medicare cost contract:** A contract between Medicare and a health plan under which the plan is paid on the basis of reasonable costs to provide some or all of Medicare-Covered services for enrollees.

**Medicare Economic Index (MEI):** An index that tracks changes over time in physician practice costs and general earnings levels. Since 1975, increases in prevailing charge screens have been limited increases in the MEI. *See Prevailing Charge.*

**Medicare Fee Schedule (MFS):** The resource-based fee schedule currently used by Medicare to pay for physicians' services. This fee schedule is based on resource costs, and composed of factors representing physician work and practice costs.

**Medicare:** A federal health insurance program for people 65 or over and for disabled persons with chronic renal disorders.

**Medigap insurance:** Private health insurance policies designed to supplement Medicare coverage. Benefits may include payment of Medicare deductibles, coinsurance, and balance bills, and payment for services not covered by Medicare.

**Mediplan Health Care Act:** Health care reform proposal introduced by Representative Fortney "Pete" Stark (H.R. 2610).

**MEI:** Medicare Economic Index

**MFS:** Medicare Fee Schedule

**Modifiers:** Codes used to supplement CPT or HCPCS codes that permit payment to differ for a subset of services billed. They may indicate that the service has been changed in some way.

**MSA:** Metropolitan Statistical Area

**MSO:** Management Services Organization

**MSP:** Medicare Secondary Payor

**MUA:** Medically Underserved Area

**National Claims History (NCH) system:** A CMS data reporting system that combines both Part A and Part B claims in a common file.

**National codes:** See HCPCS.

**National practitioner data bank:** A permanent record maintained by the U.S. Public Health Service of disciplinary actions taken against physicians and all payments made on behalf of physicians for actual or potential malpractice claims.

**NCH:** National Claims History (Medicare)

**NCQA:** National Committee for Quality Assurance

**Non-participating physician [Medicare]:** A physician who does not sign a Medicare participation agreement, and therefore is not obligated to accept assignment on all Medicare claims. Frequently defined as Nonpar. See Participating Physician, Participating Physician and Supplier Program.

**Nonphysician Practitioner (NPP):** A health care professional who is not a physician. Examples of NPPs are advance practice nurses, physician assistants, and certified registered nurse anesthetists.

**NPP:** Nonphysician Provider

**Outcome:** The consequence of a medical intervention on a patient.

**Outcomes and effectiveness research:** Medical or health services research that attempts to identify and understand the clinical outcomes (including mortality, morbidity, and functional status) of the delivery of health care.

**Overvalued procedure:** Procedures whose prevailing charges have been reduced because they were considered “overvalued” by historical CPR.

**Paid amount:** The portion of a submitted charge that is actually paid, by both third-party payers and the insured, including copayments and balance bills. For Medicare this amount may be less than the allowed charge if the submitted charge is less, or it may be more because of balance billing.

**PAR:** Participating Physician and Supplier Program (Medicare)

**Part A [Medicare]:** The Hospital Insurance program, which covers the cost of hospital and related posthospital services. As an entitlement program, it is available without payment of a premium. Beneficiaries are responsible for an initial deductible per spell of illness and coinsurance for some services.

**Part B [Medicare]:** The Supplementary Medical Insurance program (SMI); covers the costs of physician services, outpatient laboratory and x-ray tests, durable medical equipment, outpatient hospital care, and certain other services. As a voluntary program, Part B requires payment of a monthly premium. Beneficiaries are responsible for a deductible and coinsurance payment for most covered services. See Beneficiary.

**Partial capitation:** An insurance arrangement where the payment made to a health plan is a combination of a capitated premium and payment based on actual use of services; the proportions specified for these components determine the insurance risk faced by the plan.

### **Participating Physician and Supplier**

**Program (PAR):** A program that provides financial and administrative incentives for physicians and suppliers to agree in advance to accept assignment on all Medicare claims for a one-year period.

**Participating physician:** A physician who signs a participation agreement, agreeing to accept assignment on all Medicare claims for a period of one year. Frequently referred to as PAR.

**Payment rate:** The total amount paid for each unit of service rendered by a health care provider, including both the amount covered by the insurer and the consumer’s cost sharing.

**Per diem:** Method of reimbursement based upon a flat rate for each day of care to a patient.

**Percentile:** A measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 50th percentile is the value (or score) below which 50% of the observations may be found.

**Performance measure:** A specific measure of how well a health plan does in providing health services to its enrolled population. Can be used as a measure of quality.

**Performance standard:** The target rate of expenditure growth set by the Volume Performance Standard system.

**Periodic review of relative values:** The recalibration of Medicare’s relative value scale to account for changes that occur over time. CMS is required to conduct a periodic review at least every five years.

**PF:** Provider File

**PHP:** Prepaid Health Plan

**Physician-Hospital Organization (PHO):** A separate legal entity owned by a hospital and participating physicians which can contract

with insurance companies, HMOs or self-insured employers for the provision of medical services. The PHO may also undertake utilization review, credentialing, and quality assurance. Physicians retain ownership of their own practices, maintain significant business outside the PHO, and typically continue in their traditional practice style.

**Physician work:** A measure of the physician's time, physical effort and skill, mental effort and judgement, and stress from iatrogenic risk associated with providing a medical service. Physician Work is a component of the Medicare relative value scale.

**PIN:** A code used to report performing physicians and group numbers. PIN stands for Provider Identification Number and is commonly known as the provider number.

**Portability:** The requirement that insurers waive any preexisting condition exclusion for someone who was previously covered through other insurance as recently as 30 to 90 days earlier.

**POS:** Point-of-Service

**Point-of-service plan:** A managed care plan that combines features of both prepaid and fee-for-service insurance. Health plan enrollees decide whether to use network or non-network providers at the time care is needed and usually are charged sizable copayments for selecting the latter.

**Policy holder:** See Insured.

**PPO:** Preferred Provider Organization

**PPRC:** Physician Payment Review Commission

**PPS:** Prospective Payment System

**Practice expense:** The cost of nonphysician resources incurred by the physician to provide physician services. Examples are salaries and the cost of fringe benefits received by nurses,

physician assistants, and receptionists who are employed by the physician, and the expenses associated with purchase and use of medical equipment and supplies in the physician's office.

**Practice guidelines:** An explicit statement of what is known and believed about the benefits, risks, and costs of particular courses of medical action. Intended to assist decisions by practitioners, patients and others about appropriate health care for specific clinical conditions.

**Preauthorization:** See Precertification.

**Precertification:** The process of obtaining permission to perform a service from the insurance carrier before the service is performed.

**Predetermination:** The process of obtaining an estimate of what an insurance carrier will pay for service(s) before the service(s) is/are performed.

**Preexisting condition exclusion:** A practice of some health insurers to deny coverage to individuals for a certain period, for example, six months, for health conditions that already exist when coverage is initiated.

**Preferred Provider Organization (PPO):** A managed care health plan that contracts with networks or panels of providers to furnish services and be paid on a negotiated fee schedule. Enrollees are offered a financial incentive to use providers on the preferred list, but may use non-network providers as well.

**Premium:** An amount paid periodically to purchase medical insurance benefits.

**Preventive care:** Treatment that aims to avoid the development of illness.

**Primary carrier:** The insurance carrier which has first responsibility under Coordination of Benefits.

**PRO:** Peer Review Organization

**Procedure coding:** See Coding.

**Professional component:** The part of a relative value or fee that represents the cost of a physician's interpretation of a diagnostic test or treatment planning for a therapeutic procedure.

**ProPAC:** Prospective Payment Assessment Commission

**Prospective Payment System (PPS):** The Medicare system used to pay hospitals for inpatient hospital services based on the DRG classification system.

**Provider:** The person in relation to the insurance program who provides covered services and supplies to the beneficiary.

**Provider contracting:** Arrangements between managed health care plans and provider in which provider agrees to provide services for plan members.

**Provider-Sponsored Organization (PSO):** A PSO is a public or private entity established and operated by a health care provider, or a network of affiliated health care providers, that shares substantial financial risk with respect to the provision of those services and has at least a majority financial interest in the entity. PSOs must meet federal standards for quality and solvency, comply with Medicare contractor requirements, and deliver a substantial portion of coordinated care through the affiliated network of providers.

**QA:** Quality Assurance

**Quality assurance:** A formal, systematic process to improve quality of care that includes monitoring quality, identifying inadequacies in delivery of care, and correcting these inadequacies.

**Rate setting:** An approach to cost containment where the government establishes payment rates for all payers for various categories of health services.

**Refinement:** The correction of relative work values in Medicare's relative value scale which were initially set incorrectly.

**Reinsurance:** An insurance arrangement where an insurer pays a premium into a pool, and any claims paid by the insurer above a predefined dollar level are covered in whole or in part by the pool.

**RBRVS [Resource Based Relative Value Scale]:** A government mandated relative value system, based on a study conducted at Harvard University, used for calculating national fee schedules for services provided to Medicare patients.

**Reasonable charge:** The amount Medicare will pay for a covered service. This is usually the lowest of the actual, customary and prevailing charges.

**Relative Value (RV):** A value that reflects a comparison with an arbitrary standard.

**Relative Value Scale (RVS):** An index that assigns specific numeric values to medical services. Multiplying the relative value by a conversion factor results in a fee.

**Relative Value Unit (RVU):** The unit of measure for a relative value scale. RVUs must be multiplied by a dollar conversion factor to become payment amounts.

**Relative Work Value (RWV):** An assigned value that reflects the average work of a physician of average efficiency relative to a standard.

**Release of information:** The patient's signature indicating consent to the release of information necessary for settlement of his or her insurance claim.

**Resource Based Relative Value Scale:** See *RBRVS*.

**Resource costs:** The costs of the inputs used by an efficient physician to provide a service or procedure, including both the costs of the physician's own time and effort and the costs

of nonphysician inputs. The apparently redundant use of “resource” with “costs” is a convention used to indicate the average costs of an efficient physician, as distinguished from cost-based reimbursement such as that used for hospitals prior to the prospective payment system.

**Revenue share:** The proportion of a practice’s total revenue devoted to a particular type of expense. For example, the practice expense revenue share is that proportion of revenue used to pay for practice expense.

**RHC:** Rural Health Center

**RUC:** RVS Update Committee

**RVS:** Relative Value Scale

**RVU:** Relative Value Unit

**RWV:** Relative Work Value

**Schedule of allowances:** A list of specific amounts which the carrier will pay toward the cost of medical services provided.

**Secondary carrier:** The insurance carrier which is second in responsibility under Coordination of Benefits.

**Self-insured health plan:** Employer-provided health insurance in which the employer, not an insurer, is at risk for its employees’ medical expenses.

**Severity modifier:** An adjustment that reflects the effect of patient factors, such as severity of illness, comorbidity, or risk of complications, on the relative work required to deliver a service.

**Site-of-service differential:** The difference in the amount paid when the same service is performed in different practice settings, for example, an outpatient visit in a physician’s office or a hospital clinic.

**Specialty differential:** The difference in the relative value or amount paid for the same service when performed by different

specialists. Medicare does not recognize specialty differentials.

**Staff model HMO:** An HMO in which physicians practice solely as employees of the HMO and usually are paid a salary.

**Standard benefit package:** A defined set of health insurance benefits that all insurers are required to offer.

**Submitted charge:** The charge submitted by a provider to the patient or a payer.

**Subscriber:** See Insured.

**Superbill:** A multi-part form which provides sufficient information so that patients may file their own insurance claim forms.

**Supplemental health services:** Benefits offered by an HMO that exceed their basic health service requirements.

**Supplemental Security Income (SSI):** A federal income support program for low-income disabled, aged, and blind persons. Eligibility for the monthly cash payments is based on the individual’s current status without regard to previous work or contributions to a trust fund.

**Supplementary Medical Insurance (SMI):** The Medicare program that covers the costs of physicians’ services, outpatient laboratory and x-ray tests, durable medical equipment, outpatient hospital care, and certain other services. This voluntary program requires payment of a monthly premium, which covers about 25 percent of program costs. Beneficiaries are responsible for a deductible and coinsurance payments for most covered services. Also called Part B coverage or benefits.

**Supplier:** Providers, other than practitioners, of health care services. Suppliers under Medicare include independent labs, durable medical equipment providers, ambulance services, orthotists, prosthetists, and portable x-ray providers.

**Table of allowances:** *See Schedule of Allowances.*

**Technical component:** The part of the relative value or fee for a procedure that represents the costs of doing the procedure excluding physician work.

**Third Party Administrator (TPA):** An administrative organization other than the insurance company or health care provider that collects insurance premiums, pays claims and provides administrative services.

**TW:** Total Work

**UCR [Usual, Customary, and Reasonable]:** A method of determining benefits by comparing the physician's charges to those of his or her peers in the same community and specialty. Sometimes called Customary, Prevailing, and Reasonable.

**Unbundling:** The process of coding, billing, and requesting payment for services that are generally included in a global charge.

**Upcoding:** The process of selecting a code for a service that is more intense, extensive, or has a higher charge, than the service actually provided.

**Update for new and revised codes:** Yearly process of determining the relative values of new and revised codes for Medicare's relative value scale.

**UPIN: [Unique Physician Identification Number]** A unique code number used to identify referring and ordering physicians who may bill the Medicare program.

**UR:** Utilization Review

**Usual, Customary, and Reasonable:** See UCR.

**Utilization review:** The process of reviewing services provided to determine if those services were medically necessary and appropriate. May be performed on a concurrent or a retrospective basis.

**Volume [behavioral] offset:** The change in the volume of services that occurs in reaction to a change in fees. A 50 percent volume offset means that half of the savings from fee reductions will be offset by increased volume of services.

**Volume Performance Standard (VPS):** A mechanism included in OBRA89 to adjust fee updates for the Medicare Fee Schedule based on how annual increases in actual expenditures compare to previously determined performance standard rates of increase.

**VPS:** Volume Performance Standard

**Workers' compensation:** State laws which provide coverage of medical expenses for employees who are injured during performance of their work.





# INTRODUCTION

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Setting fees for medical services and procedures involves a lot more than simply deciding the dollar amount associated with a particular service or procedure. Setting fees requires a knowledge of how health insurance plans and third party payers process and pay health insurance claims, a method for determining the value of your procedures and services, an awareness of the going rates in your medical community, a comprehensive knowledge of Medicare, Medicaid, and Worker's Compensation laws, and non-governmental health insurance plan and third party payer billing rules and regulations.

In today's competitive market environment, it is important to understand that your fees are part of your marketing strategy. Fees must be reviewed and adjusted periodically. The adjustment is usually in the form of raising fees; however, fee decreases are sometimes appropriate and may become more common as competition increases. The objective of fee schedule management is to set a fair price for your procedures and services, and to be paid as much of that price as possible most of the time. However, neither setting your fees nor getting paid is as simple as that.

## KEY POINTS REGARDING SETTING FEES

1. It is difficult to obtain fee information, profiles, relative values, or conversion factors from most non-governmental health insurance plans and/or third party payers. In addition, medical professionals who are not in the same medical practice are prevented by Federal antitrust legislation from discussing fees for medical services and procedures or asking what competing professionals are paid by a health insurance plan.
2. Some variation of the Medicare Fee Schedule (MFS) based on the Resource Based Relative Value Scale (RBRVS) will likely become the method used for

payment by all health insurance plans and third party payers in the near future.

3. Charging a fee less than what the health insurance plan or third party payer would pay benefits the health insurance plan or third party payer, not you or your patient.
4. Health insurance plans and third party payers may be paying you 25-50% less than they are paying your peers for exactly the same service, simply because you have been careless in maintaining your fee schedule and provider profile.
5. Except for fees for elective plastic surgery, most medical fees are ultimately negotiated or discounted, voluntarily or involuntarily.
6. Fee schedule management puts you in control of the payment process.

## PRACTICE MANAGEMENT APPLICATIONS

### FEE SCHEDULE REVIEW

The primary application of the information contained in this publication is to review your fees in comparison to the report in order to determine where your fees rank on a national basis. Your fees may then be adjusted, if appropriate, based upon the results of your review and analysis.

### BARGAINING WITH THIRD PARTY PAYERS

It is important to your patients and your practice that health insurance plans and third party payers are paying you and/or your patients based upon current, and accurate, UCR data for your geographic area and specialty. Theoretically, the percentile distribution of fees for a specific procedure or service performed in a given geographic area should be identical for all health insurance

plans and third party payers. However, in reality these numbers vary considerably and are also affected by the payment policies of specific health insurance plans and third party payers.

Remember that under the usual, customary and reasonable concept, the health insurance plan and/or third party payer will gladly pay you less than their allowable or customary amount if that's what you billed them. In addition, you can't increase your fees retroactively. However, if the health insurance plan and third party payer's allowables or customary amounts are significantly below your fees, resulting in low payments to you and/or your patients, then you should compare the codes that appear to be underpaid with the data in this publication. If you find that the published data supports a higher payment, then you should appeal the payment to the health insurance plan and/or third party payer.

We strongly suggest that you support your appeal letter by attaching a photocopy of the front cover of this book and the page(s) that include the codes and fees that you are basing your appeal on. We don't guarantee that this will work every time; however, our customers have informed us that this does indeed work most of the time.

### **COST BENEFIT ANALYSIS**

This publication can be used to perform cost benefit analyses for both equipment and human resources. For example, suppose your group practice is considering installing its own automated laboratory equipment or x-ray equipment. A careful review of the Radiology and/or Laboratory sections of this publication will provide you with the fee data you need to perform a cost/benefit analysis for the equipment. You would need to supply the estimated frequency for each service and the acquisition cost of the equipment to complete the analysis.

Likewise, you can perform a similar calculation based upon human resources. For example, suppose you are considering adding an associate to your practice. A careful review

of the Evaluation & Management and appropriate specialty sections of the publication will provide you with the fee data you need to perform a cost/benefit analysis for the associate. As above you would need to provide the estimated frequency for each service and the cost of maintaining the human resource. In either of these examples, you would also have to adjust the forecast total charges by your average collection ratios to achieve an accurate forecast of revenues.

### **SOURCES OF THE DATA**

The usual, customary and reasonable (UCR) fees listed in this book were developed over a period of several years. More than 400 million actual physician charges provides the basis for listed fees, service bureaus, group practices, clinics, universities, and practice management system vendors are among the many types of organizations that supplied the claims data utilized for fee schedule development.

Although the creation of a fee schedule may seem rather straightforward, the process is actually quite complex. For example, many of the codes listed in CPT are performed infrequently. Thus, even with the largest of fee databases, there may be so few instances of a particular code's usage that it is difficult to establish reliable percentile ranges. As another example, some services as listed in CPT are considered variable in performance. That is, when one physician reports the code, he/she may include items or services that another physician does not provide. Clearly, this can significantly impact UCR fee levels.

### **RELATIONSHIP TO PAYER ALLOWABLES**

Contrary to widespread belief, there is no "secret" list of fees that health insurance plan and third party payers use to determine the appropriateness of your charges. Many firms sell fee databases to payers. Payers in turn may utilize one or more of these databases, as well as relative value systems, during the payment adjudication process. This is especially true for rarely performed services

for which reliable payment guidelines are lacking. Additionally, different payers set payment limits at different levels. For example, one health insurance plan and/or third party payer may reimburse at the 90<sup>th</sup> percentile, another at the 75<sup>th</sup> percentile, and yet another at the 80<sup>th</sup> percentile. HMOs and other managed care groups typically negotiate fees that are closer to the 50<sup>th</sup> percentile for a given area.

## HOW WE ESTIMATE FEES FOR NEW CPT CODES

When new CPT codes are introduced at the beginning of each year, it takes several months before health care providers begin routinely submitting them on health insurance claims, before payers begin establishing payment criteria, and before enough claims data becomes available to establish UCR fees and percentiles. Thus, the UCR fees for new CPT 2016 codes presented in herein are estimates, and should be viewed as such.

Two methods were used in preparing fee estimates for new CPT codes. The first method uses a proprietary formula created by PMIC to estimate UCR fees by analyzing UCR and RVU data for related and/or similar CPT codes and then applying the results to the new code(s).

Second, in instances where Medicare has not assigned RVU values, Medicare Fee Schedule data was used. For example, most laboratory services covered by Medicare are under a non-RBRVS schedule. To estimate fees and values for the new lab codes, Medicare's 2016 laboratory fee schedule data was scaled to UCR levels using methods similar to those discussed above. In the case where no data existed that could be used to estimate the UCR percentiles for new codes, no fee data is listed.

The reader is reminded that all UCR fees listed for new codes are estimates. Even though these estimates have been created on a logical basis by using relative value data, there is no way to determine the validity or accuracy of the estimates until data based

upon actual claims has been obtained. At the same time, we feel strongly that setting your fees for these new codes somewhere between the 75<sup>th</sup> and 90<sup>th</sup> percentiles is justified based upon the logic used to create the estimates.

## GEOGRAPHIC VARIABILITY AND ADJUSTMENT

The 50<sup>th</sup>, 75<sup>th</sup> and 90<sup>th</sup> percentile fees provided in this text are based on national averages and are generally reflective of payer allowables. However; medical fees vary substantially by geographic area. In rural and smaller urban areas the payer allowables may be significantly lower than the percentiles presented in this text. Conversely, in large urban areas the payers may allow fees that are much higher than the average fees shown.

The last chapter of this book includes a list of geographic adjustment factors for cities, counties, areas, regions and states which may be used to "fine tune" the data in this report. The Geographic Adjustment Factors (GAF) are calculated using a weighted average of the work, practice expense and malpractice expense components of the GPCIs. The GAFs can be used to make reasonably reliable geographic adjustments of the UCR fees and Medicare fees.

## A SHORT COURSE IN STATISTICS

The usual, customary and reasonable fees in this publication are presented as percentiles. Other publications use fee ranges or average fees instead of percentiles. The use of percentiles is much better than using fee ranges or averages. Presenting a fee range of lowest to highest is only of use to find out if you are lower than the lowest or higher than the highest. It really doesn't help you determine where you should be within the range.

### WHAT IS A PERCENTILE?

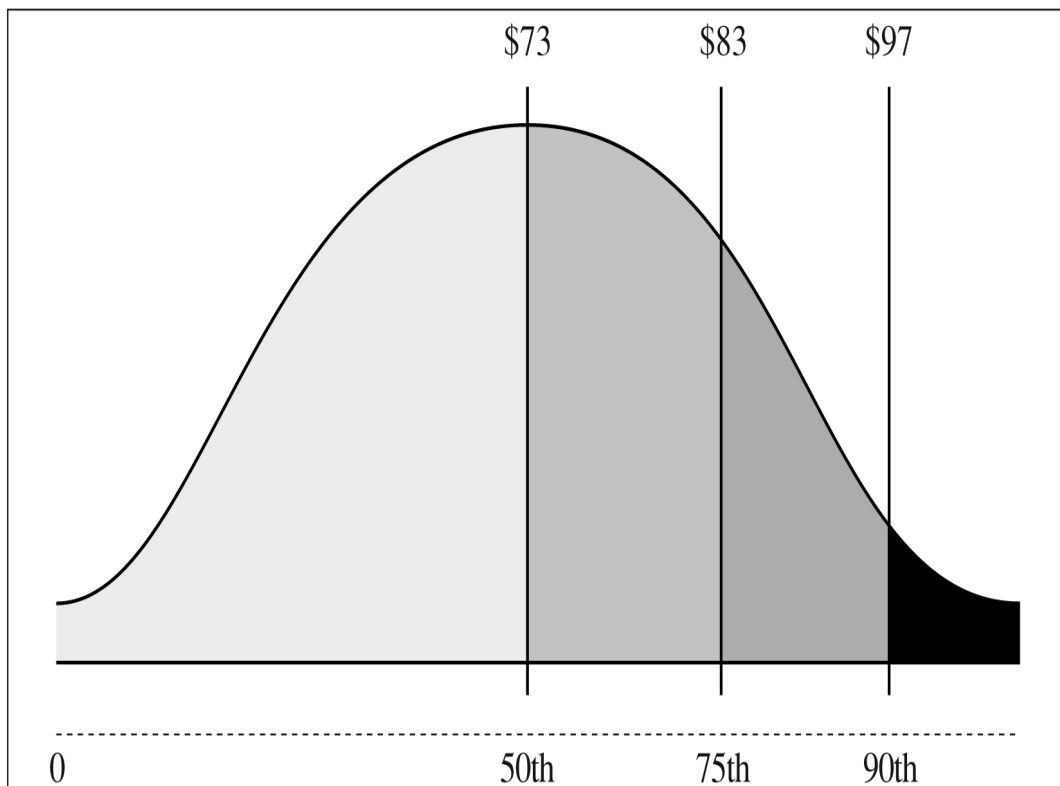
A percentile is defined as a value on a scale of one hundred that indicates the percent of a

distribution that is equal to or below it. To determine the percentile distribution of medical fees, you first have to sort all of the fees collected for each CPT code in numerical order. Then you review the distribution of fees on the percentage scale to determine what the fee values are at the desired percentages. The following simple list helps to illustrate how the 50<sup>th</sup> percentile is determined.

The easiest way to understand percentile distribution is by showing it as a curve as illustrated below. The curve is created by plotting the fees from a list of fees (see the example on the following page) to determine the percentiles. To illustrate this concept more clearly, let's presume that we have a series of 13 fees for a specific service or procedure that represent 13 different providers. The first step is to rank the fees in ascending order by dollar amount. Then we find the 50<sup>th</sup> percentile or median by counting down to the middle of the list.

**Sample Distribution of Fees for CPT code 99213**

- Sample fee #1 = \$61
- Sample fee #2 = \$63
- Sample fee #3 = \$65
- Sample fee #4 = \$67
- Sample fee #5 = \$69
- Sample fee #6 = \$71
- Sample fee #7 = \$73 ◀ 50<sup>th</sup> percentile
- Sample fee #8 = \$75
- Sample fee #9 = \$77
- Sample fee #10 = \$79
- Sample fee #11 = \$81
- Sample fee #12 = \$83
- Sample fee #13 = \$97



The above Bell Curve illustrates the sample fee distribution for CPT code 99213

### 50<sup>th</sup> Percentile

In the previous Bell curve illustration, the 50<sup>th</sup> percentile means that 50 percent of all fees for CPT code 99213 fall at or below \$73.00. It also means that 50 percent of all fees for CPT code 99213 fall at or above \$73.00. You definitely do not want your fees to be on the left side of the curve because that means that a) you are charging less than over half of all providers for the service and b) you are not getting the payment you deserve.

The 50<sup>th</sup> percentile is also known as the median. The 50<sup>th</sup> percentile or median is not the same as the average or mean.

### 75<sup>th</sup> Percentile

In the Bell curve on the previous page, the 75<sup>th</sup> percentile means that 75 percent of all fees for CPT code 99213 fall at or below \$83.00. It also means that 25 percent of all fees for CPT code 99213 fall at or above \$83.00. Being within the 50<sup>th</sup> to the 75<sup>th</sup> percentile range is better than being below the 50<sup>th</sup> percentile.

### 90<sup>th</sup> Percentile

In the Bell curve on the previous page, the 90<sup>th</sup> percentile means that 90 percent of all fees for CPT code 99213 fall at or below \$97.00. It also means that 10 percent of all fees for CPT code 99213 fall at or above \$97.00. Being within the 75<sup>th</sup> to the 90<sup>th</sup> percentile range is better than being in the 50<sup>th</sup> to the 75<sup>th</sup> percentile range, unless market forces dictate otherwise. For example, for services that are frequently shopped by patients on price, such as total obstetrical care, it would be better to position your fee for this particular service closer to the 50<sup>th</sup> percentile in order to be competitive.

If your fee is above the 90<sup>th</sup> percentile, you are charging more than 90 percent of all physicians for procedure. In most cases this would indicate that your fee is too high; however, there are some exceptions. The exceptions are usually based upon specialty differentials, i.e. the traditional thinking that a service performed by a specialist is worth more than the same service performed by a non-specialist.

### WHERE YOUR FEES SHOULD BE

The objective of your fee schedule management program should be to keep your fees at the high end of the percentile distribution while still considering other factors, such as local customs and market considerations, which may require an occasional exception. If you find that your fee for a specific service or procedure is lower than the 50<sup>th</sup> percentile fee, that means that more than 50 percent of all health care providers charge more than you do for this service. It also means your fee is too low and you should raise it.

Likewise, if you find that your fee is higher than the 90<sup>th</sup> percentile fee, then you are charging more than 90 percent of all health care providers for this service. It may also mean that your fee is too high, but not necessarily. You may simply have done a better job at fee schedule management for a long enough time to get your fees up to a maximum level. You may also be a member of a select group of super specialists who have traditionally charged higher fees for certain procedures and consultations in particular.

### GEOGRAPHIC VARIABILITY OF MEDICAL FEES

The percentile fees presented in this book are based on national fee data; however, medical fees vary substantially by geographic area. In rural areas and smaller towns and cities, medical fees may be significantly lower than the percentiles presented in this book. Likewise, in larger cities, medical fees may be significantly higher than the fees presented. There are two primary reasons for the geographic variation in medical fees; namely, the cost of running a medical practice and the cost of medical malpractice insurance.

The cost of practice includes rent, employee costs, and other overhead costs, but not medical malpractice costs. According to the cost of practice indexes published in the Medicare Physicians Fee Schedule, San Francisco has the highest cost of practice and small eastern cities of Missouri have the lowest cost of practice. The Medicare practice expense for San Francisco is about 85%

higher than the practice expense for a small eastern city of Missouri.

The second reason for the geographic variation in medical fees is the cost of medical malpractice insurance. According to the malpractice expense indexes published in the Medicare Fee Schedule, Detroit has the highest cost of medical malpractice insurance and South Dakota has the lowest cost of medical malpractice insurance. The Medicare malpractice expense for Detroit is over 750% higher than the malpractice expense for South Dakota.

These differences in the cost of practice and medical malpractice insurance are reflected in the wide range of fees charged by doctors for identical services provided in different geographic locations.

## **THE GEOGRAPHIC ADJUSTMENT FACTOR (GAF)**

In order to help you improve the accuracy of your percentile medical fees in the area where you practice, we have included an appendix of the Medicare Fee Schedule geographic cost of practice indexes (GPCI) and a geographic adjustment factor (GAF).

The GAF is a sum of the weighted averages of the three GPCIs for each locality. The weighting factors are from the CMS report “*Review of Alternative GPCI Payment Locality Structures – Final Report*,” published in 2010, which weights the physician work GPCI at 52 percent, the practice expense GPCI at 44 percent and the malpractice GPCI four percent. The GAF provides a quick and simple way to determine a more accurate fee for a specific geographic location of a medical practice.

The appendix includes a list of geographic adjustment factors for cities, counties, areas, regions and states that can be used to “fine tune” the fees listed in this book.

## **HIGHEST AND LOWEST GAFS**

The amount of work involved in a medical service or procedure is relatively constant regardless of geographic location. However,

practice expense and medical malpractice expense vary greatly from one area to another. The charts on the following two pages list the ten highest and ten lowest locations for overall geographic adjustment factor, practice expense and malpractice expense. The results are not surprising. The highest ranked locations are in the major metropolitan cities and the lowest ranked locations tend to be found in the southern and mid-western states.

## **HOW TO REVIEW YOUR FEES**

The process of fee review includes gathering resource materials, reviewing the procedure and diagnostic codes you use, reviewing the fees charged for each procedure, making decisions regarding fee adjustments, and making sure that the resulting decisions are implemented and followed.

## **RESOURCE MATERIALS**

### **Current Code Books**

Your fees for medical services and procedures are linked by common business practice and legislation to CPT, HCPCS and ICD-10-CM codes. For commercial health insurance plans and third party payers, these coding systems define what you did and why you did it. Plus their usual, customary and reasonable (UCR) statistics are maintained by procedure code. For Medicare, the codes are an integral part of the Medicare Fee Schedule used to define the relative values of each procedure and are mandated by the new HIPAA legislation. CPT, HCPCS and ICD-10-CM code books may be obtained from many sources, including your local medical bookstore.

### **Relative Value Data**

The relative value reflects the complexity of a service or procedure from a medical point of view. The most widely used source of relative value data is from the Resource-Based Relative Value Scale (RBRVS), a component of the annual Medicare Physician Fee Schedule published by CMS.

**TEN HIGHEST MEDICARE WEIGHTED GAF LOCATIONS (DESCENDING)**

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Alaska**	02102	01	1.500	1.117	0.708	1.300
Santa Clara County, CA	01112	09	1.083	1.354	0.388	1.174
Queens, NY	13292	04	1.052	1.200	2.121	1.160
Alameda/Contra Costa County, CA	01112	07	1.075	1.325	0.421	1.159
San Francisco County, CA	01112	05	1.075	1.325	0.421	1.159
San Mateo County, CA	01112	06	1.075	1.325	0.421	1.159
NYC Suburbs/Long Island, NY	13202	02	1.041	1.205	2.149	1.157
Marin County, CA	01112	52	1.062	1.279	0.458	1.133
Manhattan, NY	13202	01	1.052	1.180	1.615	1.131
DC + MD & VA Suburbs	12202	01	1.045	1.205	1.261	1.124

**TEN LOWEST MEDICARE WEIGHTED GAF LOCATIONS (ASCENDING)**

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Mississippi	07302	00	0.961	0.870	0.370	0.897
Arkansas	07102	13	0.971	0.872	0.576	0.912
Nebraska	05402	00	0.970	0.910	0.318	0.918
Idaho	02202	00	0.962	0.902	0.512	0.918
Rest Of Missouri	05302	99	0.961	0.863	0.993	0.919
Iowa	05102	00	0.969	0.907	0.423	0.920
Alabama	10102	00	0.979	0.890	0.492	0.920
Indiana	08102	00	0.969	0.919	0.379	0.923
Tennessee	10302	35	0.976	0.901	0.526	0.925
Kentucky	15102	00	0.974	0.880	0.819	0.926

**TEN HIGHEST MEDICARE PRACTICE EXPENSE LOCATIONS (DESCENDING)**

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Santa Clara County, CA	01112	09	1.083	1.354	0.388	1.174
Alameda/Contra Costa County, CA	01112	07	1.075	1.325	0.421	1.159
San Francisco County, CA	01112	05	1.075	1.325	0.421	1.159
San Mateo County, CA	01112	06	1.075	1.325	0.421	1.159
Marin County, CA	01112	52	1.062	1.279	0.458	1.133
Napa, CA	01112	51	1.055	1.256	0.458	1.120
Vallejo-Fairfield, CA	01112	53	1.055	1.256	0.458	1.120
DC + MD & VA Suburbs	12202	01	1.045	1.205	1.261	1.124
NYC Suburbs/Long Island, NY	13202	02	1.041	1.205	2.149	1.157

**TEN LOWEST PRACTICE EXPENSE LOCATIONS (ASCENDING)**

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
West Virginia	11402	16	0.966	0.857	1.296	0.931
Rest Of Missouri	05302	99	0.961	0.863	0.993	0.919
Mississippi	07302	00	0.961	0.870	0.370	0.897
Arkansas	07102	13	0.971	0.872	0.576	0.912
Kentucky	15102	00	0.974	0.880	0.819	0.926
Rest Of Louisiana	07202	99	0.977	0.887	1.199	0.946
Alabama	10102	00	0.979	0.890	0.492	0.920
Oklahoma	04312	00	0.961	0.891	0.954	0.930
Rest Of Georgia	10202	99	0.980	0.899	1.073	0.948
Tennessee	10302	35	0.976	0.901	0.526	0.925

**TEN HIGHEST MALPRACTICE EXPENSE LOCATIONS (DESCENDING)**

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Miami, FL	09102	04	0.990	1.029	2.566	1.070
NYC Suburbs/Long Island, NY	13202	02	1.041	1.205	2.149	1.157
Queens, NY	13292	04	1.052	1.200	2.121	1.160
Chicago, IL	06102	16	1.008	1.034	1.925	1.056
Fort Lauderdale, FL	09102	03	0.983	1.012	1.797	1.028
East St. Louis, IL	06102	12	0.984	0.936	1.785	0.995
Detroit, MI	08202	01	1.000	0.989	1.691	1.023
Montana	03202	01	0.965	1.000	1.631	1.007
Manhattan, NY	13202	01	1.052	1.180	1.615	1.131
Suburban Chicago, IL	06102	15	1.009	1.053	1.565	1.051

**TEN LOWEST MALPRACTICE EXPENSE LOCATIONS (ASCENDING)**

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Nebraska	05402	00	0.970	0.910	0.318	0.918
Wisconsin	06302	00	0.983	0.957	0.347	0.946
Minnesota	06202	00	0.998	1.011	0.362	0.978
Mississippi	07302	00	0.961	0.870	0.370	0.897
Indiana	08102	00	0.969	0.919	0.379	0.923
Santa Clara County, CA	01112	09	1.083	1.354	0.388	1.174
South Dakota	03402	02	0.961	1.000	0.389	0.955
Alameda/Contra Costa County, CA	01112	07	1.075	1.325	0.421	1.159
San Francisco County, CA	01112	05	1.075	1.325	0.421	1.159
San Mateo County, CA	01112	06	1.075	1.325	0.421	1.159



RBRVS was originally developed for Medicare but is now widely used by commercial insurance plans and other government payers. RBRVS originally included only those CPT codes most likely to be used by providers when treating Medicare patients, but has been expanded to include most CPT codes.

CMS depends heavily on the recommendations of the Relative Value Update Committee (RUC) of the American Medical Association. The RUC consists of physicians representing various specialty societies, geographic areas, and practice settings. The committee performs a major review of the relative values every five years, but every year the relative values are updated for all new or changed CPT codes.

The specialty society advisors determine relative values based on time, mental effort and judgment, technical skill, physical effort and stress due to patient risk required to perform each service or procedure. The Specialty Society makes recommendations to the RUC which in turn makes a proposal to CMS. About 95% of the RUC recommendations are accepted by CMS each year. CMS publishes the relative values for the next calendar year in the Federal Register, usually in late November or early December.

### **MEDICARE FEE SCHEDULE**

The revised Medicare Fee Schedule is published in the Federal Register in late November or early December each year. You may obtain a copy of the Medicare Fee Schedule from your local Medicare carrier, the U.S. government Printing Office, or from private publishers.

### **GEOGRAPHIC COST OF PRACTICE INDEXES**

The Geographic Cost of Practice Indexes, referred to more commonly as GPCIs, are an integral part of the Medicare Fee Schedule. GPCIs are used to make geographic adjustments to the fees calculated using the fee schedule. Current GPCIs are available

from your local Medicare carrier, the U.S. government printing office, and private publishers.

### **INSURANCE CARRIER EXPLANATION OF BENEFITS (EOBS)**

You should collect sample copies of Explanation of Benefits (EOBs) from commercial health insurance plan and third party payers for at least three months prior to your planned fee schedule review. Typically this would be in the last quarter of each calendar year. You don't need a copy of every EOB you receive but you should keep copies of those which include payment for your most common procedures and services. Plus, you should keep copies from different commercial health insurance plans and third party payers even when they are paying for the same procedures or services.

### **REVIEW PROCEDURE AND SERVICE CODES IN THE CURRENT CPT CODING REFERENCE**

Purchase a copy of the revised CPT codes each year and review carefully for any changes which may affect your practice. Review each of the procedure codes from your code listing or superbill in your current CPT coding reference. Pay particular attention to codes that have been added, changed or deleted. Your first step should be to review the summary of additions, changes and deletions, typically included as an Appendix in most CPT coding references. This is the quickest way for you to first cross-reference the codes that you use frequently, and then refer to the full text for make your changes.

- All CPT codes in the new edition marked with a small black circle to the left of the code are NEW codes. Review all new codes carefully to see if any of them can be used instead of UNLISTED procedure codes or as replacements for HCPCS codes.
- ▲ All CPT codes in the new edition with a small black triangle to the left of the code are CHANGED codes. Review the

description of all changed codes carefully to make sure that your superbills and insurance forms have the same descriptions. Not only will this improve your payment, it will also protect you from audit liability.

- ( ) All CPT codes in the new edition enclosed in parentheses are deleted effective January 1<sup>st</sup> of the year following publication. Most CPT coding references include a referral to a replacement code for most codes that are deleted. Make sure you substitute the replacement codes on your superbills and coding lists.

### **REVIEW ALL SECTIONS IN THE CPT CODING REFERENCE**

#### **Evaluation and Management**

Review this section carefully each year for changes in office, hospital, consultation, and other location visit codes.

#### **Surgery**

Review all portions of this section of CPT which may be appropriate to your medical practice. Non-surgical practices should review the sections on wound repair, trauma related codes, and any other procedures commonly performed. Pay particular attention to, add-on (+) procedures, and procedures classified as (separate) procedures.

#### **Radiology**

Medical practices providing and/or billing for radiology procedures should review this section of CPT carefully. This section includes procedures that are typically performed on a high volume basis, such as chest x-rays, where a small increase in an individual fee can result in a significant increase in total payment.

#### **Laboratory**

Medical practices providing and/or billing for laboratory procedures need to review this section of CPT carefully. This section

typically includes procedures that are performed on a high volume basis, such as blood counts, urinalysis, etc., where a small increase in an individual fee can result in a significant increase in total payment.

#### **Medicine**

All medical practices should review this entire section to update injections, specialty procedures and diagnostic procedures.

### **REVIEW CURRENT HCPCS CODES**

Purchase a copy of the revised HCPCS codes each year and review carefully for any changes which may affect your practice. Review your most current HCPCS coding reference, particularly the sections covering supplies, materials and injections. CMS revises these codes on an annual basis and most Medicare carriers make continual revisions which are published in the form of newsletters. Use of the proper HCPCS codes can make a significant difference in your payment.

Remember that while HCPCS National Level 2 codes are uniform throughout the United States, the method of billing the codes may vary from one Medicare carrier to another. Check with your local Medicare carrier for proper billing instructions.

### **REVIEW CURRENT ICD-10-CM CODES**

ICD-10-CM replaced ICD-9-CM on October 1, 2015. Purchase a copy of the revised ICD-10-CM codes each year and review carefully for any changes which may affect your practice. It is important that you are using the most current diagnosis codes from the International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM). This book is revised and published annually by PMIC and other publishers. Keep track of the frequency of your ICD-10-CM code usage. Add frequently used codes to your reference listings and superbills.

## REVIEW ALL YOUR FEES

Review and compare each of your procedures carefully to determine if fees need to be increased, due to increased costs or to maintain your profile, or decreased, in response to changing market conditions or decreased costs. Pay particular attention to the volume of procedures. Small increases in frequently performed procedures and large increases in infrequently performed procedures can usually be implemented without negative results.

## REVIEW AND REVISE YOUR SUPERBILLS AND FEE SCHEDULES

After you have reviewed all CPT, HCPCS, and ICD-9-CM codes and descriptions and made any necessary revisions to your fees, you need to carefully review all of your superbills and any other documents that may have codes, descriptions or fees printed on them. Make the required changes and then make sure that the revisions are made and the documents printed.

We strongly recommend that you limit the quantity of superbills printed to no more than a six month supply. Inevitably you will change procedure codes, diagnosis codes and/or fees during a six month period and you want to reserve the ability to reprint your superbills without throwing too many away. We also recommend that you do not print fees on your superbills. While it is easier than looking up fees at the cashier's or receptionist's desk, it also causes potential billing errors for interim fee changes.

Distribute copies of the revised superbills and/or fee schedules to all staff members. Consider that not only billing personnel are involved with codes and fees. The person who answers the telephone in response to fee inquiries from potential patients needs to be well informed about your current fee schedules.

## STAND BY YOUR FEES

Once your fees are set stand by them. Make few exceptions to your standard fees and always document exceptions by posting full charges followed by an adjustment. This makes billing easier for everyone and provides an accurate record of how much you are discounting.

## RELATIVE VALUE ANALYSIS

Complete a relative value analysis to calculate a conversion factor for your practice. Then use the calculated conversion factor to determine the appropriate fee for each of your procedures. To perform a relative value analysis, you need a current relative value publication, and a list of your 25 most commonly performed procedure codes from the Medicine, Surgery, Radiology and Pathology sections of CPT, and your fees for the procedures. Then complete the following six steps for each section.

1. List 25 codes and fees for each section.
2. Look up the relative value and add to your list.
3. Total all of the fees.
4. Total all of the relative values.
5. Divide the total relative values into the total fees.
6. The result is your average conversion factor.

After you calculate your average conversion factor, you can then multiple the relative value for each of the listed procedures by the conversion factor to determine what the fee should be. It is not unusual to find services and procedures both under and over priced based on relative value analysis. Before raising your prices based on relative value analysis, consider that all health insurance plans and third party payers have a maximum dollar value, based on usual, customary and

reasonable fees that they allow for a given procedure. However, the use of relative values gives you a strong argument for a review of a disputed or underpaid claim.

### **SAMPLE RVS ANALYSIS FOR SELECTED OB/GYN PROCEDURES**

On the following page there is a sample relative value analysis using 25 commonly reported OB/GYN procedures. In addition to the CPT code and description you will find the 75<sup>th</sup> percentile fee and relative value from this publication. The conversion factor is calculated by dividing the total relative values into the total charges. Obviously a conversion factor calculated using fees at the 50<sup>th</sup> percentile would be lower and a conversion factor using fees at the 90<sup>th</sup> percentile would be higher.

### **DETERMINING FEES FOR NEW PROCEDURES**

If you perform a service or procedure for the first time and need to determine a fee, the first place to look would be your relative value reference. If the procedure is listed and has a numeric value, then simply multiply the relative value by your conversion factor to determine the appropriate fee. However, if the procedure or service is unlisted, then you can't calculate a fee by this method. The best alternative is to use a comparative procedure as the basis for first determining approximate relative value and then to calculate the proper fee. Review some of the more common procedures you perform and try to find one that requires similar skills, about the same amount of time, and has the same level of complexity and risk as the new procedure.

Use the relative value of the common procedure as a basis for calculating the fee for the new procedure. Watch insurance carrier EOBs carefully to see how much they are allowing for the new procedure and adjust your fee accordingly. You can also request the prevailing charge for the procedure from your local Medicare intermediary.

### **COMPUTERIZED FEE SCHEDULES**

Several private companies maintain, publish or distribute computerized fee schedules. The stated intent of these fee schedules is to make fee schedule review much easier by letting the computer do all the work. The usefulness of any of these products depends mostly on the quality of the database used to prepare the data and the degree to which the databases can be manipulated in terms of geographic location and medical specialty. The database used by PMIC to prepare this publication is from Context4 Healthcare Inc.

### **MULTIPLE FEE SCHEDULES**

It is essential to have multiple fee schedules in the well managed medical practice. The argument can certainly be made that any service or procedure is worth the same, based on relative value calculations. However, all of your potential payers do not use the same method to pay you, or to calculate the value of the services and procedures you perform.

Fees charged for services provided to Medicare patients are highly regulated by Federal law. Fees charged for services provided to Medicaid beneficiaries and Worker's Compensation Carriers are generally based on fixed fee schedules published by state agencies. Many HMOs and PPOs also reimburse based on fee schedules.

None of these rules and regulations or fee schedules applies to services provided to patients paying cash, services rendered to patients in personal injury cases, or for services covered by private health insurance companies and third party payers. A medical practice with a typical patient mix including Medicare, Medicaid, worker's compensation and private health insurance patients would need to use a minimum of two or three different fee schedules for proper billing.

### SAMPLE RELATIVE VALUE ANALYSIS

CODE	DESCRIPTION	50TH	RVU
56420	Incision and drainage of Bartholin's gland abscess	371	3.86
56630	Vulvectomy, radical, partial;	2,928	27.26
57061	Destruction of vaginal lesion(s); simple	271	3.52
57065	Destruction of vaginal lesion(s); extensive	577	5.88
57180	Introduction of hemostatic agent or pack for nonobstetrical vaginal hemorrhage (separate procedure)	352	4.37
57265	Combined anteroposterior colporrhaphy; with enterocele repair	2,192	24.43
57500	Biopsy of cervix, or local excision of lesion (separate procedure)	305	3.80
58120	Dilation and curettage, diagnostic and/or therapeutic	802	7.66
58150	Total abdominal hysterectomy (corpus and cervix	2,818	29.10
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling	4,014	39.71
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy	3,656	38.55
58301	Removal of intrauterine device (iud)	217	2.70
58400	Uterine suspension; (separate procedure)	1,286	12.70
58600	Ligation or transection of fallopian tube(s)	1,103	10.33
58800	Drainage of ovarian cyst(s), (separate procedure); vaginal approach	726	9.34
58820	Drainage of ovarian abscess; vaginal approach, open	917	9.02
58940	Oophorectomy, partial or total, unilateral or bilateral;	1,558	15.31
59000	Amniocentesis; diagnostic	457	3.53
59015	Chorionic villus sampling, any method	564	4.47
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian	2,180	23.04
59400	Routine obstetric care including antepartum care, vaginal delivery and postpartum care	4,405	60.43
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	4,865	67.00
59612	Vaginal delivery only, after previous cesarean delivery;	2,633	26.34
59812	Treatment of incomplete abortion, completed surgically	859	9.37
59840	Induced abortion, by dilation and curettage	724	6.50
	<b>Totals</b>	<b>40,780</b>	<b>448.22</b>
	<b>Average Conversion Factor (Total Fees/Total RVUs)</b>		<b>90.98</b>

## **MEDICARE FEE SCHEDULE**

Practices which are *non-participating* must use the Medicare billing limits when billing for services provided to Medicare patients. Practices which are *participating* may charge their regular fees for services provided to Medicare patients.

## **STANDARD FEE SCHEDULE**

This is your standard fee schedule representing the fees that you charge for cash patients, private health insurance patients, Medicaid patients, and, if you are *participating*, to Medicare patients also.

## **WORKER'S COMPENSATION**

This fee schedule is used to bill for services related to treating illnesses and injuries related to employment. The fee schedules are generally maintained and published by the state agency responsible for worker's compensation cases.

## **CONTRACT FEE SCHEDULES**

You may have additional fee schedules, based on participating agreements with HMOs, PPOs, etc. that must be used to bill for services provided to beneficiaries of these plans.

## **EXPANDING THE MEDICARE FEE SCHEDULE**

The traditional development path in the areas of coding and billing is that policies and procedures mandated by Medicare are implemented shortly thereafter by Medicaid, followed by private health insurance companies and third party payers. However, there are significant issues which must be dealt with before private health insurance companies and third party payers can implement a fee schedule.

Private health insurance companies and third party payers have expressed interest in revising their methods of physician payment.

Many support the objectives of Medicare payment reform but have yet to determine the extent to which physician markets will permit changes in relative values. Although few plan to adopt the Medicare Fee Schedule in total, many are contemplating at least marginal changes in relative values to reflect the direction of Medicare changes. Private health insurance companies and third party payers face limits to the magnitude of change they can institute. Insurers offering indemnity policies are concerned that balance billing for technical procedures will increase. Carriers that contract with physicians are concerned about whether specialists whose fees would fall would agree to participate in sufficient numbers.

More extensive or more rapid changes by private health insurance companies and third party payers will require public regulation of their payment policies. Under an all-payer system, the Medicare relative value scale could be used by each of the payers. A public body would determine payment rates for the various physician services. While the conversion factors used by different payers need not be the same, the entity that determines rates would have a deliberate policy concerning how they would differ. Conversion factors could be updated through volume performance standards or a similar mechanism. Balance billing would be limited, but again, the limits could differ by class of payer. The entity making these decisions (presumably the U.S. Government) would (try to) balance the interests of physicians, private payers, public payers, and patients.

## **HOW TO IMPLEMENT YOUR NEW FEE SCHEDULE**

Regardless of how carefully you review and set your fees, you will still have complaints from patients. While studies have continued to indicate that most patients do not choose providers of medical care based on fees, it is important to keep in mind that many malpractice cases start out as fee disputes. Fee related complaints tend to fall under the five general categories.

## **FEE COMPARISON**

Patients compare fees among each other. In addition, many patients shop fees for elective procedures or routine care. Patients may be well informed regarding the going rates for specific procedures and may ask why your fee is higher than that of other providers. Be prepared to explain your fees for common procedures.

## **FEE CONSISTENCY**

Patients may question what appear to be inconsistencies in your fees from one visit to the next. Patients are not aware of the various levels of service defined by CPT and the fact that some services are packaged or bundled and others are not. Make sure the patient understands exactly what is included in bundled procedures, and is made aware of the levels of care if he/she questions your fees for visits.

Patients frequently consider the value of your services to be directly proportional to the time you spent with them. This is logical thinking on the patient's part, as many professional services tend to be rendered and billed based on units of time. Prior to publication of the 1992 edition of CPT, there were very few services or procedures that included time components. Therefore, you could explain simply to the patient that your fees are not based on the amount of time spent but rather the complexity of the situation and the level of care required.

With publication of the 1992 CPT, time became part of the definition of the new Evaluation and Management services. As the definition and understanding of the new coding system becomes widespread among the patient population, you may expect some patients to time your services and compare their time with the time associated with particular Evaluation and Management codes.

## **RELATIVE VALUE**

Due to the lack of knowledge and understanding regarding anatomy, physiology and

the difficulties involved in various medical procedures, patients make inappropriate comparisons of procedures. They may not understand why a repair of a hip fracture costs more than life-saving treatment for an acute myocardial infarction. Patients are not aware of the traditional discrepancy between the value of cognitive procedures versus technical procedures. of interest is the fact that patients do not recognize any differences in value between cognitive and technical services.

This subjective attitude of the patient population is verified in part by the findings of the Harvard study of Resource Based Relative Values. One of the objectives of the Medicare Fee Schedule is to legislate away the discrepancy by creating a payment system based upon measurable work and cost of practice indexes. If patients question you on this issue, be prepared to explain how your fees for technical services are calculated. Expect some of your Medicare patients to be knowledgeable of Medicare Fee Schedule rules, regulations and formulas.

## **ABILITY TO PAY**

In the past it was quite common for health care providers to charge patients based on ability to pay. Therefore, some patients were charged a little more, some a little less, and some nothing at all. It was sort of a private Medicaid system. Now with most patients covered by insurance plans and, more importantly, generally aware of basic fees for the most common procedures and services, the situation is different. If patients perceive that you are charging them more because they can pay more, they will probably not come back. Make sure that your discussion of fees includes assurances that your fees are not based on the patient's ability to pay, but rather on the specific services provided.

## **DISCUSSING FEES WITH YOUR PATIENTS**

### **DISCUSSING FEES AT THE TIME OF APPOINTMENT SCHEDULING**

Some practices discuss fees in advance with patients who call to make an appointment. While this may occasionally cause problems when the bill turns out to be higher than quoted on the phone, the major benefit is that the patient has been informed that there will be a charge, and that they are expected to pay. Any statements regarding fees or amounts made during telephone conversations should be noted on the appointment schedule.

### **SMALL FEES CAN BE STATED AFTER SERVICES HAVE BEEN RENDERED**

Services such as office visits, injections and minor procedures can generally be provided without advance discussion of fees. The provider can fill out the charge slip or superbill including fees and instruct the patient to give it to the receptionist, or the provider can leave the fees blank to be filled out by the receptionist.

When the charge slip is totaled and presented to the patient for payment, the patient has the opportunity to ask questions regarding the services provided and the fees charged. Even if the patient does not pay at the time of service, this presentation of the itemized charge slip makes the patient aware of the fees, which will correspond to the bill received.

### **DISCUSS LARGER FEES BEFORE PROVIDING SERVICE**

Numerous studies have confirmed that when patients are about to undergo major procedures that their first concern is outcome, and their second concern is how much it is going to cost and how are they going to pay for it. Unfortunately, most patients will never express this concern voluntarily. Most medical professionals discuss their findings, treatment plans and the probable outcome(s) of treatment with their patients; however, many neglect any discussion of fees or payment methods. In addition to appreciating the information, discussing the potential cost gives the patient the ability to make an informed decision regarding the service. In

order to gain a little perspective on this issue, ask yourself the following questions:

- Would you order a meal in an expensive restaurant from a menu without prices?
- Would you allow a mechanic to perform major service on your car without an estimate of what it was going to cost?
- Would you allow a contractor to begin construction on your new kitchen or bathroom without a bid?

While you most likely answered "no" to each of the above questions, consider that many medical and surgical procedures have fees that are far in excess of repairing cars or adding additions to a house. Yet many medical practices routinely expect the patient to receive (and pay for) services without any advance knowledge of their cost. None of this has anything to do with ethics. It is simply a matter of providing professional services with the expectation of being paid for those services. You always have the option to provide services at no charge if that is what you want to do.

### **HOW TO INITIATE FEE DISCUSSIONS**

Not everyone is comfortable in discussing fees or money with patients. Many medical professionals absolutely refuse to engage in such discussions. It is not necessary for the medical professional to have this fee discussion with the patient, although patient surveys consistently reveal that the patient prefers to discuss fees directly with the medical professional. But it is important that someone representing the practice, the office manager, insurance manager, or the financial counselor, have a discussion with the patient regarding the fees before major services are rendered.

It is important to make the patient aware that your fees are within the going rates for the community, that the fees to this patient are the same as that for every patient, and, for



bundled procedures, that your fee includes specific services and procedures. The following statements represent some of the more successful approaches to this subject:

***My (our, the doctor's) usual charge for this service is....***

This lets the patient know what the charge will be and that they are being charged the same as everyone else.

***The going rate for this service (around here, in the community)....***

This opening gives you two options. Either it assures the patient that your fees are in line with those of your colleagues, or it gives you the opportunity to explain why your fees are higher.

***My (our, the doctor's) fee covers....***

This approach is often used when discussing fees that are global in nature, primarily surgical procedures which include a standard amount of routine follow-up care. Another example would be prenatal care, uncomplicated vaginal delivery and the post-partum visit. This lets the patient know that a single fee covers all of the service.

It is better to state your usual charge first and then explain that any insurance proceeds will be applied against it. By mentioning insurance first, you risk the patient assuming that you will scale your charges based upon insurance payment.

***Don't worry. We'll take your insurance as full payment....***

What if the patient isn't covered, but doesn't know it? What about deductibles and coinsurance? What about pre-existing conditions and exclusions? You can be sued by the patient for breach of contract if you make the above statement and then attempt to collect from the patient any unpaid balance after insurance, even if the insurance pays you nothing!

Many health insurance companies and third party payers are helping you to protect yourself by requiring pre-Certification before covering services and providing benefits. Many insurance contracts now require pre-authorization for non-emergency hospitalization as well as for certain "abused" procedures such as Total Abdominal Hysterectomy. Failure to obtain pre-authorization can result in outright denial of claims and/or benefit reductions of up to 50 percent with no appeal! In most cases, the patient does not even know that these requirements exist.

## STRATEGIC PRICING

In today's competitive environment the successful practice will learn how to keep its existing patients, attract new patients, and increase its profitability by raising some fees, lowering others, and maintaining enough flexibility to adjust specific fees in response to new opportunities. This process is known as *strategic pricing* and incorporates the following concepts:

## MARKET DRIVEN PROCEDURES

Some procedures are price sensitive and patients do call to ask prices of some procedures or services, such as total obstetrical care. It is important that fees for such services be kept comparatively low. On the other hand, consumers know that some procedures are absolutely necessary for them to maintain and they don't shop around for these procedures.

In addition, if your practice provides services that are market driven you want to make sure that the person handling these telephone inquiries is a good salesperson. Ideally, the prospective patient would be "sold" on how good the practice, doctor and/or service is before the requested fee is quoted. This simple technique can significantly increase your new patient volume.

## **RELATIONSHIP BUILDING**

Building a successful practice requires the development of long-term relationships with patients and/or referral sources. Part of your pricing strategy should be based on attracting new relationships with patients or referral sources and on maintaining and develop existing relationships. How much you charge, whether you charge, and how you bill are all considerations that may impact a relationship. An example of this component of strategic pricing is the "free" consultation that most pediatricians provide to parents who are interviewing potential physicians for their new (or about to be born) babies. An investment of 30 to 45 minutes late in an afternoon can result in a patient relationship lasting for 20 years! More and more medical professionals are making themselves available for patient interviews.

## **PRICE SENSITIVITY**

Patients are consumers and they expect prices to increase, including yours. However, they do not react positively to sudden or large increases in fees. This happens most often when the practice has held down fees for a long time and then increases fees suddenly, and by large amounts. This is easy to avoid by using more frequent, small increases.

## **VOLUME CONSIDERATION**

Pay particular attention to volume when considering fee increases. A large increase in a fee that is infrequently performed or rarely repeated on the same patient will likely go unnoticed. Likewise, a small increase in your fees for frequent procedures will also be expected by most patients.

## **PROMOTIONAL PRICING**

Fees for certain services and procedures may be used to attract new patients to your practice. Many practices offer "free" screenings, or reduced fees for physical exams, pap smears, and other preventive services. In today's more health conscious society, patients are very receptive to these

new marketing techniques. In addition, you or your practice may have particular services, skills, methods, or special office hours that are not offered elsewhere or close by. Patients do place special value on special services and abilities and are usually willing to pay more for them.

## **OPTIONS TO INCREASING YOUR FEES**

### **INCREASE PRACTICE PRODUCTIVITY**

This doesn't necessarily mean you have to work more, harder or longer. It means simply that you need to look at how you work in order to make sure you are using your time in the most profitable manner. You may need to implement a more formal scheduling and record keeping system for out-of-the-office services in order to keep track of your time better, and to make sure you are billing for all your services.

Maybe it's time to bring in an associate to take care of those referrals you have been turning down. Or maybe you are considering extended office hours one evening during the week and Saturday mornings to meet the increasing demands of your patients for more convenient (to them) hours.

Make sure that the time you spend with each patient is appropriate for the level of care you need to provide. This means that you have to provide exactly the right amount of your time, from your perspective, in order to keep your schedule, and, the right amount of your time, from the patient's perspective, to provide the perception of value received.

### **REDUCE YOUR DISCOUNT BUSINESS**

In spite of the continuous national furor over medical fees, the truth is, that with very few exceptions, all medical practices are operated as discount businesses. Typical discounts include:

- Giving a discount for cash payment at the time of service
- Discounting your services as a professional courtesy
- Accepting insurance payment as payment in full
- Accepting payments on account without interest charges
- Referring accounts to a collection agency
- Writing off an account as a bad debt
- Accepting a capitation or discounted payment from an HMO, IPA or PPO
- Participating in Medicare
- Providing services to Medicaid patients

You must take the time to review your practice by revenue sources in order to determine if the types of patients you are attracting and the associations you have with payers are profitable. This review process should include answering the following questions:

1. Is Medicare participation in the best interest of my practice?
2. Should I implement payment at the time of service?
3. Are the contracts I have with HMOs and PPOs profitable?
4. Do I have too many Medicaid patients?
5. If I reduce my nonprofitable patient categories, can I replace them with profitable ones?

Finding the right answers to these questions for your practice requires an in depth evaluation of your practice economics, patient demographics, the potential patient pool,

patient attitudes, and the attitudes, practices and standards of your medical community.



# MEDICAL FEES

## FORMAT OF THE LISTINGS

The medical fees listings are presented in six sections, which correspond to the six sections of CPT 2019. Within each section are subsections with anatomic, procedural, condition or descriptor subheadings. The procedures and services are listed in numeric order with exception of the Evaluation and Management section. The Evaluation and Management section has been placed at the beginning of the medical fees listings, because these CPT codes are used by most physicians in reporting a significant portion of their services.

Each entry includes the CPT code, a short description of the procedure or service, UCR fees at the 50<sup>th</sup>, 75<sup>th</sup> and 90<sup>th</sup> percentiles, the national average Medicare fee and the Medicare RVU. Some CPT codes are listed twice. The second listing includes the modifier -26 to indicate that the listing is for the "professional component" of the procedure only.

### CPT

#### **CPT procedure code**

All procedure codes listed in this publication are CPT 2019 codes. CPT codes are revised and published annually by the American Medical Association (AMA).

#### **Modifier -26 or -TC (No header)**

Certain medical procedures are a combination of a physician, or professional, component and a technical component. When the physician performs and reports both parts of the service, the service is reported without modifier -26. When the physician performs and reports only the professional component, the modifier -26 is added to the basic procedure and the fee reduced accordingly. The technical component is usually reported by the hospital with the addition of the modifier -TC.

### Description

The descriptions listed in this publication are the official CPT 2019 full descriptions. To make sure that the reader correctly matches the fee information with the proper CPT code, the full description is presented for every CPT code listed.

### UCR 50<sup>th</sup>

#### **Usual, customary and reasonable fee at the 50<sup>th</sup> percentile**

The amount listed in this column represents the 50<sup>th</sup> percentile of usual, customary, and reasonable fees for the specific service or procedure. The 50<sup>th</sup> percentile is that point where 50 percent of fees for a given procedure are at or below the amount listed and 50 percent are higher than the amount listed. A zero in this column means that the procedure is an unlisted procedure or there is no data with which to make the calculation or insufficient data to calculate the amount.

### UCR 75<sup>th</sup>

#### **Usual, customary and reasonable fee at the 75<sup>th</sup> percentile**

The amount listed in this column represents the 75<sup>th</sup> percentile of usual, customary, and reasonable fees for the specific service or procedure. The 75<sup>th</sup> percentile is that point where 75 percent of fees for a given procedure are at or below the amount listed and 25 percent are higher than the amount listed. A zero in this column means that the procedure is an unlisted procedure or there is no data with which to make the calculation or insufficient data to calculate the amount.

### 90<sup>th</sup> UCR

#### **Usual, customary, and reasonable fee at the 90<sup>th</sup> percentile**

The amount listed in this column represents the 90<sup>th</sup> percentile of usual, customary, and reasonable fees for the specific service or procedure. The 90<sup>th</sup> percentile is that point where 90 percent of fees for a given procedure are at or below the amount listed and 10 percent are higher than the amount listed. A zero in this column means that the procedure is an unlisted procedure or there is no data with which to make the calculation or insufficient data to calculate the amount.

### **MFS 2019**

#### **Medicare Fee Schedule fee for 2019**

The amount listed in this column was calculated by multiplying the total Medicare relative value units from the Medicare Fee Schedule times the proper conversion factor for the code. This amount is listed as a reference so that you can see the relative differences between the UCR and Medicare Fee Schedule amounts for a particular service.

### **MFS RVU**

#### **Medicare Fee Schedule Relative Value Units for 2019**

The number listed in this column is the relative value unit from the Resource-Based Relative Value Scale (RBRVS), a component of the annual Medicare Physician Fee Schedule published by CMS. The relative value reflects the complexity of the procedure from a medical point of view. CPT codes for "unlisted" or "by report" services do not have assigned relative values in RBRVS for obvious reasons. Other services or procedures may be provided too infrequently for CMS to establish a relative value.

# EVALUATION & MANAGEMENT SERVICES

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>OFFICE OR OTHER OUTPATIENT VISITS</b>						
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 10 minutes are spent face-to-face with the patient and/or family.	76	93	120	46	1.29
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 20 minutes are spent face-to-face with the patient and/or family.	131	160	207	77	2.15
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 30 minutes are spent face-to-face with the patient and/or family.	199	244	315	110	3.05
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive	300	366	473	167	4.63

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 45 minutes are spent face-to-face with the patient and/or family.					
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 60 minutes are spent face-to-face with the patient and/or family.	379	463	598	210	5.82
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. usually, the presenting problem(s) are minimal. typically, 5 minutes are spent performing or supervising these services.	44	55	71	23	0.64
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 10 minutes are spent face-to-face with the patient and/or family.	80	99	129	46	1.27
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. counseling and coordination of care	126	155	201	75	2.09



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	with other physicians, other qualified health care professionals, 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. typically, 15 minutes are spent face-to-face with the patient and/or family.					
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 25 minutes are spent face-to-face with the patient and/or family.	186	229	298	110	3.06
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 40 minutes are spent face-to-face with the patient and/or family.	262	323	421	148	4.10

## HOSPITAL OBSERVATION SERVICES

99217	Observation care discharge day management (this code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "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.])	166	219	391	74	2.06
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or	205	270	483	101	2.81

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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 physicians, other qualified health care professionals, 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 outpatient hospital "observation status" are of low severity. typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.					
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 outpatient hospital "observation status" are of moderate severity. typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	271	356	637	138	3.83
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 outpatient hospital "observation status" are of high severity. typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	405	532	951	188	5.23
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: problem focused interval history; problem focused examination; medical decision making that is straightforward or of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided	86	110	143	40	1.12

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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. typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.					
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, 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. typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	149	191	246	74	2.06
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	226	288	373	106	2.95

## HOSPITAL INPATIENT SERVICES

99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 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 physicians, other qualified health care professionals, 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 low severity. typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	221	283	365	103	2.86
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MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	274	350	453	139	3.86
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	403	515	665	205	5.70
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, 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. typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	88	112	145	40	1.11
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, or agencies are provided	147	188	243	74	2.05

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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. typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.					
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	221	282	365	106	2.93
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 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 physicians, other qualified health care professionals, 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. typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	287	367	474	135	3.75
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	376	480	621	172	4.77

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	588	751	971	221	6.13
99238	Hospital discharge day management; 30 minutes or less	157	201	260	74	2.06
99239	Hospital discharge day management; more than 30 minutes	245	313	405	109	3.02

**CONSULTATIONS**

99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 15 minutes are spent face-to-face with the patient and/or family.	130	166	216	48	1.34
99242	Office consultation for a new or established patient, which requires these 3 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 physicians, other qualified health care professionals, 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. typically, 30 minutes are spent face-to-face with the patient and/or family.	201	257	333	91	2.52
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and	259	331	429	124	3.45

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 40 minutes are spent face-to-face with the patient and/or family.					
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 60 minutes are spent face-to-face with the patient and/or family.	372	477	617	186	5.16
99245	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 80 minutes are spent face-to-face with the patient and/or family.	467	599	775	227	6.29
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	159	200	267	50	1.38
99252	Inpatient consultation for a new or established patient, which requires these 3 key components:	201	254	339	76	2.11

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.					
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	272	342	457	117	3.25
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	352	444	592	170	4.72
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	450	568	757	205	5.68



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>EMERGENCY DEPARTMENT SERVICES</b>						
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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.	125	159	201	22	0.60
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 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 physicians, other qualified health care professionals, 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.	188	238	301	42	1.17
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 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 physicians, other qualified health care professionals, 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.	426	541	683	63	1.75
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	734	932	1177	120	3.32

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 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 physicians, other qualified health care professionals, 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.	1185	1504	1900	176	4.89
99288	Physician or other qualified health care professional direction of emergency medical systems (ems) emergency care, advanced life support	326	414	523	0	0.00

**CRITICAL CARE SERVICES**

99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	692	1218	1680	282	7.82
99292	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)	377	664	915	125	3.46

**NURSING FACILITY SERVICES**

99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 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 physicians, other qualified health care professionals, 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 low severity. typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	151	200	227	92	2.54
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of	216	286	325	132	3.67

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.					
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	277	366	416	169	4.70
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	75	100	113	45	1.24
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, 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. typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	126	166	189	70	1.94

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	171	226	257	93	2.58
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. the patient may be unstable or may have developed a significant new problem requiring immediate physician attention. typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	236	312	354	138	3.82
99315	Nursing facility discharge day management; 30 minutes or less	131	174	198	75	2.07
99316	Nursing facility discharge day management; more than 30 minutes	201	266	302	107	2.98
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	186	245	279	97	2.70

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>99324</b>	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 20 minutes are spent with the patient and/or family or caregiver.	81	106	121	56	1.56
<b>99325</b>	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 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 physicians, other qualified health care professionals, 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. typically, 30 minutes are spent with the patient and/or family or caregiver.	126	166	189	81	2.26
<b>99326</b>	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 45 minutes are spent with the patient and/or family or caregiver.	209	277	315	141	3.92
<b>99327</b>	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies	278	367	418	190	5.26

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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. typically, 60 minutes are spent with the patient and/or family or caregiver.					
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 75 minutes are spent with the patient and/or family or caregiver.	292	386	439	223	6.19
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 15 minutes are spent with the patient and/or family or caregiver.	91	121	137	61	1.70
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, 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. typically, 25 minutes are spent with the patient and/or family or caregiver.	146	193	219	97	2.68
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key	204	270	307	138	3.82

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 40 minutes are spent with the patient and/or family or caregiver.					
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, 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. typically, 60 minutes are spent with the patient and/or family or caregiver.	227	300	341	197	5.47

### DOMICILIARY, REST HOME (EG. ASSISTED LIVING FACILITY) OR HOME CARE PLAN OVERSIGHT SERVICES

99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living 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	266	351	400	78	2.17
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities	171	226	257	110	3.05

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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					

### HOME SERVICES

<b>99341</b>	Home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 20 minutes are spent face-to-face with the patient and/or family.	355	433	514	56	1.56
<b>99342</b>	Home visit for the evaluation and management of a new patient, which requires these 3 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 physicians, other qualified health care professionals, 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. typically, 30 minutes are spent face-to-face with the patient and/or family.	345	420	499	81	2.25
<b>99343</b>	Home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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	329	400	475	132	3.67



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	moderate to high severity. typically, 45 minutes are spent face-to-face with the patient and/or family.					
<b>99344</b>	Home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 60 minutes are spent face-to-face with the patient and/or family.	291	355	421	185	5.14
<b>99345</b>	Home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 75 minutes are spent face-to-face with the patient and/or family.	350	426	506	225	6.25
<b>99347</b>	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 15 minutes are spent face-to-face with the patient and/or family.	78	95	113	56	1.56
<b>99348</b>	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 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 physicians, other	125	153	181	85	2.37

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	qualified health care professionals, 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. typically, 25 minutes are spent face-to-face with the patient and/or family.					
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. typically, 40 minutes are spent face-to-face with the patient and/or family.	194	237	281	131	3.64
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 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 physicians, other qualified health care professionals, 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. typically, 60 minutes are spent face-to-face with the patient and/or family.	284	346	411	182	5.05

**PROLONGED SERVICES**

99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient evaluation and management or psychotherapy service)	170	210	257	132	3.67
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct	150	185	226	101	2.80

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)					
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	197	244	298	94	2.60
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	198	245	299	94	2.61
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	201	248	303	114	3.15
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service)	102	127	155	55	1.52
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring eeg)	202	249	305	62	1.73

### CASE MANAGEMENT SERVICES

99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	81	100	122	44	1.21
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	81	100	123	58	1.60
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	150	185	226	37	1.04

### CARE PLAN OVERSIGHT SERVICES

99374	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	121	149	183	71	1.96
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	regular development and/or revision of care plans by that individual, 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	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 development and/or revision of care plans by that individual, 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	161	200	244	106	2.94
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	192	237	290	71	1.96
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related	173	213	261	106	2.94

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	75	93	114	71	1.96
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	139	171	209	106	2.94

## PREVENTIVE MEDICINE SERVICES

99381	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 laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	178	220	269	113	3.13
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MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99382	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 laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	186	230	281	118	3.28
99383	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 laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	191	236	288	123	3.41
99384	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 laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	211	260	318	139	3.85
99385	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 laboratory/diagnostic procedures, new patient; 18-39 years	242	299	366	134	3.72
99386	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 laboratory/diagnostic procedures, new patient; 40-64 years	264	326	399	156	4.32
99387	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 laboratory/diagnostic procedures, new patient; 65 years and older	276	341	417	169	4.68
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history,	155	192	234	102	2.82

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	examination, counseling/anticipatory guidance/ risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)					
99392	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 laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	166	205	251	108	3.01
99393	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 laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	166	205	251	108	3.00
99394	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 laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	183	226	276	119	3.29
99395	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 laboratory/diagnostic procedures, established patient; 18-39 years	202	249	305	121	3.36
99396	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 laboratory/diagnostic procedures, established patient; 40-64 years	221	273	333	129	3.58
99397	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 laboratory/diagnostic procedures, established patient; 65 years and older	236	291	356	139	3.85

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	75	86	125	40	1.10
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	111	127	185	65	1.81
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	152	174	253	90	2.51
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	147	169	246	116	3.21
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	30	35	50	15	0.42
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	55	63	92	29	0.80
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, DAST), and brief intervention (SBI) services; 15 to 30 minutes	51	58	85	36	1.01
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, DAST), and brief intervention (SBI) services; greater than 30 minutes	91	105	153	70	1.95
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	25	29	42	20	0.55
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	41	48	69	25	0.69
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service)	30	35	51	10	0.28



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (list separately in addition to code for prolonged service)	0	0	0	4	0.12
99429	Unlisted preventive medicine service	0	0	0	0	0.00

**NON-FACE-TO-FACE PHYSICIAN SERVICES**

99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	40	46	67	14	0.39
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	49	56	82	27	0.76
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	65	75	109	40	1.12
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related e/m service provided within the previous 7 days, using the internet or similar electronic communications network	45	52	75	0	0.00

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	50	58	84	18	0.51
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	120	138	201	36	1.01
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	102	117	170	55	1.52
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	127	146	213	73	2.02

**SPECIAL EVALUATION AND MANAGEMENT SERVICES**

99450	Basic life and/or disability examination that includes: measurement of height, weight, and bp; 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.	100	115	167	0	0.00
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	69	79	115	37	1.04
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	69	79	115	37	1.04

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	36	41	60	19	0.54
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	118	135	197	64	1.78
99455	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.	160	184	267	0	0.00
99456	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.	568	653	950	0	0.00
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	94	109	158	52	1.43

## NEWBORN CARE SERVICES

99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	230	264	384	98	2.71
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	126	145	211	93	2.58
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	119	137	199	43	1.19

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	252	289	420	113	3.13

### DELIVERY/BIRTHING ROOM ATTENDANCE AND RESUSCITATION SERVICES

99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	482	554	806	76	2.12
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	971	1116	1623	149	4.13

### INPATIENT NEONATAL INTENSIVE CARE SERVICES AND PEDIATRIC AND NEONATAL CRITICAL CARE SERVICES

99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	1499	1722	2505	243	6.75
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (list separately in addition to code for primary service)	865	994	1445	121	3.37
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	4723	5427	7893	937	26.00
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	2780	3195	4647	405	11.24
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	2714	3119	4536	811	22.51
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	2551	2931	4263	416	11.53
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a	1818	2089	3039	571	15.84

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	critically ill infant or young child, 2 through 5 years of age					
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	1237	1421	2067	355	9.86
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	2489	2860	4160	355	9.85
99478	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)	1104	1269	1846	139	3.87
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	1008	1159	1685	127	3.52
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	968	1112	1618	121	3.37

## COGNITIVE ASSESSMENT AND CARE PLAN SERVICES

99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: cognition-focused evaluation including a pertinent history and examination; medical decision making of moderate or high complexity; functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; use of standardized instruments for staging of dementia (eg, functional assessment staging test [fast], clinical dementia rating [cdr]); medication reconciliation and review for high-risk medications; evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); evaluation of safety (eg, home), including motor vehicle operation; identification of caregiver(s), caregiver knowledge, caregiver needs, social supports	301	346	504	264	7.32
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>CARE MANAGEMENT SERVICES</b>						
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	80	93	135	49	1.35
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	262	301	438	78	2.17
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (list separately in addition to code for primary procedure)	193	222	322	68	1.88
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	116	134	195	93	2.58

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	55	64	93	46	1.29
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	61	70	102	42	1.17
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	154	177	257	84	2.33

### PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT SERVICES

99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care	251	289	420	162	4.50
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing					
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused tr	221	254	369	129	3.59
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)	110	127	184	67	1.86



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
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**TRANSITIONAL CARE MANAGEMENT SERVICES**

<b>99495</b>	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge medical decision making of at least moderate complexity during the service period face-to-face visit, within 14 calendar days of discharge	289	332	483	167	4.62
<b>99496</b>	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge medical decision making of high complexity during the service period face-to-face visit, within 7 calendar days of discharge	356	410	596	235	6.52

**ADVANCE CARE PLANNING**

<b>99497</b>	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	135	155	226	86	2.40
<b>99498</b>	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)	149	171	249	76	2.11
<b>99499</b>	Unlisted evaluation and management service	0	0	0	0	0.00

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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# SURGERY SERVICES

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>GENERAL</b>						
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (list separately in addition to code for primary procedure)	157	213	319	54	1.49
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	375	508	761	129	3.59
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (list separately in addition to code for primary procedure)	180	244	366	62	1.71
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	850	1150	1723	292	8.09
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (list separately in addition to code for primary procedure)	477	646	968	164	4.56
10009	Fine needle aspiration biopsy, including ct guidance; first lesion	1388	1879	2814	477	13.24
10010	Fine needle aspiration biopsy, including ct guidance; each additional lesion (list separately in addition to code for primary procedure)	838	1135	1699	288	7.98
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	0	0	0	0	0.00
10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	0	0	0	0	0.00
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	291	394	590	100	2.78
10022	Fine needle aspiration; with imaging guidance	300	414	589	144	4.00

## INTEGUMENTARY SYSTEM

### SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	616	833	1248	586	16.27
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	548	741	1110	493	13.67

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (list separately in addition to code for primary procedure)	847	1146	1717	425	11.79
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	186	252	377	111	3.09
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	223	301	451	121	3.37
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	498	674	1009	212	5.87
10080	Incision and drainage of pilonidal cyst; simple	425	575	861	188	5.23
10081	Incision and drainage of pilonidal cyst; complicated	802	1086	1627	283	7.84
10120	Incision and removal of foreign body, subcutaneous tissues; simple	298	404	605	156	4.32
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	532	721	1080	280	7.77
10140	Incision and drainage of hematoma, seroma or fluid collection	301	408	611	172	4.77
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	266	360	540	133	3.70
10180	Incision and drainage, complex, postoperative wound infection	542	733	1099	257	7.12
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	101	139	185	57	1.57
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (list separately in addition to code for primary procedure)	50	69	92	22	0.62
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	1444	1997	2648	601	16.69
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue	1906	2637	3496	816	22.64

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	infection; abdominal wall, with or without fascial closure					
<b>11006</b>	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	1823	2522	3344	737	20.44
<b>11008</b>	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (list separately in addition to code for primary procedure)	725	1003	1330	287	7.96
<b>11010</b>	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	1034	1430	1896	498	13.82
<b>11011</b>	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	1165	1612	2138	550	15.26
<b>11012</b>	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	1812	2506	3323	713	19.79
<b>11042</b>	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	202	279	370	125	3.46
<b>11043</b>	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	450	623	826	237	6.57
<b>11044</b>	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	619	857	1136	322	8.93
<b>11045</b>	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	75	104	138	43	1.18
<b>11046</b>	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	129	178	237	75	2.09

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	229	317	420	127	3.53
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	70	89	122	57	1.59
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	84	107	146	68	1.90
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	100	127	174	76	2.11
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	231	305	391	101	2.80
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	125	165	211	54	1.51
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	290	384	492	127	3.52
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	143	189	242	62	1.73
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	351	465	595	154	4.26
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	168	222	285	74	2.04
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	151	200	256	90	2.51
11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	45	60	77	19	0.54
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	145	186	244	100	2.77
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	173	222	291	123	3.40

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	201	258	337	143	3.98
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	239	308	402	158	4.39
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	139	178	233	105	2.90
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	166	214	279	124	3.45
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	197	253	331	147	4.09
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	206	264	345	156	4.34
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	166	213	278	116	3.23
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	183	235	307	139	3.86
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	223	286	374	163	4.52
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	277	356	465	191	5.30
11400	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	210	270	353	127	3.53
11401	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	251	322	421	155	4.30
11402	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	289	372	486	172	4.78
11403	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	352	452	591	199	5.53

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
11404	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	426	547	715	226	6.27
11406	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	643	827	1081	325	9.02
11420	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	216	277	362	127	3.53
11421	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	267	343	449	162	4.49
11422	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	321	412	539	182	5.06
11423	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	387	497	650	208	5.77
11424	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	457	587	767	241	6.69
11426	Excision of benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	683	878	1147	346	9.59
11440	Excision of other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	242	312	407	141	3.91
11441	Excision of other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	302	388	507	174	4.83
11442	Excision of other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	359	462	603	194	5.39



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
11443	Excision of other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	443	569	744	231	6.42
11444	Excision of other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	562	723	945	290	8.05
11446	Excision of other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	798	1026	1341	402	11.16
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	806	1036	1355	405	11.25
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	1082	1391	1818	510	14.15
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	801	1029	1345	395	10.96
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	1057	1359	1776	516	14.32
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	883	1136	1484	434	12.03
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	1149	1477	1931	530	14.71
11600	Excision of malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	308	403	528	199	5.53
11601	Excision of malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	346	453	594	235	6.52
11602	Excision of malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	378	494	648	254	7.06
11603	Excision of malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	452	591	775	291	8.07

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
11604	Excision of malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	538	704	923	323	8.95
11606	Excision of malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	872	1141	1497	463	12.85
11620	Excision of malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	326	427	560	201	5.57
11621	Excision of malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	365	478	627	236	6.55
11622	Excision of malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	406	531	697	263	7.30
11623	Excision of malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	513	671	880	308	8.55
11624	Excision of malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	659	863	1131	348	9.67
11626	Excision of malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	901	1179	1547	419	11.64
11640	Excision of malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	343	448	588	207	5.74
11641	Excision of malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	420	549	721	244	6.78
11642	Excision of malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	480	628	824	279	7.73
11643	Excision of malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	601	786	1031	328	9.09
11644	Excision of malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	805	1054	1382	404	11.22
11646	Excision of malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	1105	1446	1897	528	14.64

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>NAILS</b>						
11719	Trimming of nondystrophic nails, any number	34	45	59	15	0.41
11720	Debridement of nail(s) by any method(s); 1 to 5	49	64	85	34	0.94
11721	Debridement of nail(s) by any method(s); 6 or more	69	91	119	46	1.29
11730	Avulsion of nail plate, partial or complete, simple; single	157	205	269	111	3.09
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (list separately in addition to code for primary procedure)	76	99	130	34	0.93
11740	Evacuation of subungual hematoma	111	145	191	53	1.46
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	366	477	628	159	4.41
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	202	264	348	125	3.47
11760	Repair of nail bed	540	705	928	197	5.46
11762	Reconstruction of nail bed with graft	349	455	600	294	8.15
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	243	317	418	173	4.80
<b>PILONIDAL CYST</b>						
11770	Excision of pilonidal cyst or sinus; simple	640	835	1100	292	8.10
11771	Excision of pilonidal cyst or sinus; extensive	1245	1625	2140	605	16.79
11772	Excision of pilonidal cyst or sinus; complicated	1552	2024	2666	724	20.10
<b>INTRODUCTION</b>						
11900	Injection, intralesional; up to and including 7 lesions	101	130	171	56	1.54
11901	Injection, intralesional; more than 7 lesions	146	189	248	70	1.95
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	510	660	867	184	5.10
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of	668	864	1135	210	5.84

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	skin, including micropigmentation; 6.1 to 20.0 sq cm					
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	314	406	534	62	1.73
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	251	325	427	70	1.95
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	195	251	331	101	2.80
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	335	433	569	136	3.78
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	384	496	652	159	4.41
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	2939	3799	4993	999	27.71
11970	Replacement of tissue expander with permanent prosthesis	2315	2992	3932	630	17.47
11971	Removal of tissue expander(s) without insertion of prosthesis	1083	1400	1840	487	13.52
11976	Removal, implantable contraceptive capsules	251	325	427	148	4.11
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	211	272	358	97	2.69
11981	Insertion, non-biodegradable drug delivery implant	283	366	481	146	4.05
11982	Removal, non-biodegradable drug delivery implant	305	394	518	162	4.49
11983	Removal with reinsertion, non-biodegradable drug delivery implant	463	594	770	235	6.54
11983	Removal with reinsertion, non-biodegradable drug delivery implant	467	604	794	236	6.56
<b>REPAIR (CLOSURE)</b>						
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	322	468	603	91	2.53

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
12002	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	415	602	777	111	3.08
12004	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	522	759	978	130	3.61
12005	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	657	955	1231	169	4.69
12006	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	803	1167	1504	200	5.54
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	824	1198	1545	230	6.37
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	415	603	778	111	3.09
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	474	689	888	116	3.23
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	568	825	1063	140	3.88
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	737	1070	1380	169	4.69
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	920	1337	1724	213	5.92
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	574	835	1076	156	4.34
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	651	946	1220	177	4.92
12020	Treatment of superficial wound dehiscence; simple closure	556	809	1043	294	8.17

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
12021	Treatment of superficial wound dehiscence; with packing	353	512	661	172	4.76
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	412	564	775	252	6.98
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	508	694	954	312	8.65
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	642	878	1207	327	9.07
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	927	1268	1742	394	10.93
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	1085	1484	2040	436	12.10
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	1231	1683	2313	494	13.70
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	488	667	916	251	6.97
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	542	741	1019	303	8.41
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	767	1049	1443	375	10.41
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	1001	1369	1882	413	11.46
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	877	1200	1649	497	13.80
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	963	1317	1811	546	15.15
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	533	729	1002	272	7.55
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	582	796	1094	308	8.55
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	727	994	1367	360	10.00

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	930	1272	1749	377	10.46
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	1203	1645	2262	489	13.57
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	1016	1389	1910	576	15.98
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	1076	1472	2023	610	16.93
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	538	732	1074	348	9.66
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	673	915	1341	410	11.39
13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	279	380	557	125	3.46
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	570	775	1136	364	10.09
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	725	986	1445	442	12.26
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	282	384	563	136	3.78
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	654	890	1305	400	11.09
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	884	1203	1763	492	13.66
13133	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)	401	546	801	182	5.06
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	756	1028	1507	437	12.13
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	1005	1367	2005	522	14.48
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	520	707	1037	198	5.50

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	1873	2548	3736	827	22.96
14000	Adjacent tissue transfer or rearrange, trunk; defect 10 sq cm or less	1249	1835	3256	641	17.80
14001	Adjacent tissue transfer or rearrange, trunk; defect 10.1 sq cm to 30.0 sq cm	1783	2620	4648	822	22.82
14020	Adjacent tissue transfer or rearrange, scalp, arms and/or legs; defect 10 sq cm or less	1346	1978	3509	716	19.87
14021	Adjacent tissue transfer or rearrange, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	1542	2266	4019	893	24.79
14040	Adjacent tissue transfer or rearrange, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	1565	2299	4078	782	21.70
14041	Adjacent tissue transfer or rearrange, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	1757	2582	4580	964	26.75
14060	Adjacent tissue transfer or rearrange, eyelids, nose, ears and/or lips; defect 10 sq cm or less	1606	2359	4184	797	22.11
14061	Adjacent tissue transfer or rearrange, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	1980	2909	5161	1037	28.77
14301	Adjacent tissue transfer or rearrange, any area; defect 30.1 sq cm to 60.0 sq cm	2685	3945	6999	1110	30.79
14302	Adjacent tissue transfer or rearrange, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	742	1091	1935	228	6.34
14350	Filletted finger or toe flap, including preparation of recipient site	1517	2229	3954	707	19.62
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	902	1285	1797	358	9.94
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part	215	307	430	76	2.11



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)					
<b>15004</b>	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	907	1294	1809	410	11.38
<b>15005</b>	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)	393	560	783	127	3.52
<b>15040</b>	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	472	673	941	263	7.29
<b>15050</b>	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	1183	1687	2359	582	16.14
<b>15100</b>	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2017	2876	4020	886	24.58
<b>15101</b>	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	518	738	1032	191	5.31
<b>15110</b>	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1724	2458	3437	822	22.82
<b>15111</b>	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	246	350	489	120	3.32
<b>15115</b>	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	1637	2334	3263	816	22.65

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	multiple digits; first 100 sq cm or less, or 1% of body area of infants and children					
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	427	609	852	173	4.80
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2257	3218	4499	875	24.29
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	742	1058	1479	214	5.95
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1693	2414	3376	685	19.02
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	254	362	506	103	2.85
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	2045	2916	4077	884	24.52
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	251	358	500	102	2.82
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	1785	2545	3558	723	20.05
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)	307	438	612	124	3.45
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional	440	628	878	153	4.25

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)					
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	2034	2899	4054	823	22.84
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)	414	590	825	168	4.65
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	460	656	918	186	5.17
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	1834	2615	3656	859	23.83
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	393	560	783	149	4.14
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	1582	2255	3153	795	22.06
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	376	536	749	139	3.87
15240	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	2065	2945	4117	962	26.68
15241	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, or part thereof (list separately in addition to code for primary procedure)	599	855	1195	188	5.22
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	1858	2649	3704	1041	28.88

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	625	891	1246	218	6.05
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	292	417	583	149	4.14
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	66	95	132	27	0.76
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	843	1201	1680	315	8.73
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	217	309	432	77	2.15
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	306	436	610	157	4.37
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	87	125	174	35	0.98
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1174	1674	2340	344	9.55
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to	306	436	610	92	2.54

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)					
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	2163	3084	4313	938	26.04
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	1999	2851	3986	913	25.33
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	2045	2916	4077	932	25.85
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	1784	2543	3555	826	22.93
15600	Delay of flap or sectioning of flap (division and inset); at trunk	979	1396	1952	335	9.30
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	870	1240	1734	366	10.16
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	1189	1695	2369	451	12.52
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	1118	1595	2229	472	13.09
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, walking tube), any location	1293	1843	2577	523	14.52
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	3720	5304	7416	1573	43.66
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	2873	4096	5727	1155	32.04
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	3222	4594	6423	1085	30.12
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	4200	5988	8372	1567	43.47
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	4111	5861	8194	1272	35.30
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	3753	5350	7480	1357	37.65

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	2865	4085	5711	1039	28.83
15750	Flap; neurovascular pedicle	2876	4101	5733	951	26.39
15756	Free muscle or myocutaneous flap with microvascular anastomosis	8492	12107	16927	2386	66.21
15757	Free skin flap with microvascular anastomosis	9037	12885	18015	2361	65.51
15758	Free fascial flap with microvascular anastomosis	8933	12735	17806	2382	66.09
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	2298	3276	4580	874	24.26
15770	Graft; derma-fat-fascia	1951	2781	3888	688	19.09
15775	Punch graft for hair transplant; 1 to 15 punch grafts	778	1109	1551	315	8.74
15776	Punch graft for hair transplant; more than 15 punch grafts	1152	1642	2296	453	12.57
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	699	997	1394	225	6.25
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	2187	3600	5846	943	26.16
15781	Dermabrasion; segmental, face	1002	1649	2679	566	15.71
15782	Dermabrasion; regional, other than face	1382	2274	3693	590	16.36
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	1412	2323	3773	491	13.62
15786	Abrasion; single lesion (eg, keratosis, scar)	556	915	1486	252	6.98
15787	Abrasion; each additional 4 lesions or less (list separately in addition to code for primary procedure)	138	227	369	46	1.27
15788	Chemical peel, facial; epidermal	585	963	1563	459	12.75
15789	Chemical peel, facial; dermal	1547	2546	4136	568	15.75
15792	Chemical peel, nonfacial; epidermal	600	987	1604	425	11.80
15793	Chemical peel, nonfacial; dermal	943	1552	2520	507	14.08
15819	Cervicoplasty	2359	3883	6306	820	22.76

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
15820	Blepharoplasty, lower eyelid;	2006	3302	5363	584	16.21
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	2519	4146	6734	626	17.38
15822	Blepharoplasty, upper eyelid;	2975	4897	7953	459	12.74
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	2011	3310	5376	626	17.37
15824	Rhytidectomy; forehead	0	0	0	0	0.00
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, p-flap)	0	0	0	0	0.00
15826	Rhytidectomy; glabellar frown lines	0	0	0	0	0.00
15828	Rhytidectomy; cheek, chin, and neck	0	0	0	0	0.00
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	0	0	0	0	0.00
15830	Excision of excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	3487	5739	9321	1216	33.75
15832	Excision of excessive skin and subcutaneous tissue (includes lipectomy); thigh	2736	4504	7314	951	26.40
15833	Excision of excessive skin and subcutaneous tissue (includes lipectomy); leg	2587	4258	6915	900	24.96
15834	Excision of excessive skin and subcutaneous tissue (includes lipectomy); hip	2645	4353	7070	920	25.52
15835	Excision of excessive skin and subcutaneous tissue (includes lipectomy); buttock	2782	4579	7436	967	26.84
15836	Excision of excessive skin and subcutaneous tissue (includes lipectomy); arm	2204	3627	5890	816	22.65
15837	Excision of excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	2560	4214	6843	890	24.70
15838	Excision of excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	1901	3129	5081	661	18.34
15839	Excision of excessive skin and subcutaneous tissue (includes lipectomy); other area	2170	3572	5801	911	25.27
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	3501	5762	9357	1040	28.86
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	5309	8738	14190	1846	51.22

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	8089	13313	21621	2812	78.04
15845	Graft for facial nerve paralysis; regional muscle transfer	2992	4925	7998	1040	28.87
15847	Excision of excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (list separately in addition to code for primary procedure)	1511	2488	4040	0	0.00
15850	Removal of sutures under anesthesia (other than local), same surgeon	126	207	336	92	2.56
15851	Removal of sutures under anesthesia (other than local), other surgeon	150	248	402	103	2.85
15852	Dressing change (for other than burns) under anesthesia (other than local)	143	235	382	48	1.33
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	336	553	898	112	3.10
15876	Suction assisted lipectomy; head and neck	0	0	0	0	0.00
15877	Suction assisted lipectomy; trunk	3010	4954	8045	0	0.00
15878	Suction assisted lipectomy; upper extremity	0	0	0	0	0.00
15879	Suction assisted lipectomy; lower extremity	0	0	0	0	0.00
15920	Excision of coccygeal pressure ulcer, with coccygectomy; with primary suture	1453	1920	2690	643	17.84
15922	Excision of coccygeal pressure ulcer, with coccygectomy; with flap closure	1833	2421	3392	811	22.50
15931	Excision of sacral pressure ulcer, with primary suture;	1533	2026	2838	719	19.94
15933	Excision of sacral pressure ulcer, with primary suture; with ostectomy	2002	2645	3706	886	24.58
15934	Excision of sacral pressure ulcer, with skin flap closure;	2212	2922	4093	978	27.15
15935	Excision of sacral pressure ulcer, with skin flap closure; with ostectomy	2577	3405	4770	1140	31.64
15936	Excision of sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	2056	2716	3805	927	25.72



SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
15937	Excision of sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	2186	2888	4047	1076	29.85
15940	Excision of ischial pressure ulcer, with primary suture;	1641	2168	3038	726	20.15
15941	Excision of ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	2125	2808	3934	940	26.09
15944	Excision of ischial pressure ulcer, with skin flap closure;	2104	2780	3894	931	25.83
15945	Excision of ischial pressure ulcer, with skin flap closure; with ostectomy	2318	3063	4291	1026	28.46
15946	Excision of ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	3559	4702	6588	1689	46.87
15950	Excision of trochanteric pressure ulcer, with primary suture;	1411	1864	2611	624	17.32
15951	Excision of trochanteric pressure ulcer, with primary suture; with ostectomy	2060	2721	3813	911	25.29
15952	Excision of trochanteric pressure ulcer, with skin flap closure;	2115	2795	3916	936	25.97
15953	Excision of trochanteric pressure ulcer, with skin flap closure; with ostectomy	2335	3084	4321	1033	28.66
15956	Excision of trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	2505	3309	4636	1203	33.38
15958	Excision of trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	2014	2660	3727	1227	34.06
15999	Unlisted procedure, excision pressure ulcer	0	0	0	0	0.00
16000	Initial treatment, first degree burn, when no more than local treatment is required	174	230	322	72	2.00
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	191	252	353	84	2.32
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	328	434	608	154	4.26
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg,	437	578	810	195	5.40

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	more than 1 extremity, or greater than 10% total body surface area)					
16035	Escharotomy; initial incision	348	460	645	204	5.65
16036	Escharotomy; each additional incision (list separately in addition to code for primary procedure)	166	219	307	85	2.36

**DESTRUCTION**

17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	120	166	233	67	1.85
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion)	18	25	35	6	0.16
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	289	400	558	155	4.31
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	796	1101	1538	352	9.78
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1185	1639	2290	457	12.67
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1828	2528	3531	661	18.35
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	179	247	345	113	3.13
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	234	323	451	134	3.71
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	134	186	259	83	2.31
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	164	226	316	98	2.71

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
17261	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	217	301	420	148	4.11
17262	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	266	368	514	181	5.01
17263	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	301	417	582	197	5.47
17264	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	346	478	668	211	5.85
17266	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), trunk, arms or legs; lesion diameter over 4.0 cm	385	533	744	240	6.66
17270	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	224	310	433	153	4.24
17271	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	245	339	473	168	4.67
17272	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	281	389	543	192	5.33
17273	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	320	443	618	214	5.94
17274	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	391	541	756	253	7.01
17276	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	438	606	847	292	8.11

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
17280	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	215	298	416	143	3.97
17281	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	260	360	503	183	5.09
17282	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	310	429	599	210	5.84
17283	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	380	525	734	252	6.99
17284	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	420	580	811	287	7.97
17286	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	508	702	981	368	10.22
17311	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 histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	1112	1538	2148	684	18.98
17312	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 histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head,	657	909	1270	406	11.26

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)					
17313	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 histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	1024	1416	1978	640	17.75
17314	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 histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)	623	861	1203	387	10.75
17315	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 histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (list separately in addition to code for primary procedure)	152	210	293	81	2.26
17340	Cryotherapy (co2 slush, liquid n2) for acne	100	138	193	54	1.49
17360	Chemical exfoliation for acne (eg, acne paste, acid)	226	313	437	130	3.61
17380	Electrolysis epilation, each 30 minutes	65	90	126	0	0.00
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	0	0	0	0	0.00
<b>BREAST</b>						
19000	Puncture aspiration of cyst of breast;	219	304	387	112	3.12

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
19001	Puncture aspiration of cyst of breast; each additional cyst (list separately in addition to code for primary procedure)	86	119	151	28	0.77
19020	Mastotomy with exploration or drainage of abscess, deep	957	1329	1688	487	13.50
19030	Injection procedure only for mammary ductogram or galactogram	301	418	530	171	4.74
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	1205	1792	2513	664	18.42
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)	753	1120	1570	542	15.03
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	1228	1827	2561	650	18.04
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)	925	1376	1929	522	14.49
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	1683	2503	3510	987	27.39
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)	846	1258	1764	792	21.97
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	350	520	729	156	4.32

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
19101	Biopsy of breast; open, incisional	793	1179	1653	347	9.64
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	5779	8594	12050	2901	80.50
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	1024	1522	2134	503	13.96
19112	Excision of lactiferous duct fistula	1064	1583	2219	474	13.15
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	1161	1727	2422	515	14.30
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	1305	1940	2721	571	15.84
19126	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)	496	737	1034	169	4.68
19260	Excision of chest wall tumor including ribs	2950	4388	6152	1238	34.34
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	3313	4927	6908	1663	46.15
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	3613	5373	7534	1814	50.33
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	402	597	837	249	6.90
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary procedure)	215	320	448	174	4.82
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	453	674	944	279	7.73

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)	244	363	510	212	5.87
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	548	815	1143	497	13.79
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)	480	714	1001	429	11.91
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	1105	1643	2304	840	23.30
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)	1340	1992	2793	672	18.66
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (list separately in addition to code for primary procedure)	338	503	705	170	4.71
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	9912	14741	20669	4078	113.15
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	245	364	511	99	2.75
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	2027	3015	4227	1018	28.24



SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
19300	Mastectomy for gynecomastia	1391	2068	2900	553	15.35
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	1613	2398	3362	680	18.86
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	2324	3457	4846	936	25.97
19303	Mastectomy, simple, complete	2400	3570	5006	998	27.69
19304	Mastectomy, subcutaneous	1504	2237	3137	606	16.81
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	2781	4136	5799	1180	32.73
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban type operation)	2490	3702	5191	1250	34.68
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	2990	4446	6234	1247	34.61
19316	Mastopexy	2690	4473	7210	799	22.17
19318	Reduction mammoplasty	3877	6445	10390	1138	31.59
19324	Mammoplasty, augmentation; without prosthetic implant	1717	2855	4602	546	15.15
19325	Mammoplasty, augmentation; with prosthetic implant	2394	3980	6416	665	18.46
19328	Removal of intact mammary implant	1417	2355	3797	514	14.27
19330	Removal of mammary implant material	1769	2941	4741	655	18.18
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	2937	4883	7872	1031	28.60
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	2806	4665	7521	956	26.53
19350	Nipple/areola reconstruction	2631	4374	7051	851	23.61
19355	Correction of inverted nipples	2440	4057	6540	776	21.53
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	4240	7048	11363	1555	43.16
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	5221	8679	13992	1630	45.22

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
19364	Breast reconstruction with free flap	16265	27039	43590	2855	79.21
19366	Breast reconstruction with other technique	4552	7567	12198	1455	40.38
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (tram), single pedicle, including closure of donor site;	5584	9282	14964	1850	51.34
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (tram), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	7165	11912	19204	2278	63.22
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (tram), double pedicle, including closure of donor site	6651	11057	17825	2115	58.68
19370	Open periprosthetic capsulotomy, breast	1931	3211	5176	711	19.73
19371	Periprosthetic capsulectomy, breast	2874	4778	7703	813	22.56
19380	Revision of reconstructed breast	2735	4547	7330	802	22.26
19396	Preparation of moulage for custom breast implant	933	1551	2500	297	8.23
19499	Unlisted procedure, breast	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>MUSCULOSKELETAL SYSTEM</b>						
<b>GENERAL</b>						
20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	651	870	1185	324	8.99
20100	Exploration of penetrating wound (separate procedure); neck	1799	2406	3305	632	17.54
20101	Exploration of penetrating wound (separate procedure); chest	967	1293	1776	467	12.96
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	957	1279	1757	506	14.04
20103	Exploration of penetrating wound (separate procedure); extremity	1511	2021	2777	599	16.61
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	2914	3897	5353	1048	29.09
20200	Biopsy, muscle; superficial	431	577	792	214	5.95
20205	Biopsy, muscle; deep	657	878	1206	301	8.35
20206	Biopsy, muscle, percutaneous needle	276	370	508	242	6.71
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	346	463	637	173	4.79
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	608	813	1117	530	14.71
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	547	732	1006	155	4.31
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	1407	1881	2584	365	10.13
20250	Biopsy, vertebral body, open; thoracic	1539	2058	2827	414	11.50
20251	Biopsy, vertebral body, open; lumbar or cervical	1614	2159	2965	449	12.45
20500	Injection of sinus tract; therapeutic (separate procedure)	202	271	372	111	3.09
20501	Injection of sinus tract; diagnostic (sinogram)	158	211	290	130	3.62
20520	Removal of foreign body in muscle or tendon sheath; simple	422	565	776	212	5.87

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	1076	1439	1977	491	13.63
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	198	265	364	79	2.20
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	220	294	404	86	2.39
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	133	178	245	54	1.51
20551	Injection(s); single tendon origin/insertion	150	201	275	55	1.53
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	143	191	263	57	1.57
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	175	234	322	65	1.81
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	402	538	739	342	9.49
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	120	161	221	50	1.38
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	201	269	370	76	2.10
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	136	182	250	52	1.44
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	223	298	409	84	2.32
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	181	242	332	62	1.71
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	282	377	518	94	2.61

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
20612	Aspiration and/or injection of ganglion cyst(s) any location	150	200	275	62	1.71
20615	Aspiration and injection for treatment of bone cyst	455	608	835	250	6.95
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	436	583	800	219	6.07
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	831	1112	1527	255	7.07
20661	Application of halo, including removal; cranial	1502	2009	2760	524	14.53
20662	Application of halo, including removal; pelvic	1478	1976	2714	532	14.75
20663	Application of halo, including removal; femoral	1357	1815	2494	488	13.55
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	2536	3392	4660	913	25.32
20665	Removal of tongs or halo applied by another individual	331	442	607	113	3.13
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	903	1208	1660	385	10.67
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1422	1902	2613	635	17.62
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	1598	2137	2936	620	17.20
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	2719	3636	4994	1163	32.27
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	1338	1790	2458	459	12.75
20694	Removal, under anesthesia, of external fixation system	1093	1462	2008	440	12.21
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	3272	4376	6012	1243	34.49

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	4778	6389	8777	2123	58.91
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	7983	10676	14665	2872	79.69
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	9506	12712	17463	3420	94.89
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	11499	15378	21125	4137	114.80
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	5978	7995	10983	2151	59.68
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	5137	6870	9437	1848	51.28
20824	Replantation, thumb (includes carpometacarpal joint to mp joint), complete amputation	5988	8008	11001	2154	59.78
20827	Replantation, thumb (includes distal tip to mp joint), complete amputation	5246	7016	9638	1887	52.37
20838	Replantation, foot, complete amputation	8007	10707	14709	2908	80.69
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	1090	1457	2002	422	11.72
20902	Bone graft, any donor area; major or large	1255	1679	2306	296	8.20
20910	Cartilage graft; costochondral	1395	1865	2562	485	13.46
20912	Cartilage graft; nasal septum	1326	1773	2436	490	13.60
20920	Fascia lata graft; by stripper	1153	1542	2118	415	11.51
20922	Fascia lata graft; by incision and area exposure, complex or sheet	1501	2008	2758	613	17.02
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	1407	1882	2585	524	14.55
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	1301	1740	2391	435	12.07
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	533	713	979	0	0.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
20931	Allograft, structural, for spine surgery only (list separately in addition to code for primary procedure)	471	630	866	117	3.26
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (list separately in addition to code for primary procedure)	2058	2752	3780	740	20.54
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (list separately in addition to code for primary procedure)	1887	2524	3467	679	18.84
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (list separately in addition to code for primary procedure)	2057	2750	3778	740	20.53
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (list separately in addition to code for primary procedure)	663	887	1218	0	0.00
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (list separately in addition to code for primary procedure)	585	782	1075	176	4.88
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (list separately in addition to code for primary procedure)	910	1217	1672	195	5.40
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (list separately in addition to code for primary procedure)	224	300	412	69	1.92
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	545	728	1000	267	7.41
20955	Bone graft with microvascular anastomosis; fibula	7182	9604	13193	2584	71.69
20956	Bone graft with microvascular anastomosis; iliac crest	7625	10197	14008	2743	76.12

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
20957	Bone graft with microvascular anastomosis; metatarsal	7987	10681	14673	2873	79.73
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	7717	10321	14178	2776	77.04
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	8836	11817	16233	2852	79.14
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	8252	11036	15160	2969	82.38
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	8280	11074	15212	2979	82.66
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	8746	11697	16068	3147	87.31
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	387	517	710	81	2.24
20975	Electrical stimulation to aid bone healing; invasive (operative)	797	1066	1464	187	5.18
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	292	391	537	54	1.49
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	4366	5839	8021	3969	110.14
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	16403	21935	30133	5901	163.74
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	504	674	926	153	4.24
20999	Unlisted procedure, musculoskeletal system, general	0	0	0	0	0.00
21010	Arthrotomy, temporomandibular joint	1890	2787	4286	792	21.99
21011	Excision of tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	772	1138	1750	365	10.12



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21012	Excision of tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	918	1353	2082	351	9.75
21013	Excision of tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	1233	1818	2796	542	15.03
21014	Excision of tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	1393	2053	3159	541	15.01
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	1757	2590	3984	732	20.30
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	2586	3814	5866	1051	29.15
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	2128	3138	4827	896	24.87
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	1605	2367	3641	613	17.02
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	2400	3538	5443	796	22.08
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	1015	1497	2303	527	14.63
21031	Excision of torus mandibularis	847	1249	1921	408	11.31
21032	Excision of maxillary torus palatinus	957	1411	2171	410	11.38
21034	Excision of malignant tumor of maxilla or zygoma	3214	4739	7290	1351	37.50
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	1000	1475	2269	531	14.74
21044	Excision of malignant tumor of mandible;	2149	3169	4874	904	25.08
21045	Excision of malignant tumor of mandible; radical resection	4004	5904	9082	1266	35.12
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	3335	4918	7564	1138	31.57
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	4635	6834	10511	1358	37.69
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	3314	4886	7516	1156	32.07

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	2956	4358	6704	1249	34.66
21050	Condylectomy, temporomandibular joint (separate procedure)	2234	3293	5066	934	25.92
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	2030	2994	4605	850	23.58
21070	Coronoidectomy (separate procedure)	1592	2347	3611	660	18.32
21073	Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	740	1092	1679	397	11.02
21076	Impression and custom preparation; surgical obturator prosthesis	2351	3466	5332	995	27.60
21077	Impression and custom preparation; orbital prosthesis	6125	9030	13891	2479	68.80
21079	Impression and custom preparation; interim obturator prosthesis	1885	2780	4276	1682	46.66
21080	Impression and custom preparation; definitive obturator prosthesis	5961	8789	13519	1900	52.73
21081	Impression and custom preparation; mandibular resection prosthesis	3130	4616	7100	1749	48.53
21082	Impression and custom preparation; palatal augmentation prosthesis	4031	5944	9143	1634	45.33
21083	Impression and custom preparation; palatal lift prosthesis	3842	5665	8714	1558	43.22
21084	Impression and custom preparation; speech aid prosthesis	4408	6499	9997	1784	49.49
21085	Impression and custom preparation; oral surgical splint	1507	2222	3418	759	21.05
21086	Impression and custom preparation; auricular prosthesis	5742	8466	13022	1842	51.10
21087	Impression and custom preparation; nasal prosthesis	4551	6710	10321	1842	51.10
21088	Impression and custom preparation; facial prosthesis	8186	12069	18565	0	0.00
21089	Unlisted maxillofacial prosthetic procedure	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	1817	2679	4121	717	19.89
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	1464	2159	3321	843	23.38
21116	Injection procedure for temporomandibular joint arthrography	421	621	956	183	5.08
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	1695	2498	3843	696	19.31
21121	Genioplasty; sliding osteotomy, single piece	3371	4971	7646	755	20.95
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	1967	2901	4462	807	22.38
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	2277	3358	5165	941	26.12
21125	Augmentation, mandibular body or angle; prosthetic material	7269	10718	16486	2983	82.77
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	9521	14038	21594	4044	112.20
21137	Reduction forehead; contouring only	1865	2750	4230	779	21.62
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	2279	3361	5169	952	26.41
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	2793	4118	6335	1159	32.15
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	6507	9595	14758	1422	39.46
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	6494	9575	14728	1462	40.56
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	5905	8707	13394	1525	42.32
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	7590	11191	17214	1666	46.24

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	5869	8653	13311	1733	48.08
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	8416	12410	19088	1832	50.84
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, (No Suggestions) syndrome)	4095	6038	9288	1718	47.68
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	4419	6515	10022	1891	52.48
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	4845	7144	10989	2035	56.46
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	5374	7923	12188	2257	62.64
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	6439	9494	14603	2706	75.09
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	6982	10295	15836	2935	81.45
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	5177	7634	11742	2184	60.59
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	8061	11886	18282	2300	63.82
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	3768	5556	8546	1571	43.60
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	4222	6225	9575	1768	49.06

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	1835	2705	4161	767	21.29
21182	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	5277	7781	11969	2199	61.01
21183	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	5751	8479	13043	2406	66.75
21184	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	6193	9132	14047	2590	71.86
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	4184	6169	9489	1732	48.06
21193	Reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; without bone graft	5066	7469	11489	1326	36.78
21194	Reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; with bone graft (includes obtaining graft)	3631	5354	8235	1528	42.39
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	3559	5247	8071	1478	41.01
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	7602	11209	17241	1520	42.18
21198	Osteotomy, mandible, segmental;	3930	5794	8912	1192	33.08
21199	Osteotomy, mandible, segmental; with genioglossus advancement	3132	4617	7103	1115	30.95
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	2972	4383	6741	1230	34.14
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	2514	3707	5701	1799	49.91

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21209	Osteoplasty, facial bones; reduction	2185	3222	4956	928	25.75
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	3128	4612	7095	2172	60.28
21215	Graft, bone; mandible (includes obtaining graft)	5272	7773	11957	4134	114.71
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	2652	3910	6015	769	21.35
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	1976	2914	4482	749	20.77
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	4691	6917	10639	1159	32.15
21242	Arthroplasty, temporomandibular joint, with allograft	2575	3797	5841	1078	29.92
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	6676	9844	15142	1763	48.92
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	4066	5995	9221	1082	30.02
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	2977	4389	6751	1257	34.87
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	2186	3223	4958	917	25.44
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	4067	5996	9223	1695	47.04
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	2212	3262	5017	1121	31.11
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	2299	3390	5215	1618	44.90
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	3530	5205	8007	1466	40.68
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	3089	4554	7005	1290	35.79
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	3495	5153	7927	1448	40.19

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	6180	9112	14016	2566	71.19
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	5716	8429	12965	2372	65.82
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	4092	6033	9280	1688	46.85
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	5117	7545	11606	2123	58.91
21270	Malar augmentation, prosthetic material	2515	3708	5704	1047	29.06
21275	Secondary revision of orbitocraniofacial reconstruction	2076	3061	4708	871	24.18
21280	Medial canthopexy (separate procedure)	1888	2783	4281	591	16.40
21282	Lateral canthopexy	2069	3051	4694	397	11.01
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	457	674	1037	194	5.37
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	1016	1498	2304	419	11.64
21299	Unlisted craniofacial and maxillofacial procedure	0	0	0	0	0.00
21310	Closed treatment of nasal bone fracture without manipulation	223	341	597	136	3.76
21315	Closed treatment of nasal bone fracture; without stabilization	638	975	1706	283	7.84
21320	Closed treatment of nasal bone fracture; with stabilization	739	1129	1975	261	7.23
21325	Open treatment of nasal fracture; uncomplicated	1404	2144	3750	483	13.39
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	1797	2746	4802	583	16.17
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	2270	3468	6065	740	20.53

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21336	Open treatment of nasal septal fracture, with or without stabilization	1902	2906	5081	663	18.39
21337	Closed treatment of nasal septal fracture, with or without stabilization	953	1456	2545	419	11.62
21338	Open treatment of nasoethmoid fracture; without external fixation	1594	2435	4258	680	18.88
21339	Open treatment of nasoethmoid fracture; with external fixation	1805	2757	4822	771	21.38
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	1801	2752	4813	769	21.34
21343	Open treatment of depressed frontal sinus fracture	2601	3975	6951	1111	30.82
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	3348	5115	8944	1429	39.66
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	1878	2869	5018	802	22.25
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	2245	3430	5999	959	26.60
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	2450	3744	6547	1046	29.03
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	2621	4004	7002	1119	31.05
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	1029	1572	2749	439	12.19
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	1530	2338	4089	516	14.31
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	1785	2728	4770	526	14.60
21365	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	3553	5429	9493	1151	31.95



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21366	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)	3088	4719	8252	1319	36.59
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	1827	2792	4883	780	21.65
21386	Open treatment of orbital floor blowout fracture; periorbital approach	2225	3400	5945	720	19.98
21387	Open treatment of orbital floor blowout fracture; combined approach	1906	2912	5092	814	22.58
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	2801	4280	7484	827	22.96
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	2454	3749	6556	1048	29.07
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	484	739	1292	207	5.73
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	1245	1902	3326	532	14.75
21406	Open treatment of fracture of orbit, except blowout; without implant	1396	2133	3730	596	16.54
21407	Open treatment of fracture of orbit, except blowout; with implant	2790	4263	7455	668	18.53
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	2190	3347	5852	935	25.95
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	1786	2729	4773	733	20.33
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	2499	3819	6678	684	18.97
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	2291	3500	6122	801	22.22
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	1739	2657	4646	742	20.60

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	1737	2654	4641	742	20.58
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	4235	6470	11314	1808	50.17
21435	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)	3404	5201	9095	1453	40.33
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	4966	7588	13270	2120	58.83
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	1506	2301	4024	625	17.33
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	1771	2706	4732	802	22.26
21450	Closed treatment of mandibular fracture; without manipulation	1388	2120	3708	592	16.44
21451	Closed treatment of mandibular fracture; with manipulation	2379	3634	6356	784	21.75
21452	Percutaneous treatment of mandibular fracture, with external fixation	1618	2472	4323	691	19.17
21453	Closed treatment of mandibular fracture with interdental fixation	2763	4222	7383	995	27.62
21454	Open treatment of mandibular fracture with external fixation	1324	2023	3538	565	15.69
21461	Open treatment of mandibular fracture; without interdental fixation	3634	5552	9710	2142	59.44
21462	Open treatment of mandibular fracture; with interdental fixation	4549	6950	12154	2284	63.37
21465	Open treatment of mandibular condylar fracture	2184	3336	5834	932	25.87
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	4168	6368	11135	1245	34.54
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	247	378	660	111	3.07

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	1774	2711	4741	857	23.79
21490	Open treatment of temporomandibular dislocation	2157	3296	5764	921	25.56
21497	Interdental wiring, for condition other than fracture	1656	2530	4425	707	19.62
21499	Unlisted musculoskeletal procedure, head	0	0	0	0	0.00
<b>NECK (SOFT TISSUES) AND THORAX</b>						
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	1000	1487	2435	466	12.94
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	989	1431	2293	475	13.18
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy	1302	1884	3019	523	14.52
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	1142	1653	2649	459	12.74
21550	Biopsy, soft tissue of neck or thorax	474	685	1098	269	7.46
21552	Excision of tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	1134	1640	2629	463	12.86
21554	Excision of tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	1924	2783	4461	759	21.06
21555	Excision of tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	914	1322	2119	435	12.07
21556	Excision of tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	1320	1910	3061	547	15.19
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	2498	3614	5792	990	27.48
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	3792	5485	8791	1397	38.76
21600	Excision of rib, partial	1695	2452	3930	571	15.85
21610	Costotransversectomy (separate procedure)	3112	4502	7215	1251	34.70
21615	Excision of first and/or cervical rib;	1796	2599	4165	634	17.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21616	Excision of first and/or cervical rib; with sympathectomy	1844	2667	4275	741	20.56
21620	Ostectomy of sternum, partial	1465	2120	3397	523	14.52
21627	Sternal debridement	1535	2221	3559	558	15.49
21630	Radical resection of sternum;	3177	4597	7367	1277	35.44
21632	Radical resection of sternum; with mediastinal lymphadenectomy	3129	4526	7254	1257	34.89
21685	Hyoid myotomy and suspension	2825	4087	6550	1017	28.21
21700	Division of scalenus anticus; without resection of cervical rib	1642	2375	3807	369	10.24
21705	Division of scalenus anticus; with resection of cervical rib	1380	1997	3200	555	15.39
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	1325	1916	3071	532	14.77
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	1397	2021	3239	561	15.58
21740	Reconstructive repair of pectus excavatum or carinatum; open	2665	3856	6179	1071	29.72
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	2150	3110	4984	0	0.00
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	6433	9306	14915	0	0.00
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	2240	3241	5195	710	19.71
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	1693	2449	3925	619	17.18
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	2015	2915	4672	759	21.07
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	2547	3685	5905	1024	28.40
21820	Closed treatment of sternum fracture	366	529	848	147	4.08
21825	Open treatment of sternum fracture with or without skeletal fixation	1501	2171	3479	562	15.59

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
21899	Unlisted procedure, neck or thorax	0	0	0	0	0.00
<b>BACK AND FLANK</b>						
21920	Biopsy, soft tissue of back or flank; superficial	354	526	861	264	7.34
21920	Biopsy, soft tissue of back or flank; superficial	352	510	817	263	7.30
21925	Biopsy, soft tissue of back or flank; deep	1100	1591	2550	472	13.10
21930	Excision of tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	1053	1523	2441	498	13.83
21931	Excision of tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	1208	1748	2802	489	13.56
21932	Excision of tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	1612	2332	3738	687	19.07
21933	Excision of tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	1945	2814	4510	767	21.29
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	2544	3681	5900	1069	29.65
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	4264	6169	9886	1476	40.96
<b>SPINE (VERTEBRAL COLUMN)</b>						
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	2584	3842	6292	991	27.54
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	2680	3877	6214	999	27.73
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	2584	3738	5991	987	27.40
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	2231	3228	5173	897	24.88
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	2223	3216	5154	894	24.80
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	3942	5702	9139	846	23.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22103	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)	522	755	1210	148	4.10
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	2916	4219	6762	1092	30.29
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	2874	4158	6664	1155	32.05
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	2909	4209	6745	1169	32.44
22116	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)	513	742	1189	148	4.12
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	6914	10003	16032	2571	71.33
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	6504	9410	15081	2519	69.89
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)	2204	3189	5111	623	17.28
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	5182	7496	12014	1876	52.06
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	4776	6910	11075	1558	43.22
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	4339	6277	10060	1564	43.40
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (list separately in addition to primary procedure)	1101	1593	2553	382	10.61

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	5622	8133	13035	1695	47.04
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	4486	6491	10402	1803	50.03
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	5462	7902	12664	1654	45.90
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (list separately in addition to code for primary procedure)	1801	2606	4177	381	10.58
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	979	1416	2269	318	8.82
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	2349	3398	5446	914	25.37
22318	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	4998	7230	11588	1717	47.65
22319	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	4732	6846	10972	1902	52.77
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	4236	6129	9822	1513	41.97
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	4798	6942	11125	1567	43.47
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	4480	6481	10386	1581	43.88
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated	1365	1974	3164	297	8.25

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	segment; each additional fractured vertebra or dislocated segment (list separately in addition to code for primary procedure)					
22505	Manipulation of spine requiring anesthesia, any region	161	233	373	137	3.79
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	1927	2788	4468	1796	49.83
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	1956	2829	4534	1778	49.33
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)	1015	1468	2353	923	25.60
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	10565	15285	24497	7047	195.55
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	11988	17344	27796	7025	194.92
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)	8509	12311	19730	4078	113.15
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	5830	8434	13517	2343	65.01



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure)	4899	7087	11359	1969	54.63
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	4891	7076	11340	1888	52.40
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	3811	5513	8836	1734	48.12
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)	1025	1482	2376	379	10.52
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	6335	10246	17368	2052	56.95
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	5406	8743	14820	1790	49.66
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for separate procedure)	1310	2118	3591	419	11.64
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	4086	6608	11201	1312	36.40
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	5021	8121	13765	1751	48.58
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4519	7309	12389	1603	44.49

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	1085	1755	2975	344	9.55
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	6557	10604	17974	2124	58.94
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	5326	8614	14602	1657	45.99
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	4995	8079	13694	1581	43.88
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	4149	6710	11373	1351	37.48
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	4012	6488	10998	1326	36.78
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	4887	7903	13397	1660	46.06
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (list separately in addition to code for primary procedure)	1290	2086	3537	412	11.42
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	4179	6758	11455	1651	45.80
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)	907	1466	2485	339	9.40
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	5421	8767	14860	1941	53.85

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (list separately in addition to code for primary procedure)	1526	2467	4182	522	14.48
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	5043	8155	13824	1418	39.34
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	7504	12136	20572	2202	61.11
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	9977	16135	27350	2546	70.64
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	5070	8200	13900	1937	53.76
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	6706	10845	18383	2172	60.28
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	7039	11385	19298	2281	63.28
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	6952	11243	19057	2252	62.49
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	7954	12864	21805	2577	71.50
22830	Exploration of spinal fusion	2539	4106	6959	851	23.62
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (list separately in addition to code for primary procedure)	2442	3950	6695	800	22.20
22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)	1952	3156	5350	0	0.00
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure)	2654	4292	7275	804	22.32

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)	2907	4702	7970	860	23.87
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure)	4055	6558	11117	1039	28.82
22845	Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)	2665	4310	7305	769	21.33
22846	Anterior instrumentation; 4 to 7 vertebral segments (list separately in addition to code for primary procedure)	2696	4360	7391	798	22.15
22847	Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)	2600	4205	7127	842	23.37
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)	1179	1906	3232	378	10.50
22849	Reinsertion of spinal fixation device	3810	6162	10446	1360	37.73
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	2212	3577	6064	758	21.04
22852	Removal of posterior segmental instrumentation	2191	3544	6007	728	20.21
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure)	823	1331	2256	272	7.55
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	1100	1780	3017	352	9.78

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22855	Removal of anterior instrumentation	3389	5481	9291	1160	32.19
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	5352	8657	14673	1718	47.66
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	5657	9149	15507	1833	50.85
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	1651	2671	4527	538	14.93
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure)	1000	1617	2741	352	9.78
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	7223	11682	19801	2340	64.93
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	7177	11607	19674	1980	54.94
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	6669	10786	18282	2161	59.95
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	6272	10143	17194	2032	56.38
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	2873	4646	7875	1017	28.21
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	723	1169	1981	254	7.06

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	20478	33119	56138	478	13.25
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	490	793	1344	130	3.62
22899	Unlisted procedure, spine	0	0	0	0	0.00
<b>ABDOMEN</b>						
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	1275	2072	3420	586	16.28
22900	Excision of tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	1253	2026	3434	585	16.24
22901	Excision of tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	1725	2791	4730	692	19.20
22902	Excision of tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	997	1613	2733	463	12.85
22903	Excision of tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	1113	1799	3050	457	12.68
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	3392	5486	9298	1099	30.49
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	3695	5977	10131	1389	38.54
22999	Unlisted procedure, abdomen, musculoskeletal system	0	0	0	0	0.00
<b>SHOULDER</b>						
23000	Removal of subdeltoid calcareous deposits, open	1507	2133	3039	599	16.63
23000	Removal of subdeltoid calcareous deposits, open	1570	2213	3217	580	16.08
23020	Capsular contracture release (eg, sever type procedure)	2277	3210	4666	715	19.85
23030	Incision and drainage, shoulder area; deep abscess or hematoma	981	1383	2010	448	12.43

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
23031	Incision and drainage, shoulder area; infected bursa	1163	1640	2384	412	11.44
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	1902	2681	3897	702	19.48
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	2124	2995	4352	744	20.64
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	1559	2198	3194	588	16.31
23065	Biopsy, soft tissue of shoulder area; superficial	288	406	590	228	6.34
23066	Biopsy, soft tissue of shoulder area; deep	1207	1701	2472	583	16.18
23071	Excision of tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	1071	1510	2195	436	12.09
23073	Excision of tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	1898	2676	3889	722	20.04
23075	Excision of tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	907	1278	1858	501	13.90
23076	Excision of tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	1464	2064	3000	562	15.60
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	3203	4516	6564	1182	32.81
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	4313	6081	8837	1495	41.48
23100	Arthrotomy, glenohumeral joint, including biopsy	1406	1982	2881	519	14.40
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	1283	1809	2629	474	13.14
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	1791	2524	3669	661	18.34
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	1398	1971	2865	516	14.32
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	1841	2595	3771	685	19.01
23120	Claviculectomy; partial	1732	2441	3548	605	16.80
23125	Claviculectomy; total	1987	2802	4072	732	20.32

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	1946	2744	3988	635	17.62
23140	Excision of or curettage of bone cyst or benign tumor of clavicle or scapula;	1563	2203	3202	573	15.90
23145	Excision of or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	1946	2744	3988	713	19.78
23146	Excision of or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	1739	2452	3564	635	17.63
23150	Excision of or curettage of bone cyst or benign tumor of proximal humerus;	1979	2790	4055	683	18.94
23155	Excision of or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	2223	3134	4554	818	22.70
23156	Excision of or curettage of bone cyst or benign tumor of proximal humerus; with allograft	1900	2679	3893	701	19.46
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	1578	2224	3233	582	16.16
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	1586	2235	3249	585	16.23
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	2131	3005	4367	787	21.83
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	1810	2551	3708	684	18.99
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	1850	2608	3791	683	18.95
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	2060	2904	4221	760	21.10
23190	Ostectomy of scapula, partial (eg, superior medial angle)	1604	2262	3287	592	16.43
23195	Resection, humeral head	2118	2986	4339	774	21.47
23200	Radical resection of tumor; clavicle	4263	6010	8734	1573	43.64
23210	Radical resection of tumor; scapula	5010	7063	10265	1847	51.26
23220	Radical resection of tumor, proximal humerus	5503	7758	11276	2030	56.33
23330	Removal of foreign body, shoulder; subcutaneous	781	1101	1600	288	8.00



SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	1303	1836	2669	478	13.27
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	2766	3900	5668	1113	30.88
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	3256	4590	6671	1328	36.86
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	387	546	794	143	3.97
23395	Muscle transfer, any type, shoulder or upper arm; single	3661	5547	9504	1332	36.97
23397	Muscle transfer, any type, shoulder or upper arm; multiple	3508	5316	9108	1177	32.67
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	2956	4480	7675	992	27.53
23405	Tenotomy, shoulder area; single tendon	1950	2955	5063	640	17.77
23406	Tenotomy, shoulder area; multiple tendons through same incision	2044	3098	5308	800	22.20
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	2657	4026	6898	852	23.64
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	2944	4461	7644	884	24.53
23415	Coracoacromial ligament release, with or without acromioplasty	2038	3089	5292	725	20.11
23420	Reconstruction of complete shoulder (rotator cuff avulsion, chronic (includes acromioplasty)	3052	4625	7924	1008	27.98
23430	Tenodesis of long tendon of biceps	2256	3419	5858	772	21.41
23440	Resection or transplantation of long tendon of biceps	2529	3832	6565	782	21.70
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnusson type operation	2916	4420	7572	979	27.16
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	3018	4573	7835	1036	28.74
23460	Capsulorrhaphy, anterior, any type; with bone block	3366	5101	8740	1127	31.26
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	3302	5004	8573	1095	30.37

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	3289	4984	8539	1159	32.16
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	3430	5198	8905	1157	32.11
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	3427	5193	8897	1247	34.59
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	4288	6497	11132	1511	41.93
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	4442	6732	11534	1686	46.78
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	4691	7109	12181	1821	50.53
23480	Osteotomy, clavicle, with or without internal fixation;	2545	3857	6608	854	23.70
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	2690	4076	6984	991	27.50
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	2649	4014	6878	889	24.67
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	3142	4761	8158	1055	29.26
23500	Closed treatment of clavicular fracture; without manipulation	603	811	1163	225	6.24
23505	Closed treatment of clavicular fracture; with manipulation	934	1256	1801	366	10.15
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	1946	2617	3752	746	20.70
23520	Closed treatment of sternoclavicular dislocation; without manipulation	654	880	1262	242	6.72
23525	Closed treatment of sternoclavicular dislocation; with manipulation	1083	1456	2088	401	11.12
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	1595	2145	3075	590	16.38

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	1732	2330	3340	641	17.79
23540	Closed treatment of acromioclavicular dislocation; without manipulation	626	842	1208	236	6.54
23545	Closed treatment of acromioclavicular dislocation; with manipulation	963	1295	1857	356	9.89
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	1757	2363	3387	589	16.35
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	2012	2707	3880	678	18.81
23570	Closed treatment of scapular fracture; without manipulation	630	847	1214	239	6.62
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	1124	1511	2167	416	11.54
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	2594	3489	5002	1017	28.21
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	863	1161	1664	338	9.37
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	1255	1687	2419	480	13.33
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	2485	3343	4792	918	25.46
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	3706	4985	7146	1288	35.73
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	704	947	1357	276	7.65
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	1063	1430	2050	394	10.92
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	2012	2706	3879	810	22.47

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	900	1210	1735	328	9.10
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	1079	1451	2080	417	11.57
23660	Open treatment of acute shoulder dislocation	1726	2321	3328	604	16.75
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	1140	1534	2198	441	12.25
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	2391	3216	4610	909	25.21
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	1535	2064	2959	568	15.76
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	2604	3502	5021	964	26.74
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	659	886	1271	203	5.64
23800	Arthrodesis, glenohumeral joint;	2873	3864	5539	1063	29.50
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	3584	4820	6909	1326	36.80
23900	Interthoracoscaphular amputation (forequarter)	3892	5235	7505	1440	39.97
23920	Disarticulation of shoulder;	3162	4253	6096	1170	32.47
23921	Disarticulation of shoulder; secondary closure or scar revision	1312	1764	2529	485	13.47
23929	Unlisted procedure, shoulder	0	0	0	0	0.00
<b>HUMERUS (UPPER ARM) AND ELBOW</b>						
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	800	1188	2018	370	10.27
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	813	1224	2123	366	10.16
23931	Incision and drainage, upper arm or elbow area; bursa	656	987	1712	295	8.19
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	1505	2267	3931	527	14.61

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	1484	2234	3875	494	13.71
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	2288	3446	5976	741	20.56
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	292	440	763	267	7.40
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	1318	1985	3443	651	18.06
24071	Excision of tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	1039	1565	2714	422	11.70
24073	Excision of tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	1921	2893	5018	720	19.99
24075	Excision of tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	1032	1554	2695	521	14.45
24076	Excision of tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	1436	2162	3749	565	15.67
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	3001	4519	7837	1079	29.93
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	3792	5710	9903	1378	38.24
24100	Arthrotomy, elbow; with synovial biopsy only	1200	1807	3134	431	11.97
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1705	2567	4453	518	14.38
24102	Arthrotomy, elbow; with synovectomy	1959	2950	5116	639	17.73
24105	Excision of olecranon bursa	1110	1671	2899	365	10.12
24110	Excision of or curettage of bone cyst or benign tumor, humerus;	1897	2857	4954	608	16.86
24115	Excision of or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	2109	3175	5507	758	21.03
24116	Excision of or curettage of bone cyst or benign tumor, humerus; with allograft	2487	3744	6494	894	24.80

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
24120	Excision of or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	1847	2782	4824	550	15.25
24125	Excision of or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	1794	2701	4684	645	17.89
24126	Excision of or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	1857	2796	4849	667	18.52
24130	Excision of radial head	1737	2616	4537	529	14.67
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	2155	3245	5627	774	21.49
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	1824	2746	4763	656	18.19
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	1952	2940	5098	702	19.47
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	2193	3303	5728	728	20.21
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	1712	2577	4470	615	17.07
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	1869	2815	4882	647	17.94
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	3490	5256	9115	1220	33.86
24150	Radical resection of tumor, shaft or distal humerus	4495	6768	11738	1616	44.83
24152	Radical resection of tumor, radial head or neck	3845	5790	10042	1382	38.35
24155	Resection of elbow joint (arthrectomy)	2453	3694	6407	882	24.47
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	3656	5505	9547	1314	36.46
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	2028	3054	5296	753	20.89

## SURGERY – MUSCULOSKELETAL SYSTEM

<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	425	640	1110	217	6.02
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	1207	1818	3153	570	15.82
24220	Injection procedure for elbow arthrography	424	638	1106	170	4.71
24300	Manipulation, elbow, under anesthesia	1274	1919	3328	435	12.07
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	2116	3186	5526	779	21.62
24305	Tendon lengthening, upper arm or elbow, each tendon	1794	2701	4684	598	16.59
24310	Tenotomy, open, elbow to shoulder, each tendon	1633	2459	4265	484	13.43
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	2236	3367	5839	804	22.30
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	2068	3115	5402	743	20.63
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	2230	3358	5823	802	22.24
24332	Tenolysis, triceps	1771	2666	4624	636	17.66
24340	Tenodesis of biceps tendon at elbow (separate procedure)	1809	2724	4725	634	17.60
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	2188	3295	5715	772	21.42
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	2546	3833	6648	805	22.34
24343	Repair lateral collateral ligament, elbow, with local tissue	2165	3261	5655	736	20.41
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	3283	4943	8572	1133	31.45
24345	Repair medial collateral ligament, elbow, with local tissue	2153	3242	5623	730	20.25
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	3298	4966	8612	1139	31.60

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	1442	2171	3765	431	11.96
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	1602	2412	4182	542	15.05
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	2063	3106	5387	685	19.01
24360	Arthroplasty, elbow; with membrane (eg, fascial)	2601	3916	6792	935	25.94
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	2911	4383	7601	1046	29.03
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	3069	4622	8015	1103	30.61
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	4355	6558	11374	1512	41.96
24365	Arthroplasty, radial head;	1844	2777	4815	663	18.39
24366	Arthroplasty, radial head; with implant	1998	3008	5217	706	19.60
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	4484	6752	11709	1612	44.72
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	5151	7756	13451	1851	51.37
24400	Osteotomy, humerus, with or without internal fixation	2997	4513	7827	855	23.72
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	3061	4609	7994	1100	30.53
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	2867	4317	7486	1030	28.59
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	3037	4573	7932	1096	30.40
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	3240	4878	8460	1118	31.02



SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	1940	2921	5067	697	19.35
24495	Decompression fasciotomy, forearm, with brachial artery exploration	2133	3211	5569	767	21.27
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	2503	3768	6536	900	24.96
24500	Closed treatment of humeral shaft fracture; without manipulation	930	1246	1734	368	10.21
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	1340	1796	2500	514	14.27
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	2528	3389	4716	911	25.27
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	2480	3324	4627	893	24.77
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	1078	1445	2011	391	10.85
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	1758	2356	3280	637	17.68
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	2487	3333	4638	775	21.51
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	2681	3593	5001	965	26.78
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	3144	4214	5865	1079	29.95
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	899	1206	1678	335	9.29
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	1732	2322	3232	552	15.33
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	2336	3131	4357	745	20.67

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	2315	3103	4319	759	21.06
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	967	1297	1804	353	9.80
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	1786	2393	3331	569	15.80
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	2583	3461	4817	867	24.06
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	2450	3283	4570	841	23.34
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	3387	4539	6318	1126	31.23
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	3543	4749	6609	1130	31.35
24600	Treatment of closed elbow dislocation; without anesthesia	1034	1386	1929	381	10.56
24605	Treatment of closed elbow dislocation; requiring anesthesia	1280	1716	2389	490	13.59
24615	Open treatment of acute or chronic elbow dislocation	2125	2848	3964	740	20.53
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	1540	2065	2873	572	15.88
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	2455	3290	4579	699	19.39
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	411	551	767	103	2.86
24650	Closed treatment of radial head or neck fracture; without manipulation	723	969	1348	268	7.45
24655	Closed treatment of radial head or neck fracture; with manipulation	1235	1656	2305	456	12.66

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	1930	2587	3601	677	18.78
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	2108	2825	3932	760	21.09
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	796	1067	1485	298	8.28
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	1310	1756	2444	473	13.12
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	1998	2678	3727	678	18.81
24800	Arthrodesis, elbow joint; local	2689	3603	5015	857	23.79
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	3269	4382	6099	1043	28.93
24900	Amputation, arm through humerus; with primary closure	2397	3213	4471	764	21.21
24920	Amputation, arm through humerus; open, circular (guillotine)	2391	3205	4461	763	21.16
24925	Amputation, arm through humerus; secondary closure or scar revision	1843	2470	3438	588	16.31
24930	Amputation, arm through humerus; re-amputation	2514	3370	4691	802	22.25
24931	Amputation, arm through humerus; with implant	3045	4081	5679	971	26.94
24935	Stump elongation, upper extremity	3801	5094	7090	1212	33.63
24940	Cineplasty, upper extremity, complete procedure	3089	4140	5763	0	0.00
24999	Unlisted procedure, humerus or elbow	0	0	0	0	0.00
<b>FOREARM AND WRIST</b>						
25000	Incision, extensor tendon sheath, wrist (eg, de Quervain's disease)	1200	1906	3351	348	9.67
25000	Incision, extensor tendon sheath, wrist (eg, de Quervain's disease)	1208	1907	3515	350	9.70

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	1519	2398	4420	356	9.88
25020	Decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment; without debridement of nonviable muscle and/or nerve	2014	3178	5859	592	16.43
25023	Decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment; with debridement of nonviable muscle and/or nerve	3235	5105	9411	1147	31.83
25024	Decompression fasciotomy, forearm and/or wrist, flexor and extensor compartment; without debridement of nonviable muscle and/or nerve	2281	3600	6635	809	22.45
25025	Decompression fasciotomy, forearm and/or wrist, flexor and extensor compartment; with debridement of nonviable muscle and/or nerve	3398	5363	9885	1255	34.81
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	1496	2362	4353	545	15.13
25031	Incision and drainage, forearm and/or wrist; bursa	1183	1867	3442	360	10.00
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	1886	2976	5486	606	16.81
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	1907	3010	5549	582	16.14
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	347	548	1010	264	7.32
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	964	1521	2804	371	10.30
25071	Excision of tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	1172	1850	3410	441	12.23
25073	Excision of tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	1641	2591	4776	553	15.35
25075	Excision of tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	1034	1631	3007	508	14.09
25076	Excision of tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	1550	2447	4511	537	14.89
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	3008	4748	8752	916	25.43

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	3509	5538	10209	1214	33.68
25085	Capsulotomy, wrist (eg, contracture)	2137	3373	6218	465	12.90
25100	Arthrotomy, wrist joint; with biopsy	1177	1858	3425	359	9.95
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1301	2053	3784	418	11.61
25105	Arthrotomy, wrist joint; with synovectomy	1630	2573	4743	501	13.89
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	1932	3049	5621	638	17.70
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	1845	2912	5367	557	15.46
25110	Excision of lesion of tendon sheath, forearm and/or wrist	1189	1876	3459	354	9.82
25111	Excision of ganglion, wrist (dorsal or volar); primary	1088	1718	3166	332	9.21
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	1268	2002	3690	401	11.13
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, tbc, or other granulomas, rheumatoid arthritis); flexors	2605	4111	7578	786	21.80
25116	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	2199	3471	6399	622	17.25
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	1643	2592	4779	394	10.94
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	1681	2653	4891	512	14.21
25120	Excision of or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	2056	3245	5981	515	14.30
25125	Excision of 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)	2004	3163	5830	611	16.94

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25126	Excision of or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	2024	3195	5889	617	17.11
25130	Excision of or curettage of bone cyst or benign tumor of carpal bones;	1616	2550	4700	462	12.83
25135	Excision of or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	1892	2986	5503	576	15.99
25136	Excision of or curettage of bone cyst or benign tumor of carpal bones; with allograft	1663	2625	4839	507	14.06
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	1756	2771	5108	535	14.84
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	1814	2863	5277	587	16.29
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	1938	3059	5638	602	16.71
25170	Radical resection of tumor, radius or ulna	5036	7948	14652	1534	42.57
25210	Carpectomy; 1 bone	1534	2420	4462	505	14.01
25215	Carpectomy; all bones of proximal row	2188	3453	6365	640	17.76
25230	Radial styloidectomy (separate procedure)	1520	2399	4422	449	12.45
25240	Excision of distal ulna partial or complete (eg, Darrach type or matched resection)	1729	2729	5030	444	12.31
25246	Injection procedure for wrist arthrography	430	679	1251	176	4.88
25248	Exploration with removal of deep foreign body, forearm or wrist	1233	1946	3587	428	11.88
25250	Removal of wrist prosthesis; (separate procedure)	1799	2840	5235	548	15.21
25251	Removal of wrist prosthesis; complicated, including total wrist	2446	3861	7118	745	20.68
25259	Manipulation, wrist, under anesthesia	1196	1887	3478	433	12.02
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	2453	3871	7135	652	18.10
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	1860	2936	5412	649	18.02

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	2540	4009	7390	774	21.47
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	1784	2816	5191	507	14.06
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	1729	2729	5030	574	15.92
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	2267	3577	6594	691	19.16
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	2142	3381	6233	694	19.25
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	2343	3697	6815	583	16.19
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	2093	3303	6089	452	12.53
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	1909	3013	5554	545	15.11
25300	Tenodesis at wrist; flexors of fingers	2315	3654	6736	705	19.57
25301	Tenodesis at wrist; extensors of fingers	2057	3247	5985	666	18.49
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	2499	3945	7271	641	17.79
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	2389	3770	6950	744	20.64
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	2618	4132	7617	798	22.13
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	3123	4929	9086	951	26.40
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy,	3072	4849	8937	1021	28.32

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	capsulotomy and open reduction) for carpal instability					
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	3310	5225	9631	873	24.22
25335	Centralization of wrist on ulna (eg, radial club hand)	3223	5086	9375	982	27.24
25337	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	2896	4570	8425	923	25.61
25350	Osteotomy, radius; distal third	2176	3434	6330	699	19.39
25355	Osteotomy, radius; middle or proximal third	2579	4070	7503	786	21.80
25360	Osteotomy; ulna	2020	3188	5877	679	18.84
25365	Osteotomy; radius and ulna	3105	4901	9035	946	26.25
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius or ulna	3441	5432	10012	1048	29.09
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius and ulna	3256	5138	9472	992	27.52
25390	Osteoplasty, radius or ulna; shortening	2554	4030	7429	797	22.12
25391	Osteoplasty, radius or ulna; lengthening with autograft	3398	5362	9885	1035	28.72
25392	Osteoplasty, radius and ulna; shortening (excluding 64876)	3370	5320	9806	1027	28.49
25393	Osteoplasty, radius and ulna; lengthening with autograft	3819	6027	11110	1163	32.28
25394	Osteoplasty, carpal bone, shortening	2661	4199	7741	811	22.49
25400	Repair of nonunion or malunion, radius or ulna; without graft (eg, compression technique)	2627	4146	7642	833	23.12
25405	Repair of nonunion or malunion, radius or ulna; with autograft (includes obtaining graft)	3275	5169	9528	1078	29.90
25415	Repair of nonunion or malunion, radius and ulna; without graft (eg, compression technique)	3290	5193	9572	1002	27.81
25420	Repair of nonunion or malunion, radius and ulna; with autograft (includes obtaining graft)	3973	6270	11558	1210	33.58



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25425	Repair of defect with autograft; radius or ulna	3273	5166	9523	997	27.67
25426	Repair of defect with autograft; radius and ulna	3840	6061	11172	1170	32.46
25430	Insertion of vascular pedicle into carpal bone (eg, hora procedure)	2491	3932	7248	759	21.06
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	2680	4229	7796	816	22.65
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	2464	3889	7168	798	22.13
25441	Arthroplasty with prosthetic replacement; distal radius	3191	5036	9282	972	26.97
25442	Arthroplasty with prosthetic replacement; distal ulna	2748	4337	7995	837	23.23
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	2637	4162	7672	803	22.29
25444	Arthroplasty with prosthetic replacement; lunate	2810	4434	8174	856	23.75
25445	Arthroplasty with prosthetic replacement; trapezium	2358	3721	6859	749	20.78
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	4002	6317	11644	1219	33.83
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	2861	4516	8325	859	23.83
25449	Revision of arthroplasty, including removal of implant, wrist joint	3517	5551	10232	1071	29.73
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius or ulna	2100	3314	6109	640	17.75
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius and ulna	2477	3910	7207	755	20.94
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	2449	3865	7124	746	20.70
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	2523	3983	7341	769	21.33
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius and ulna	3089	4875	8987	941	26.11

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25500	Closed treatment of radial shaft fracture; without manipulation	681	902	1373	284	7.87
25505	Closed treatment of radial shaft fracture; with manipulation	1354	1793	2730	515	14.29
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	1985	2628	4001	694	19.25
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	1566	2073	3157	587	16.28
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	2402	3179	4841	818	22.69
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	2643	3498	5327	990	27.47
25530	Closed treatment of ulnar shaft fracture; without manipulation	694	918	1398	269	7.46
25535	Closed treatment of ulnar shaft fracture; with manipulation	1289	1706	2598	506	14.03
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	1881	2489	3791	645	17.91
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	754	998	1520	289	8.03
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	1472	1949	2968	530	14.72
25574	Open treatment of radial and ulnar shaft fractures, with internal fixation, when performed; of radius or ulna	1947	2577	3924	699	19.39
25575	Open treatment of radial and ulnar shaft fractures, with internal fixation, when performed; of radius and ulna	2645	3501	5331	936	25.96
25600	Closed treatment of distal radial fracture (eg, Colles or smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	859	1136	1731	339	9.40

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25605	Closed treatment of distal radial fracture (eg, Colles or smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	1556	2059	3136	557	15.45
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	1967	2604	3965	687	19.07
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	2075	2747	4183	762	21.14
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	2351	3112	4739	855	23.72
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	3040	4024	6127	1088	30.19
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	826	1093	1664	314	8.70
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	1326	1755	2672	497	13.78
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	2173	2876	4379	746	20.71
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	786	1040	1584	313	8.69
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	1262	1671	2544	473	13.12
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	1690	2236	3406	589	16.33
25650	Closed treatment of ulnar styloid fracture	830	1099	1674	332	9.20
25651	Percutaneous skeletal fixation of ulnar styloid fracture	1398	1850	2817	502	13.94
25652	Open treatment of ulnar styloid fracture	1846	2444	3722	645	17.91
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	1138	1506	2294	426	11.83
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	1712	2266	3451	627	17.40

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	1422	1882	2866	547	15.18
25675	Closed treatment of distal radioulnar dislocation with manipulation	1220	1615	2459	451	12.52
25676	Open treatment of distal radioulnar dislocation, acute or chronic	2048	2711	4128	652	18.08
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	1205	1595	2428	538	14.93
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	2209	2924	4452	763	21.17
25690	Closed treatment of lunate dislocation, with manipulation	1334	1766	2690	500	13.87
25695	Open treatment of lunate dislocation	1963	2598	3957	656	18.20
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	2202	2914	4438	758	21.02
25805	Arthrodesis, wrist; with sliding graft	2341	3098	4718	877	24.33
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	2825	3739	5693	900	24.96
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	2046	2708	4124	642	17.81
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	2524	3341	5087	790	21.93
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	2606	3450	5253	976	27.09
25900	Amputation, forearm, through radius and ulna;	1967	2604	3966	737	20.45
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	1933	2558	3896	724	20.09
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	1684	2228	3393	631	17.50
25909	Amputation, forearm, through radius and ulna; re-amputation	1891	2503	3812	709	19.66
25915	Krukenberg procedure	3254	4308	6560	1219	33.83
25920	Disarticulation through wrist;	1943	2572	3917	728	20.20
25922	Disarticulation through wrist; secondary closure or scar revision	1707	2259	3440	639	17.74

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
25924	Disarticulation through wrist; re-amputation	1870	2475	3770	701	19.44
25927	Transmetacarpal amputation;	2228	2949	4491	835	23.16
25929	Transmetacarpal amputation; secondary closure or scar revision	1654	2189	3333	620	17.19
25931	Transmetacarpal amputation; re-amputation	2052	2716	4136	769	21.33
25999	Unlisted procedure, forearm or wrist	0	0	0	0	0.00

## HAND AND FINGERS

26010	Drainage of finger abscess; simple	573	891	1588	273	7.58
26010	Drainage of finger abscess; simple	577	915	1682	279	7.74
26011	Drainage of finger abscess; complicated (eg, felon)	904	1433	2635	414	11.49
26020	Drainage of tendon sheath, digit and/or palm, each	1338	2121	3899	450	12.48
26025	Drainage of palmar bursa; single, bursa	1324	2099	3858	436	12.11
26030	Drainage of palmar bursa; multiple bursa	1528	2421	4451	508	14.09
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	1645	2608	4793	563	15.62
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	2610	4136	7604	891	24.73
26037	Decompressive fasciotomy, hand (excludes 26035)	1579	2503	4601	586	16.27
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	994	1576	2896	323	8.96
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	1486	2356	4331	486	13.49
26055	Tendon sheath incision (eg, for trigger finger)	1625	2575	4733	583	16.18
26060	Tenotomy, percutaneous, single, each digit	777	1231	2263	265	7.36
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	985	1562	2871	331	9.19
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	1225	1941	3568	346	9.59
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	1280	2029	3729	405	11.25

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26100	Arthrotomy with biopsy; carpometacarpal joint, each	1017	1612	2964	347	9.64
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	1022	1619	2976	349	9.68
26110	Arthrotomy with biopsy; interphalangeal joint, each	1005	1592	2927	333	9.25
26111	Excision of tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	1385	2196	4037	432	11.98
26113	Excision of tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	1709	2708	4978	567	15.74
26115	Excision of tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	1438	2279	4189	535	14.85
26116	Excision of tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	1625	2575	4734	545	15.13
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	2492	3950	7261	771	21.38
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	3195	5063	9308	1091	30.27
26121	Fasciectomy, palm only, with or without z-plasty, other local tissue rearrange, or skin grafting (includes obtaining graft)	2510	3979	7314	619	17.18
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without z-plasty, other local tissue rearrange, or skin grafting (includes obtaining graft);	2983	4728	8691	865	24.00
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without z-plasty, other local tissue rearrange, or skin grafting (includes obtaining graft); each additional digit (list separately in addition to code for primary procedure)	1110	1759	3233	284	7.89
26130	Synovectomy, carpometacarpal joint	1392	2206	4056	475	13.19
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	1745	2765	5083	570	15.83

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	1754	2781	5112	523	14.52
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	1900	3011	5535	532	14.75
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	1636	2592	4765	600	16.66
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	1368	2167	3984	421	11.67
26180	Excision of tendon, finger, flexor or extensor, each tendon	1439	2281	4193	461	12.78
26185	Sesamoidectomy, thumb or finger (separate procedure)	1670	2646	4864	570	15.82
26200	Excision of or curettage of bone cyst or benign tumor of metacarpal;	1480	2346	4313	466	12.92
26205	Excision of or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	1832	2904	5338	626	17.36
26210	Excision of or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	2220	3519	6469	459	12.73
26215	Excision of or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	1714	2716	4994	585	16.24
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	1482	2349	4318	516	14.32
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	1424	2257	4148	510	14.15
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	1328	2104	3868	457	12.67
26250	Radical resection of tumor, metacarpal	3256	5160	9486	1112	30.85
26260	Radical resection of tumor, proximal or middle phalanx of finger	2434	3857	7091	831	23.06
26262	Radical resection of tumor, distal phalanx of finger	1915	3036	5581	654	18.15

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26320	Removal of implant from finger or hand	1224	1940	3566	360	9.98
26340	Manipulation, finger joint, under anesthesia, each joint	1095	1542	2433	348	9.67
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	302	425	670	105	2.90
26350	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	2231	3142	4956	723	20.05
26352	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	2398	3377	5326	829	23.01
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	3076	4331	6831	822	22.81
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	2603	3665	5781	919	25.50
26358	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	2915	4105	6474	1017	28.21
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	2396	3374	5321	767	21.29
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	2596	3656	5766	898	24.91
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	2492	3509	5534	862	23.91
26390	Excision of flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	2510	3534	5574	852	23.65
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	2820	3971	6264	991	27.49
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	1734	2441	3851	572	15.88



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	1901	2677	4222	688	19.10
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	2398	3377	5326	829	23.01
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	2612	3678	5800	903	25.05
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	1924	2710	4274	586	16.25
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	2051	2887	4554	718	19.92
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	1970	2774	4375	519	14.40
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	2221	3127	4932	768	21.31
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	1493	2103	3316	504	13.99
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	1691	2381	3755	536	14.88
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	1901	2677	4222	657	18.24
26437	Realignment of extensor tendon, hand, each tendon	2070	2915	4597	633	17.57
26440	Tenolysis, flexor tendon; palm or finger, each tendon	2049	2885	4551	627	17.41
26442	Tenolysis, flexor tendon; palm and finger, each tendon	2749	3871	6105	980	27.18
26445	Tenolysis, extensor tendon, hand or finger, each tendon	1878	2645	4172	582	16.15
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	2005	2823	4453	719	19.96

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26450	Tenotomy, flexor, palm, open, each tendon	1293	1820	2871	413	11.46
26455	Tenotomy, flexor, finger, open, each tendon	1505	2120	3343	409	11.36
26460	Tenotomy, extensor, hand or finger, open, each tendon	1224	1723	2718	401	11.12
26471	Tenodesis; of proximal interphalangeal joint, each joint	2000	2817	4443	626	17.36
26474	Tenodesis; of distal joint, each joint	1768	2489	3926	611	16.96
26476	Lengthening of tendon, extensor, hand or finger, each tendon	2087	2939	4636	604	16.75
26477	Shortening of tendon, extensor, hand or finger, each tendon	1589	2237	3528	590	16.36
26478	Lengthening of tendon, flexor, hand or finger, each tendon	2206	3107	4900	628	17.42
26479	Shortening of tendon, flexor, hand or finger, each tendon	1836	2586	4078	635	17.62
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	2703	3806	6003	762	21.14
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	2594	3652	5761	855	23.72
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	2433	3426	5404	818	22.71
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	2747	3868	6101	950	26.36
26490	Opponensplasty; superficialis tendon transfer type, each tendon	2345	3302	5208	811	22.50
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	2607	3670	5789	901	25.01
26494	Opponensplasty; hypothenar muscle transfer	2348	3306	5215	812	22.53
26496	Opponensplasty; other methods	2526	3557	5611	874	24.24
26497	Transfer of tendon to restore intrinsic function; ring and small finger	2552	3594	5669	883	24.49
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	3384	4765	7516	1170	32.47

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26499	Correction claw finger, other methods	2443	3440	5426	845	23.44
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	1952	2749	4335	629	17.46
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	2042	2875	4535	722	20.04
26508	Release of thenar muscle(s) (eg, thumb contracture)	1853	2609	4115	641	17.78
26510	Cross intrinsic transfer, each tendon	1746	2458	3877	604	16.75
26516	Capsulodesis, metacarpophalangeal joint; single digit	2331	3282	5177	712	19.75
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	2421	3409	5377	837	23.23
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	2460	3463	5463	851	23.60
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	2002	2819	4446	656	18.21
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	2023	2848	4493	660	18.30
26530	Arthroplasty, metacarpophalangeal joint; each joint	1893	2666	4205	556	15.44
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	2028	2856	4505	647	17.96
26535	Arthroplasty, interphalangeal joint; each joint	1748	2462	3883	445	12.34
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	2158	3039	4794	724	20.09
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	2192	3087	4868	667	18.52
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	2456	3458	5455	814	22.58
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	2400	3380	5331	690	19.15
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	2300	3238	5107	717	19.90

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	2897	4080	6434	1014	28.13
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	2410	3393	5352	772	21.41
26550	Pollicization of a digit	4879	6870	10835	1687	46.81
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	9862	13887	21903	3410	94.63
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	9797	13795	21758	3387	93.99
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	11435	16102	25396	3954	109.7 2
26555	Transfer, finger to another position without microvascular anastomosis	4060	5718	9018	1404	38.96
26556	Transfer, free toe joint, with microvascular anastomosis	10181	14336	22612	3521	97.69
26560	Repair of syndactyly (web finger) each web space; with skin flaps	1721	2423	3821	595	16.51
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	2884	4061	6406	963	26.73
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	3979	5603	8837	1376	38.18
26565	Osteotomy; metacarpal, each	1943	2736	4316	687	19.05
26567	Osteotomy; phalanx of finger, each	2021	2845	4488	692	19.21
26568	Osteoplasty, lengthening, metacarpal or phalanx	2643	3722	5870	914	25.36
26580	Repair cleft hand	4491	6324	9974	1553	43.09
26587	Reconstruction of polydactylous digit, soft tissue and bone	3086	4346	6854	1081	30.00
26590	Repair macrodactylia, each digit	4176	5880	9275	1444	40.07
26591	Repair, intrinsic muscles of hand, each muscle	1912	2693	4248	445	12.36
26593	Release, intrinsic muscles of hand, each muscle	1891	2662	4199	610	16.92
26596	Excision of constricting ring of finger, with multiple z-plasties	2241	3155	4976	775	21.50
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	713	1004	1584	302	8.39

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	834	1174	1852	333	9.24
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	1176	1656	2611	485	13.45
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	1463	2060	3249	494	13.72
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	1669	2350	3706	595	16.52
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	981	1382	2180	387	10.74
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	1282	1805	2847	443	12.30
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	1535	2162	3410	495	13.74
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	1914	2695	4250	648	17.98
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	882	1242	1959	355	9.86
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	1366	1924	3034	472	13.11
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	1528	2152	3394	521	14.45
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	1785	2514	3965	594	16.49
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	1955	2753	4342	644	17.88
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	814	1147	1809	338	9.38
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	1099	1547	2440	432	11.98

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	1320	1859	2933	457	12.67
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	1767	2489	3925	592	16.44
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	557	785	1238	203	5.62
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	911	1283	2024	348	9.66
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	1529	2153	3396	487	13.52
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	1785	2514	3965	616	17.10
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	627	883	1393	236	6.56
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	1015	1430	2255	383	10.62
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	2183	3074	4849	769	21.34
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	504	710	1119	189	5.25
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	799	1125	1774	324	8.99
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	1256	1768	2789	432	11.98
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	1517	2136	3370	518	14.38
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	701	987	1557	286	7.94

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	884	1245	1964	396	10.99
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	1371	1930	3044	458	12.71
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	1513	2131	3361	566	15.71
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	2311	3254	5132	799	22.17
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	2112	2974	4691	738	20.49
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	2301	3240	5111	796	22.08
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	2171	3057	4821	751	20.83
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	2412	3396	5356	834	23.14
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	2357	3320	5236	702	19.49
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	2338	3293	5193	808	22.42
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	2008	2828	4460	573	15.91
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (list separately in addition to code for primary procedure)	373	525	828	107	2.98
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	2248	3165	4992	738	20.47
26863	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)	690	972	1532	239	6.62

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	2080	2928	4619	737	20.44
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	1838	2588	4082	664	18.42
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (v-y, hood)	2027	2854	4502	655	18.18
26989	Unlisted procedure, hands or fingers	0	0	0	0	0.00

**PELVIS AND HIP JOINT**

26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	1704	2540	3799	649	18.04
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	1702	2546	3805	661	18.33
26991	Incision and drainage, pelvis or hip joint area; infected bursa	1745	2610	3902	729	20.22
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	2519	3768	5633	1005	27.90
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	1343	2009	3003	421	11.68
27001	Tenotomy, adductor of hip, open	1849	2766	4135	557	15.45
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	1978	2960	4425	616	17.08
27005	Tenotomy, hip flexor(s), open (separate procedure)	2227	3333	4982	750	20.80
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	2299	3440	5141	748	20.76
27025	Fasciotomy, hip or thigh, any type	1827	2734	4086	950	26.37
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	2951	4416	6601	918	25.48
27030	Arthrotomy, hip, with drainage (eg, infection)	2687	4021	6010	974	27.02
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	2817	4215	6301	1010	28.03



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	3802	5688	8502	1183	32.82
27036	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)	3187	4768	7128	1051	29.16
27040	Biopsy, soft tissue of pelvis and hip area; superficial	559	836	1249	354	9.83
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	1450	2169	3242	725	20.11
27043	Excision of tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	1222	1829	2734	488	13.54
27045	Excision of tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	1958	2929	4378	771	21.38
27047	Excision of tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	1192	1784	2666	491	13.63
27048	Excision of tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	1511	2261	3380	634	17.60
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	4474	6693	10005	1392	38.62
27050	Arthrotomy, with biopsy; sacroiliac joint	1341	2007	3000	417	11.58
27052	Arthrotomy, with biopsy; hip joint	1922	2875	4298	598	16.59
27054	Arthrotomy with synovectomy, hip joint	1812	2711	4052	711	19.74
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	3375	5050	7549	1050	29.14
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	5155	7712	11529	1897	52.65
27060	Excision of; ischial bursa	1550	2319	3466	482	13.38
27062	Excision of; trochanteric bursa or calcification	1391	2081	3111	472	13.11
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	1731	2589	3870	538	14.94

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	2619	3919	5858	834	23.13
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	3460	5177	7738	1076	29.87
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	2859	4277	6394	889	24.68
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	2757	4125	6166	961	26.67
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	7015	10495	15689	2183	60.56
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	8491	12703	18989	2642	73.30
27077	Radical resection of tumor; innominate bone, total	9507	14223	21261	2958	82.07
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	6917	10348	15468	2152	59.71
27080	Coccygectomy, primary	1478	2211	3305	531	14.73
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	997	1492	2230	310	8.61
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	1610	2409	3602	638	17.69
27090	Removal of hip prosthesis; (separate procedure)	2186	3270	4888	863	23.94
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	4684	7007	10475	1660	46.07
27093	Injection procedure for hip arthrography; without anesthesia	539	807	1206	206	5.72
27095	Injection procedure for hip arthrography; with anesthesia	593	887	1326	275	7.62

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or ct) including arthrography when performed	602	901	1346	164	4.56
27097	Release or recession, hamstring, proximal	2274	3402	5085	707	19.63
27098	Transfer, adductor to ischium	2318	3468	5184	721	20.01
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	2742	4102	6132	853	23.67
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	2885	4317	6453	898	24.91
27110	Transfer iliopsoas; to greater trochanter of femur	3221	4820	7204	1002	27.81
27111	Transfer iliopsoas; to femoral neck	3011	4504	6733	937	25.99
27120	Acetabuloplasty; (eg, Whitman, colonna, Haygroves, or cup type)	4324	6470	9671	1345	37.33
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	3487	5217	7799	1145	31.76
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	3261	4879	7294	1179	32.71
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	4261	6375	9529	1409	39.09
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	5051	7557	11296	1742	48.33
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	5898	8825	13191	1992	55.28
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	4449	6656	9949	1531	42.48
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	4552	6810	10180	1591	44.14
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	2517	3766	5630	926	25.69
27146	Osteotomy, iliac, acetabular or innominate bone;	4734	7083	10587	1328	36.84
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	4863	7275	10875	1513	41.98

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	5349	8003	11963	1657	45.97
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	5669	8482	12678	1764	48.94
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	4609	6896	10308	1434	39.79
27161	Osteotomy, femoral neck (separate procedure)	3389	5071	7580	1261	35.00
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	5132	7679	11478	1422	39.45
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	3051	4564	6822	1219	33.82
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	2226	3331	4979	693	19.22
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	3447	5157	7709	951	26.40
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	3606	5395	8064	1122	31.13
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	3074	4600	6875	956	26.54
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	3228	4830	7220	1004	27.87
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	3656	5470	8176	1137	31.56
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	2399	3589	5365	746	20.71
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	3018	4516	6751	1033	28.65
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	400	535	719	129	3.57

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	1215	1628	2186	312	8.67
27200	Closed treatment of coccygeal fracture	523	701	941	190	5.26
27202	Open treatment of coccygeal fracture	1560	2090	2807	546	15.14
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	1854	2484	3337	649	18.00
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	3028	4056	5448	963	26.72
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	2853	3822	5134	904	25.07
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	3840	5144	6910	1248	34.63
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	1448	1940	2606	552	15.31
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	2597	3480	4674	1011	28.04
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	3182	4262	5725	1098	30.47
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	4796	6425	8630	1728	47.95

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27228	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	5704	7642	10264	1959	54.36
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	1324	1774	2383	496	13.75
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	2209	2959	3974	773	21.44
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	2871	3846	5166	945	26.23
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	3440	4608	6189	1243	34.49
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	1265	1695	2276	478	13.27
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	2843	3809	5116	995	27.60
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	3476	4656	6254	1280	35.51
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	3748	5021	6744	1279	35.49
27246	Closed treatment of greater trochanteric fracture, without manipulation	1052	1410	1894	401	11.12
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	2034	2725	3660	773	21.45
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	1428	1913	2569	186	5.17
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	2059	2758	3705	786	21.80
27253	Open treatment of hip dislocation, traumatic, without internal fixation	2559	3428	4604	980	27.18

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	3543	4746	6374	1314	36.46
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	957	1283	1723	314	8.70
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	1331	1783	2394	377	10.46
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	3298	4418	5934	1154	32.01
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	4617	6186	8309	1615	44.82
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	1252	1678	2253	415	11.52
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	1574	2109	2832	604	16.75
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	1282	1717	2306	448	12.44
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	1595	2136	2870	558	15.48
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	3481	4664	6264	1292	35.84
27275	Manipulation, hip joint, requiring general anesthesia	597	800	1075	190	5.27
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	1914	2565	3445	720	19.99
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	3319	4447	5973	1413	39.22

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27282	Arthrodesis, symphysis pubis (including obtaining graft)	2547	3412	4582	891	24.72
27284	Arthrodesis, hip joint (including obtaining graft);	4731	6338	8512	1655	45.92
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	4919	6590	8852	1721	47.75
27290	Interpelviabdominal amputation (hindquarter amputation)	4833	6474	8696	1691	46.91
27295	Disarticulation of hip	3639	4875	6548	1310	36.36
27299	Unlisted procedure, pelvis or hip joint	0	0	0	0	0.00

### FEMUR (THIGH REGION) AND KNEE JOINT

27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	1584	2331	3239	696	19.34
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	1589	2377	3279	698	19.37
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	1747	2614	3606	664	18.43
27305	Fasciotomy, iliotibial (tenotomy), open	1392	2082	2873	498	13.82
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	929	1389	1917	356	9.89
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	1489	2228	3074	498	13.81
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	2147	3212	4432	759	21.05
27323	Biopsy, soft tissue of thigh or knee area; superficial	292	437	602	285	7.91
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	1011	1513	2087	418	11.59
27325	Neurectomy, hamstring muscle	1725	2581	3561	577	16.00
27326	Neurectomy, popliteal (gastrocnemius)	1592	2381	3285	532	14.76
27327	Excision of tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	1018	1523	2102	487	13.52
27328	Excision of tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	1509	2258	3115	648	17.99



SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	3420	5115	7058	1079	29.93
27330	Arthrotomy, knee; with synovial biopsy only	1291	1931	2664	431	11.97
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	1617	2418	3337	492	13.66
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral	1991	2978	4109	665	18.46
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial and lateral	1820	2723	3757	608	16.88
27334	Arthrotomy, with synovectomy, knee; anterior or posterior	2004	2997	4136	710	19.71
27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area	2055	3074	4242	792	21.97
27337	Excision of tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	1091	1631	2251	435	12.06
27339	Excision of tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	2033	3041	4196	783	21.73
27340	Excision of prepatellar bursa	1171	1751	2417	385	10.68
27345	Excision of synovial cyst of popliteal space (eg, baker's cyst)	1657	2478	3420	498	13.82
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	1523	2278	3143	547	15.19
27350	Patellectomy or hemipatellectomy	2001	2994	4131	674	18.71
27355	Excision of or curettage of bone cyst or benign tumor of femur;	1939	2900	4001	627	17.40
27356	Excision of or curettage of bone cyst or benign tumor of femur; with allograft	2248	3363	4640	765	21.24
27357	Excision of or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	2528	3781	5217	845	23.44
27358	Excision of or curettage of bone cyst or benign tumor of femur; with internal fixation (list in addition to code for primary procedure)	867	1297	1790	290	8.04
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	2573	3849	5311	893	24.77

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	4963	7425	10245	1630	45.22
27365	Radical resection of tumor, femur or knee	5450	8153	11249	2149	59.63
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	438	655	904	146	4.06
27372	Removal of foreign body, deep, thigh region or knee area	1350	2019	2785	615	17.07
27380	Suture of infrapatellar tendon; primary	1772	2651	3658	619	17.18
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	2338	3497	4825	830	23.03
27385	Suture of quadriceps or hamstring muscle rupture; primary	2005	2999	4138	599	16.61
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	2511	3756	5183	865	23.99
27390	Tenotomy, open, hamstring, knee to hip; single tendon	1387	2074	2862	463	12.86
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	1778	2660	3670	594	16.49
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	2202	3294	4545	736	20.42
27393	Lengthening of hamstring tendon; single tendon	1583	2368	3267	529	14.68
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	1679	2512	3466	667	18.50
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	3097	4633	6392	910	25.26
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	1902	2846	3926	636	17.64
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	2839	4247	5861	949	26.33
27400	Transfer, tendon or muscle, hamstrings to femur (eg, egger's type procedure)	2138	3199	4414	715	19.83
27403	Arthrotomy with meniscus repair, knee	2012	3009	4152	665	18.44
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	2208	3302	4557	701	19.45

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	2905	4345	5995	814	22.59
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	2986	4467	6163	998	27.69
27412	Autologous chondrocyte implantation, knee	4761	7122	9826	1699	47.13
27415	Osteochondral allograft, knee, open	4022	6017	8302	1404	38.97
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	2723	4074	5621	1009	28.00
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	2458	3677	5074	860	23.85
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	2204	3297	4549	771	21.39
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	2398	3587	4949	771	21.39
27424	Reconstruction of dislocating patella; with patellectomy	2320	3470	4788	775	21.51
27425	Lateral retinacular release, open	2006	3001	4141	466	12.93
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	2290	3425	4726	738	20.49
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	3566	5335	7361	1156	32.09
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	3707	5546	7652	1300	36.07
27430	Quadricepsplasty (eg, Bennett or thompson type)	2160	3232	4459	767	21.28
27435	Capsulotomy, posterior capsular release, knee	2694	4030	5561	839	23.27
27437	Arthroplasty, patella; without prosthesis	1836	2746	3789	685	19.02
27438	Arthroplasty, patella; with prosthesis	2384	3565	4920	871	24.17
27440	Arthroplasty, knee, tibial plateau;	2472	3697	5102	826	22.92
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	2560	3830	5284	856	23.74
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	2599	3888	5365	902	25.03

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	2523	3775	5208	843	23.40
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	4110	6148	8483	1302	36.12
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	3479	5204	7181	1204	33.42
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)	4311	6448	8897	1408	39.07
27448	Osteotomy, femur, shaft or supracondylar; without fixation	2412	3609	4979	806	22.37
27450	Osteotomy, femur, shaft or supracondylar; with fixation	3249	4860	6706	1056	29.30
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	4030	6028	8318	1347	37.37
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	2754	4120	5685	973	26.99
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	2815	4211	5811	998	27.69
27465	Osteoplasty, femur; shortening (excluding 64876)	3899	5833	8048	1303	36.16
27466	Osteoplasty, femur; lengthening	4923	7364	10161	1227	34.04
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	4185	6260	8638	1399	38.81
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	3460	5175	7141	1223	33.94
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	3716	5559	7671	1313	36.42
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	2740	4099	5656	688	19.09
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	2283	3415	4712	763	21.17

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	3377	5051	6969	958	26.57
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	2514	3761	5190	697	19.35
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	4058	6070	8375	1461	40.54
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	5302	7931	10943	1828	50.73
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	3299	4935	6810	1248	34.64
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	3251	4864	6711	1172	32.51
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	1689	2526	3486	564	15.66
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	1803	2697	3722	603	16.72
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	2032	3039	4193	679	18.84
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	2168	3242	4474	724	20.10
27500	Closed treatment of femoral shaft fracture, without manipulation	1602	2149	3168	538	14.92
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	1506	2021	2980	523	14.50
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	2370	3180	4688	787	21.85
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	2262	3035	4475	830	23.04

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	3962	5316	7837	1391	38.60
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	2969	3984	5874	1011	28.04
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	1439	1930	2846	541	15.01
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	1840	2469	3639	672	18.64
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	1954	2622	3866	708	19.64
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	2978	3996	5891	1037	28.77
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	3613	4849	7148	1291	35.81
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	2999	4024	5933	1007	27.93
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	1550	2080	3066	528	14.64
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	2075	2785	4105	706	19.60
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	2724	3656	5389	927	25.73
27520	Closed treatment of patellar fracture, without manipulation	829	1112	1640	332	9.21
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	2218	2976	4387	781	21.66
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	964	1294	1908	311	8.63

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	1614	2166	3194	638	17.70
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	2605	3496	5153	934	25.92
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	3436	4610	6796	1236	34.29
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	1263	1695	2499	493	13.68
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	2672	3585	5285	845	23.44
27550	Closed treatment of knee dislocation; without anesthesia	1185	1590	2344	537	14.90
27552	Closed treatment of knee dislocation; requiring anesthesia	1578	2118	3122	651	18.05
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	2676	3590	5293	911	25.27
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	3186	4275	6302	1084	30.09
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	3630	4870	7180	1235	34.28
27560	Closed treatment of patellar dislocation; without anesthesia	868	1165	1718	378	10.50
27562	Closed treatment of patellar dislocation; requiring anesthesia	1471	1973	2909	501	13.89
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	2719	3649	5379	925	25.68
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	566	759	1120	156	4.34
27580	Arthrodesis, knee, any technique	3933	5277	7780	1499	41.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27590	Amputation, thigh, through femur, any level;	2198	2949	4348	827	22.95
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	2945	3951	5825	1002	27.81
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	1936	2598	3830	708	19.65
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	1308	1755	2587	527	14.62
27596	Amputation, thigh, through femur, any level; re- amputation	2065	2771	4085	747	20.73
27598	Disarticulation at knee	2145	2878	4243	739	20.51
27599	Unlisted procedure, femur or knee	0	0	0	0	0.00

**LEG (TIBIA AND FIBULA) AND ANKLE JOINT**

27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	1269	1735	2675	419	11.65
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	1257	1736	2689	421	11.68
27601	Decompression fasciotomy, leg; posterior compartment(s) only	1180	1630	2525	462	12.82
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	1446	1997	3093	503	13.96
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	1207	1667	2581	550	15.25
27604	Incision and drainage, leg or ankle; infected bursa	1074	1484	2298	492	13.65
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	946	1306	2023	356	9.88
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	940	1299	2011	289	8.01
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	1719	2375	3678	632	17.55
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	1946	2688	4163	675	18.74
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	1710	2361	3657	589	16.33
27613	Biopsy, soft tissue of leg or ankle area; superficial	345	476	738	259	7.19



SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	1242	1715	2656	596	16.54
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	2590	3576	5539	1066	29.57
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	4137	5713	8848	1322	36.69
27618	Excision of tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	1047	1447	2240	477	13.24
27619	Excision of tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	1427	1971	3052	480	13.33
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1490	2058	3187	469	13.00
27625	Arthrotomy, with synovectomy, ankle;	1522	2102	3256	592	16.42
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	1891	2611	4044	631	17.52
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	1335	1844	2856	575	15.95
27632	Excision of tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	1168	1613	2499	430	11.92
27634	Excision of tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	1906	2632	4077	705	19.56
27635	Excision of or curettage of bone cyst or benign tumor, tibia or fibula;	1935	2672	4139	602	16.71
27637	Excision of or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	2146	2963	4589	774	21.47
27638	Excision of or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	2352	3249	5032	795	22.05
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	2650	3660	5668	864	23.97
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	2004	2767	4285	688	19.09
27645	Radical resection of tumor; tibia	5131	7086	10974	1850	51.34
27646	Radical resection of tumor; fibula	4433	6122	9482	1599	44.36
27647	Radical resection of tumor; talus or calcaneus	2932	4049	6271	1057	29.34

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27648	Injection procedure for ankle arthrography	337	465	720	188	5.22
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	2099	2899	4490	681	18.90
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	2067	2855	4422	698	19.37
27654	Repair, secondary, Achilles tendon, with or without graft	2082	2875	4452	736	20.41
27656	Repair, fascial defect of leg	1821	2515	3894	657	18.22
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	1256	1734	2686	385	10.69
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	1412	1950	3019	490	13.59
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	1139	1573	2436	375	10.40
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	1304	1801	2790	430	11.92
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	1416	1956	3029	509	14.11
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	1807	2495	3864	622	17.27
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	1300	1795	2780	440	12.20
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	1518	2096	3247	569	15.78
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	1506	2079	3220	686	19.04
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	1791	2474	3831	566	15.70
27687	Gastrocnemius recession (eg, strayer procedure)	1328	1834	2840	471	13.07
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	1923	2656	4113	662	18.38
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus,	2185	3018	4674	773	21.46

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)					
<b>27692</b>	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (list separately in addition to code for primary procedure)	358	495	766	109	3.02
<b>27695</b>	Repair, primary, disrupted ligament, ankle; collateral	1648	2277	3526	492	13.64
<b>27696</b>	Repair, primary, disrupted ligament, ankle; both collateral ligaments	1817	2510	3887	574	15.94
<b>27698</b>	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	2017	2785	4314	661	18.34
<b>27700</b>	Arthroplasty, ankle;	1890	2610	4042	634	17.59
<b>27702</b>	Arthroplasty, ankle; with implant (total ankle)	2823	3899	6039	999	27.71
<b>27703</b>	Arthroplasty, ankle; revision, total ankle	3120	4309	6674	1153	31.98
<b>27704</b>	Removal of ankle implant	1621	2238	3466	595	16.51
<b>27705</b>	Osteotomy; tibia	2433	3360	5204	789	21.88
<b>27707</b>	Osteotomy; fibula	1172	1619	2507	415	11.51
<b>27709</b>	Osteotomy; tibia and fibula	3407	4706	7288	1213	33.65
<b>27712</b>	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	3161	4365	6761	1140	31.63
<b>27715</b>	Osteoplasty, tibia and fibula, lengthening or shortening	4185	5779	8950	1113	30.88
<b>27720</b>	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	2631	3633	5627	908	25.19
<b>27722</b>	Repair of nonunion or malunion, tibia; with sliding graft	2560	3536	5476	923	25.62
<b>27724</b>	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	3575	4937	7646	1315	36.49
<b>27725</b>	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	3507	4843	7500	1265	35.09
<b>27726</b>	Repair of fibula nonunion and/or malunion with internal fixation	2874	3969	6147	999	27.71
<b>27727</b>	Repair of congenital pseudarthrosis, tibia	2907	4015	6218	1048	29.09
<b>27730</b>	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	1690	2334	3614	609	16.91

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	1291	1783	2762	466	12.92
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	1892	2613	4046	682	18.93
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	2042	2820	4367	736	20.43
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	2243	3097	4796	809	22.44
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	2378	3284	5085	783	21.74
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	1041	1437	2226	356	9.87
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	1540	2127	3295	554	15.36
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	1781	2460	3810	599	16.61
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	2599	3590	5560	927	25.73
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	2920	4033	6246	1039	28.82
27760	Closed treatment of medial malleolus fracture; without manipulation	855	1180	1828	342	9.50
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	1502	2075	3213	491	13.63
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	1853	2560	3964	629	17.45
27767	Closed treatment of posterior malleolus fracture; without manipulation	710	981	1519	291	8.08
27768	Closed treatment of posterior malleolus fracture; with manipulation	1266	1749	2708	457	12.67

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	2015	2782	4309	758	21.02
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	768	1060	1642	314	8.71
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	1105	1526	2364	443	12.30
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	1913	2642	4092	742	20.60
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	828	1144	1772	323	8.97
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	1118	1544	2392	436	12.10
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	1940	2679	4149	674	18.69
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	880	1215	1881	343	9.53
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	1422	1964	3041	483	13.39
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	2292	3165	4902	798	22.15
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	851	1175	1820	334	9.27
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	1428	1972	3055	501	13.91
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	2514	3472	5377	891	24.72
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	2907	4015	6218	1010	28.02

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	904	1249	1934	325	9.02
27825	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	1536	2121	3284	566	15.70
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	2249	3106	4810	874	24.24
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	3227	4457	6903	1144	31.74
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	3741	5167	8002	1365	37.87
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	1911	2639	4087	721	20.00
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	1093	1510	2338	394	10.94
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	1157	1598	2475	417	11.58
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	2170	2996	4640	782	21.71
27840	Closed treatment of ankle dislocation; without anesthesia	1054	1455	2253	386	10.71
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	1323	1827	2829	507	14.07
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	2000	2762	4277	747	20.72
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	2283	3153	4884	829	23.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	599	828	1282	177	4.92
27870	Arthrodesis, ankle, open	2982	4119	6378	1065	29.56
27871	Arthrodesis, tibiofibular joint, proximal or distal	2035	2810	4352	714	19.80
27880	Amputation, leg, through tibia and fibula;	2366	3267	5060	948	26.30
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	2279	3147	4874	897	24.90
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	1769	2443	3784	620	17.20
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	1587	2192	3395	592	16.42
27886	Amputation, leg, through tibia and fibula; re-amputation	1951	2694	4172	681	18.89
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	1905	2631	4074	687	19.06
27889	Ankle disarticulation	1969	2719	4212	672	18.64
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	1578	2179	3375	571	15.84
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	1754	2422	3751	632	17.55
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	2395	3307	5122	877	24.33
27899	Unlisted procedure, leg or ankle	0	0	0	0	0.00
<b>FOOT AND TOES</b>						
28001	Incision and drainage, bursa, foot	359	536	1035	286	7.95
28001	Incision and drainage, bursa, foot	348	517	996	289	8.03
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	902	1340	2582	461	12.79
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	1254	1862	3589	726	20.14

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	1256	1865	3594	599	16.62
28008	Fasciotomy, foot and/or toe	956	1420	2737	451	12.51
28010	Tenotomy, percutaneous, toe; single tendon	513	762	1469	241	6.69
28011	Tenotomy, percutaneous, toe; multiple tendons	657	975	1879	329	9.14
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	1242	1845	3556	562	15.59
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	1053	1563	3013	506	14.05
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	805	1195	2304	474	13.14
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	1468	2180	4201	551	15.29
28039	Excision of tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	1260	1871	3605	519	14.39
28041	Excision of tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	1201	1784	3439	471	13.08
28043	Excision of tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	775	1151	2219	414	11.49
28045	Excision of tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	1017	1511	2912	513	14.23
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	1505	2235	4308	750	20.82
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	2031	3016	5813	1088	30.18
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	950	1410	2718	441	12.25
28052	Arthrotomy with biopsy; metatarsophalangeal joint	992	1473	2840	461	12.80
28054	Arthrotomy with biopsy; interphalangeal joint	840	1248	2405	391	10.84
28055	Neurectomy, intrinsic musculature of foot	900	1337	2576	396	11.00
28060	Fasciectomy, plantar fascia; partial (separate procedure)	1145	1700	3277	542	15.03
28062	Fasciectomy, plantar fascia; radical (separate procedure)	1275	1893	3649	608	16.87



SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	1260	1871	3605	558	15.47
28072	Synovectomy; metatarsophalangeal joint, each	1208	1794	3459	509	14.13
28080	Excision of interdigital (Morton) neuroma, single, each	1159	1721	3317	547	15.19
28086	Synovectomy, tendon sheath, foot; flexor	1087	1615	3112	567	15.73
28088	Synovectomy, tendon sheath, foot; extensor	1013	1504	2899	470	13.04
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	1000	1485	2862	490	13.59
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	956	1420	2736	444	12.32
28100	Excision of or curettage of bone cyst or benign tumor, talus or calcaneus;	1604	2382	4591	637	17.68
28102	Excision of or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	1351	2006	3867	628	17.43
28103	Excision of or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	1077	1599	3081	405	11.25
28104	Excision of or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	2096	3113	6001	555	15.41
28106	Excision of or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	957	1421	2738	445	12.34
28107	Excision of or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	1153	1713	3301	536	14.88
28108	Excision of or curettage of bone cyst or benign tumor, phalanges of foot	1594	2367	4562	459	12.74
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	1112	1652	3184	485	13.45
28111	Ostectomy, complete excision; first metatarsal head	1030	1530	2948	510	14.14
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	1183	1757	3387	509	14.11
28113	Ostectomy, complete excision; fifth metatarsal head	1254	1862	3589	613	17.02

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	2345	3483	6713	1108	30.74
28116	Ostectomy, excision of tarsal coalition	1856	2756	5312	795	22.06
28118	Ostectomy, calcaneus;	1424	2114	4075	623	17.28
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	1312	1949	3756	545	15.13
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	1500	2227	4292	705	19.57
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	1325	1968	3793	622	17.27
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	984	1461	2816	498	13.83
28126	Resection, partial or complete, phalangeal base, each toe	779	1156	2229	412	11.43
28130	Talectomy (astragalectomy)	1537	2282	4399	662	18.36
28140	Metatarsectomy	1255	1864	3593	616	17.10
28150	Phalangectomy, toe, each toe	836	1242	2394	441	12.25
28153	Resection, condyle(s), distal end of phalanx, each toe	854	1268	2444	431	11.96
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	948	1407	2712	434	12.05
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	2496	3707	7144	1160	32.20
28173	Radical resection of tumor; metatarsal	1652	2453	4728	768	21.31
28175	Radical resection of tumor; phalanx of toe	1062	1577	3040	494	13.70
28190	Removal of foreign body, foot; subcutaneous	546	897	1904	265	7.35
28192	Removal of foreign body, foot; deep	917	1507	3199	488	13.53
28193	Removal of foreign body, foot; complicated	1054	1732	3678	554	15.38
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	1193	1960	4162	514	14.27

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	1205	1980	4204	631	17.51
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	1158	1902	4040	501	13.91
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	1519	2496	5299	614	17.04
28220	Tenolysis, flexor, foot; single tendon	900	1478	3139	472	13.09
28222	Tenolysis, flexor, foot; multiple tendons	914	1502	3189	539	14.95
28225	Tenolysis, extensor, foot; single tendon	971	1595	3387	438	12.16
28226	Tenolysis, extensor, foot; multiple tendons	1371	2253	4783	638	17.69
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	799	1313	2788	454	12.59
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	791	1299	2759	403	11.19
28234	Tenotomy, open, extensor, foot or toe, each tendon	856	1407	2988	426	11.82
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	1587	2607	5536	697	19.34
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	762	1251	2657	476	13.20
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	1203	1977	4199	601	16.69
28260	Capsulotomy, midfoot; medial release only (separate procedure)	1334	2192	4656	715	19.84
28261	Capsulotomy, midfoot; with tendon lengthening	2299	3777	8022	1070	29.69
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	4026	6615	14047	1457	40.42
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	2255	3705	7869	1049	29.10
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1008	1655	3516	514	14.27
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	603	991	2104	409	11.34

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	1200	1972	4188	536	14.87
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	1240	2038	4328	559	15.50
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-mora type procedure)	979	1608	3415	468	12.98
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	1399	2298	4880	634	17.60
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	1652	2714	5764	759	21.06
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	1696	2786	5916	757	21.01
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	1810	2974	6315	770	21.37
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	2057	3379	7176	995	27.60
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	1918	3151	6692	949	26.32
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	2001	3287	6981	1091	30.27
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	1718	2822	5993	884	24.52
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	2299	3778	8023	1052	29.19
28300	Osteotomy; calcaneus (eg, Dwyer or chambers type procedure), with or without internal fixation	1922	3158	6706	675	18.72
28302	Osteotomy; talus	1594	2619	5562	741	20.57
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	1857	3051	6480	854	23.69

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, fowler type)	1863	3061	6501	685	19.02
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	1497	2460	5223	637	17.68
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	1365	2242	4761	670	18.59
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	1329	2183	4636	592	16.44
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	2545	4181	8878	921	25.56
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	1206	1982	4208	567	15.74
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	1215	1997	4240	524	14.54
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	1262	2074	4403	542	15.04
28315	Sesamoidectomy, first toe (separate procedure)	1055	1733	3681	502	13.93
28320	Repair, nonunion or malunion; tarsal bones	1693	2782	5908	633	17.56
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	1801	2960	6285	817	22.68
28340	Reconstruction, toe, macrodactyly; soft tissue resection	1293	2124	4510	601	16.68
28341	Reconstruction, toe, macrodactyly; requiring bone resection	1499	2463	5230	697	19.34
28344	Reconstruction, toe(s); polydactyly	1231	2022	4294	445	12.34
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	1511	2483	5273	543	15.08
28360	Reconstruction, cleft foot	2435	4001	8496	1132	31.42
28400	Closed treatment of calcaneal fracture; without manipulation	658	901	1321	256	7.09

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28405	Closed treatment of calcaneal fracture; with manipulation	903	1237	1813	405	11.23
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	1491	2042	2994	546	15.16
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	3012	4123	6046	1159	32.16
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	3186	4362	6396	1323	36.70
28430	Closed treatment of talus fracture; without manipulation	629	862	1264	245	6.81
28435	Closed treatment of talus fracture; with manipulation	756	1035	1517	376	10.43
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	1128	1544	2264	468	12.99
28445	Open treatment of talus fracture, includes internal fixation, when performed	2766	3787	5553	1091	30.27
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	3055	4183	6133	1268	35.19
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	572	784	1149	219	6.09
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	604	827	1213	298	8.28
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	803	1099	1612	333	9.25
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	1663	2277	3338	655	18.17
28470	Closed treatment of metatarsal fracture; without manipulation, each	569	779	1142	226	6.26
28475	Closed treatment of metatarsal fracture; with manipulation, each	604	827	1212	265	7.35
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	1000	1370	2008	364	10.11
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	1460	1999	2930	564	15.66
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	363	497	729	148	4.12

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	401	549	805	185	5.13
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	1015	1390	2038	478	13.26
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	1435	1965	2881	691	19.17
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	308	422	619	126	3.51
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	376	514	754	168	4.67
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	1234	1690	2478	593	16.45
28530	Closed treatment of sesamoid fracture	303	415	609	120	3.34
28531	Open treatment of sesamoid fracture, with or without internal fixation	855	1171	1717	355	9.85
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	483	661	969	200	5.56
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	745	1020	1495	309	8.58
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	1447	1981	2905	601	16.67
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	2002	2742	4020	897	24.90
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	568	777	1140	236	6.54
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	918	1258	1844	381	10.58
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	978	1338	1962	406	11.26
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	2001	2739	4016	902	25.04
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	421	577	846	226	6.26
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	825	1129	1656	342	9.50

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	1212	1660	2433	405	11.25
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	2036	2787	4087	839	23.29
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	388	531	779	162	4.49
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	437	598	877	183	5.08
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	762	1044	1531	333	9.25
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	1363	1867	2737	684	18.97
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	415	568	833	122	3.38
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	403	552	810	160	4.45
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	418	572	839	163	4.53
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	1357	1857	2723	593	16.45
28705	Arthrodesis; pantalar	3214	4400	6451	1281	35.54
28715	Arthrodesis; triple	2797	3829	5614	977	27.11
28725	Arthrodesis; subtalar	2251	3083	4520	809	22.46
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	2146	2938	4308	762	21.15
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	1991	2726	3997	809	22.45
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-Cuneiform (eg, miller type procedure)	2005	2745	4025	722	20.03
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	1908	2612	3830	876	24.32
28750	Arthrodesis, great toe; metatarsophalangeal joint	2089	2860	4193	834	23.13



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
28755	Arthrodesis, great toe; interphalangeal joint	1269	1737	2547	531	14.74
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	1802	2467	3617	825	22.88
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	1327	1817	2664	555	15.39
28805	Amputation, foot; transmetatarsal	1683	2304	3378	754	20.93
28810	Amputation, metatarsal, with toe, single	1096	1500	2200	445	12.36
28820	Amputation, toe; metatarsophalangeal joint	1159	1587	2327	583	16.18
28825	Amputation, toe; interphalangeal joint	1135	1554	2279	558	15.49
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	704	964	1414	336	9.32
28899	Unlisted procedure, foot or toes	0	0	0	0	0.00
<b>APPLICATION OF CASTS AND STRAPPING</b>						
29000	Application of halo type body cast (see 20661-20663 for insertion)	959	1272	1793	362	10.05
29000	Application of halo type body cast (see 20661-20663 for insertion)	965	1299	1819	357	9.90
29010	Application of Risser jacket, localizer, body; only	653	879	1230	279	7.73
29015	Application of Risser jacket, localizer, body; including head	811	1092	1529	300	8.32
29035	Application of body cast, shoulder to hips;	706	950	1330	261	7.24
29040	Application of body cast, shoulder to hips; including head, Minerva type	808	1088	1523	299	8.29
29044	Application of body cast, shoulder to hips; including 1 thigh	792	1066	1492	293	8.12
29046	Application of body cast, shoulder to hips; including both thighs	869	1170	1637	321	8.91
29049	Application, cast; figure-of-eight	275	370	518	102	2.82
29055	Application, cast; shoulder spica	1073	1444	2022	226	6.28
29058	Application, cast; plaster Velpeau	342	461	645	126	3.51

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29065	Application, cast; shoulder to hand (long arm)	269	362	506	98	2.72
29075	Application, cast; elbow to finger (short arm)	228	308	431	89	2.46
29085	Application, cast; hand and lower forearm (gauntlet)	242	325	455	97	2.70
29086	Application, cast; finger (eg, contracture)	147	198	278	81	2.24
29105	Application of long arm splint (shoulder to hand)	270	363	509	84	2.33
29125	Application of short arm splint (forearm to hand); static	188	253	355	66	1.83
29126	Application of short arm splint (forearm to hand); dynamic	171	230	322	79	2.18
29130	Application of finger splint; static	110	148	208	42	1.17
29131	Application of finger splint; dynamic	120	162	227	53	1.46
29200	Strapping; thorax	80	108	151	33	0.91
29240	Strapping; shoulder (eg, Velpeau)	81	109	153	31	0.87
29260	Strapping; elbow or wrist	80	108	152	31	0.85
29280	Strapping; hand or finger	85	115	160	31	0.87
29305	Application of hip spica cast; 1 leg	631	846	1225	253	7.02
29325	Application of hip spica cast; 1 and one-half spica or both legs	756	1013	1466	279	7.75
29345	Application of long leg cast (thigh to toes);	361	485	701	139	3.85
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	402	539	780	145	4.03
29358	Application of long leg cast brace	574	770	1115	164	4.54
29365	Application of cylinder cast (thigh to ankle)	315	423	612	126	3.49
29405	Application of short leg cast (below knee to toes);	231	309	448	83	2.30
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	240	322	467	79	2.20
29435	Application of patellar tendon bearing (ptb) cast	312	418	605	121	3.35
29440	Adding walker to previously applied cast	107	143	207	45	1.24
29445	Application of rigid total contact leg cast	280	375	543	134	3.73

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29450	Application of clubfoot cast with molding or manipulation, long or short leg	378	506	733	150	4.15
29505	Application of long leg splint (thigh to ankle or toes)	255	342	495	88	2.43
29515	Application of short leg splint (calf to foot)	198	266	385	73	2.03
29520	Strapping; hip	100	134	194	35	0.97
29530	Strapping; knee	80	107	156	31	0.86
29540	Strapping; ankle and/or foot	69	93	134	30	0.82
29550	Strapping; toes	55	74	107	20	0.55
29580	Strapping; unna boot	109	146	212	64	1.78
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	146	195	283	89	2.47
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	91	122	177	83	2.29
29700	Removal or bivalving; gauntlet, boot or body cast	167	224	324	66	1.82
29705	Removal or bivalving; full arm or full leg cast	201	269	390	67	1.85
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	302	405	586	126	3.51
29720	Repair of spica, body cast or jacket	207	278	403	87	2.41
29730	Windowing of cast	147	197	285	65	1.79
29740	Wedging of cast (except clubfoot casts)	232	311	450	102	2.82
29750	Wedging of clubfoot cast	259	348	503	111	3.07
29799	Unlisted procedure, casting or strapping	0	0	0	0	0.00
<b>ENDOSCOPY/ARTHROSCOPY</b>						
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	2002	3448	6238	548	15.21
29804	Arthroscopy, temporomandibular joint, surgical	3421	5891	10658	664	18.43
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	1374	2365	4280	489	13.57
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	3366	5795	10485	1101	30.56
29807	Arthroscopy, shoulder, surgical; repair of slap lesion	3277	5642	10208	1077	29.88

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	2101	3617	6545	608	16.88
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	1904	3279	5933	553	15.35
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	1899	3269	5915	607	16.84
29822	Arthroscopy, shoulder, surgical; debridement, limited	1983	3414	6178	589	16.35
29823	Arthroscopy, shoulder, surgical; debridement, extensive	2445	4210	7617	641	17.78
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	2225	3831	6931	691	19.17
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	2012	3464	6268	598	16.60
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)	1754	3021	5466	183	5.07
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	3415	5879	10638	1094	30.36
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	2884	4965	8984	942	26.15
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	1722	2965	5364	471	13.08
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	1960	3374	6105	503	13.97
29835	Arthroscopy, elbow, surgical; synovectomy, partial	1765	3038	5497	522	14.48
29836	Arthroscopy, elbow, surgical; synovectomy, complete	2124	3657	6617	593	16.45
29837	Arthroscopy, elbow, surgical; debridement, limited	2069	3562	6445	544	15.09
29838	Arthroscopy, elbow, surgical; debridement, extensive	2290	3942	7133	610	16.93
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	1594	2745	4966	466	12.94

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	1830	3151	5700	501	13.90
29844	Arthroscopy, wrist, surgical; synovectomy, partial	1822	3137	5677	515	14.28
29845	Arthroscopy, wrist, surgical; synovectomy, complete	2002	3447	6237	598	16.60
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	2327	4007	7250	540	14.97
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	2806	4832	8742	555	15.41
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	1960	3376	6107	530	14.71
29850	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)	2360	4064	7353	646	17.93
29851	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)	2819	4854	8783	965	26.78
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	2421	4168	7541	813	22.56
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	3761	6476	11717	1030	28.57
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	1906	3282	5938	686	19.04
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	2507	4316	7810	743	20.63
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	2557	4403	7967	835	23.16
29863	Arthroscopy, hip, surgical; with synovectomy	2409	4149	7506	836	23.20

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	3255	5604	10139	1093	30.33
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	4169	7177	12986	1324	36.74
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	5810	10004	18101	1744	48.40
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1455	2505	4533	592	16.43
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	1645	2832	5123	534	14.82
29873	Arthroscopy, knee, surgical; with lateral release	1869	3218	5823	546	15.14
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	2132	3672	6643	556	15.44
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	1908	3284	5943	514	14.26
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	2669	4596	8315	681	18.91
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	2158	3716	6724	645	17.89
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	2546	4383	7931	687	19.06
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	3225	5552	10046	582	16.16
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	2609	4493	8129	561	15.57
29882	Arthroscopy, knee, surgical; with meniscus repair (medial or lateral)	2686	4625	8369	724	20.10

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29883	Arthroscopy, knee, surgical; with meniscus repair (medial and lateral)	3180	5476	9907	878	24.37
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	2214	3812	6898	636	17.65
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	2534	4363	7893	772	21.42
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	2434	4191	7583	662	18.37
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	2488	4283	7750	775	21.51
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	3401	5856	10596	1022	28.35
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	4021	6923	12526	1271	35.26
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	2239	3855	6975	697	19.33
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	2154	3709	6711	679	18.85
29893	Endoscopic plantar fasciotomy	1387	2387	4320	645	17.89
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	2041	3514	6358	512	14.21
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	1754	3021	5466	486	13.48
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	1871	3221	5828	522	14.48
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	2098	3612	6536	583	16.18
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	3302	5686	10288	1074	29.80
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	1885	3246	5873	516	14.32

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	2014	3468	6275	551	15.30
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stener lesion)	2155	3710	6713	590	16.37
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	2393	4121	7456	655	18.18
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	2099	3614	6540	538	14.92
29906	Arthroscopy, subtalar joint, surgical; with debridement	2165	3728	6746	703	19.50
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	3319	5714	10339	909	25.21
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	2914	5017	9078	1020	28.31
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	3186	5485	9925	1052	29.19
29916	Arthroscopy, hip, surgical; with labral repair	2982	5134	9289	1049	29.10
29999	Unlisted procedure, arthroscopy	0	0	0	0	0.00



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>RESPIRATORY SYSTEM</b>						
<b>NOSE</b>						
30000	Drainage abscess or hematoma, nasal, internal approach	456	645	989	246	6.83
30020	Drainage abscess or hematoma, nasal septum	473	669	1027	249	6.90
30100	Biopsy, intranasal	288	408	626	144	4.00
30110	Excision of nasal polyp(s), simple	485	687	1053	240	6.65
30115	Excision of nasal polyp(s), extensive	1007	1424	2185	449	12.47
30117	Excision of or destruction (eg, laser), intranasal lesion; internal approach	1810	2560	3928	924	25.65
30118	Excision of or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	2089	2954	4532	798	22.14
30120	Excision of or surgical planing of skin of nose for rhinophyma	1507	2131	3270	529	14.68
30124	Excision of dermoid cyst, nose; simple, skin, subcutaneous	773	1093	1677	295	8.19
30125	Excision of dermoid cyst, nose; complex, under bone or cartilage	1658	2344	3597	633	17.57
30130	Excision of inferior turbinate, partial or complete, any method	1104	1562	2396	397	11.02
30140	Submucous resection inferior turbinate, partial or complete, any method	1425	2015	3091	285	7.92
30150	Rhinectomy; partial	2082	2945	4518	795	22.07
30160	Rhinectomy; total	2095	2962	4544	800	22.20
30200	Injection into turbinate(s), therapeutic	208	293	450	115	3.18
30210	Displacement therapy (Proetz type)	301	425	653	153	4.25
30220	Insertion, nasal septal prosthesis (button)	569	804	1234	310	8.60
30300	Removal foreign body, intranasal; office type procedure	484	684	1050	190	5.26
30310	Removal foreign body, intranasal; requiring general anesthesia	575	813	1248	208	5.77
30320	Removal foreign body, intranasal; by lateral rhinotomy	1229	1739	2667	470	13.03
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	2831	4004	6142	1116	30.98

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	3548	5017	7697	1289	35.78
30420	Rhinoplasty, primary; including major septal repair	4274	6044	9272	1421	39.42
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	2570	3635	5576	982	27.24
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	3188	4509	6917	1218	33.79
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	4872	6890	10570	1619	44.91
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	2705	3825	5869	847	23.51
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	4882	6905	10593	1629	45.19
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	2821	3990	6121	1014	28.13
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	1927	2725	4181	650	18.04
30540	Repair choanal atresia; intranasal	2271	3212	4927	715	19.85
30545	Repair choanal atresia; transpalatine	2561	3621	5556	978	27.14
30560	Lysis intranasal synechia	549	776	1191	287	7.96
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	1814	2565	3935	661	18.33
30600	Repair fistula; oronasal	1787	2528	3878	584	16.20
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	1721	2434	3734	657	18.24
30630	Repair nasal septal perforations	1845	2609	4003	651	18.07
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	502	709	1088	228	6.32
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or	660	933	1432	289	8.03

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	tissue volume reduction); intramural (ie, submucosal)					
<b>30901</b>	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	247	350	536	141	3.91
<b>30903</b>	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	471	666	1022	222	6.16
<b>30905</b>	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	594	841	1290	337	9.36
<b>30906</b>	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	580	820	1258	353	9.79
<b>30915</b>	Ligation arteries; ethmoidal	1560	2206	3384	596	16.53
<b>30920</b>	Ligation arteries; internal maxillary artery, transantral	2267	3206	4919	866	24.03
<b>30930</b>	Fracture nasal inferior turbinate(s), therapeutic	446	631	968	124	3.43
<b>30999</b>	Unlisted procedure, nose	0	0	0	0	0.00

### ACCESSORY SINUSES

<b>31000</b>	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	301	424	646	185	5.15
<b>31002</b>	Lavage by cannulation; sphenoid sinus	511	723	1110	194	5.39
<b>31020</b>	Sinusotomy, maxillary (antrotomy); intranasal	1081	1528	2344	493	13.69
<b>31030</b>	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	1894	2678	4109	690	19.14
<b>31032</b>	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	1828	2585	3966	595	16.52
<b>31040</b>	Pterygomaxillary fossa surgery, any approach	2081	2944	4516	795	22.06
<b>31050</b>	Sinusotomy, sphenoid, with or without biopsy;	1315	1860	2854	502	13.94
<b>31051</b>	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	1758	2486	3814	671	18.63
<b>31070</b>	Sinusotomy frontal; external, simple (trephine operation)	1195	1691	2594	457	12.67
<b>31075</b>	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, lynch type)	2119	2997	4598	809	22.46

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	2788	3943	6049	1065	29.55
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	3398	4806	7373	1147	31.83
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	3101	4386	6729	1185	32.87
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	3627	5129	7869	1230	34.12
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	3035	4293	6585	1159	32.17
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	2914	4122	6323	1113	30.89
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	2234	3159	4847	1070	29.68
31200	Ethmoidectomy; intranasal, anterior	1173	1659	2546	603	16.74
31201	Ethmoidectomy; intranasal, total	2154	3046	4673	774	21.48
31205	Ethmoidectomy; extranasal, total	2497	3531	5418	941	26.11
31225	Maxillectomy; without orbital exenteration	5355	7573	11618	1903	52.80
31230	Maxillectomy; with orbital exenteration (en bloc)	5505	7786	11944	2103	58.35
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	452	536	705	205	5.69
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	476	565	743	267	7.41
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	361	428	563	305	8.47
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	700	830	1092	262	7.26
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	725	861	1132	258	7.17
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	2512	2980	3918	633	17.57
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	614	729	958	164	4.56

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	1053	1250	1643	463	12.84
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	3817	4529	5955	520	14.44
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	1576	1870	2459	425	11.78
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	2357	2797	3677	336	9.33
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	1482	1758	2312	187	5.19
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	2722	3230	4247	464	12.88
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	3268	3877	5098	492	13.64
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	1899	2254	2963	276	7.65
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	2107	2500	3287	394	10.92
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	1598	1897	2494	209	5.80
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	2083	2471	3249	243	6.75
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	3486	4137	5439	1182	32.81
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	3655	4337	5703	1260	34.95
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	2993	3551	4669	1022	28.36
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	2527	2999	3943	1110	30.81
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	2894	3434	4515	1271	35.28

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	4366	5181	6812	2005	55.63
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	5707	6772	8903	2031	56.36
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	5077	6025	7921	1990	55.23
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	9259	10987	14445	3842	106.61
31299	Unlisted procedure, accessory sinuses	0	0	0	0	0.00

**LARYNX**

31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	3684	5017	6723	1320	36.62
31360	Laryngectomy; total, without radical neck dissection	6066	8260	11068	2155	59.80
31365	Laryngectomy; total, with radical neck dissection	6425	8748	11723	2660	73.82
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	6362	8663	11608	2279	63.23
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	7066	9622	12893	2531	70.23
31370	Partial laryngectomy (hemilaryngectomy); horizontal	5982	8146	10916	2143	59.46
31375	Partial laryngectomy (hemilaryngectomy); lateroververtical	5669	7719	10343	2030	56.34
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	5596	7620	10211	2004	55.62
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	6139	8360	11202	2199	61.02
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	8240	11221	15035	2952	81.90
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	8695	11840	15865	3114	86.42
31400	Arytenoidectomy or arytenoidopexy, external approach	2829	3853	5162	1013	28.12
31420	Epiglottidectomy	2372	3231	4329	850	23.58

SURGERY – RESPIRATORY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31500	Intubation, endotracheal, emergency procedure	549	747	1001	147	4.07
31502	Tracheotomy tube change prior to establishment of fistula tract	130	177	237	36	1.01
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	178	242	324	86	2.40
31510	Laryngoscopy, indirect; with biopsy	605	823	1103	217	6.01
31511	Laryngoscopy, indirect; with removal of foreign body	605	823	1103	217	6.01
31512	Laryngoscopy, indirect; with removal of lesion	596	811	1087	213	5.92
31513	Laryngoscopy, indirect; with vocal cord injection	436	593	795	136	3.76
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	736	1002	1343	209	5.79
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	615	837	1122	161	4.48
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	552	752	1008	257	7.12
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	708	964	1292	162	4.49
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	561	764	1024	201	5.58
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	477	649	870	149	4.13
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	541	736	986	167	4.62
31530	Laryngoscopy, direct, operative, with foreign body removal;	677	922	1236	206	5.71
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	792	1078	1445	219	6.08
31535	Laryngoscopy, direct, operative, with biopsy;	676	920	1233	195	5.42
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	842	1147	1537	218	6.04
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	1016	1383	1853	249	6.91

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	1150	1566	2098	272	7.55
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	1197	1629	2183	374	10.39
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	1587	2161	2895	568	15.77
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	4145	5645	7564	1485	41.20
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	4172	5682	7613	1495	41.47
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	4554	6201	8309	1631	45.26
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	4765	6489	8694	1707	47.36
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	903	1229	1647	323	8.97
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	1308	1781	2387	354	9.82
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	882	1201	1609	347	9.63
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	995	1355	1816	257	7.14
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	1097	1493	2001	519	14.41
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	696	947	1269	274	7.61



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	2195	2988	4004	1038	28.79
31575	Laryngoscopy, flexible; diagnostic	285	388	520	119	3.31
31576	Laryngoscopy, flexible; with biopsy(ies)	619	843	1130	272	7.54
31577	Laryngoscopy, flexible; with removal of foreign body(s)	794	1081	1448	284	7.89
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	929	1266	1696	310	8.59
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	521	709	951	188	5.23
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	3600	4902	6569	1289	35.78
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	3990	5434	7281	1429	39.66
31587	Laryngoplasty, cricoid split, without graft placement	3339	4547	6093	1196	33.19
31590	Laryngeal reinnervation by neuromuscular pedicle	2522	3435	4602	904	25.07
31591	Laryngoplasty, medialization, unilateral	3294	4485	6010	1084	30.08
31592	Cricotracheal resection	4954	6746	9040	1775	49.24
31599	Unlisted procedure, larynx	0	0	0	0	0.00
<b>TRACHEA AND BRONCHI</b>						
31600	Tracheostomy, planned (separate procedure);	1083	1490	2099	321	8.91
31601	Tracheostomy, planned (separate procedure); younger than 2 years	1092	1503	2118	468	12.98
31603	Tracheostomy, emergency procedure; transtracheal	713	982	1383	336	9.31
31605	Tracheostomy, emergency procedure; cricothyroid membrane	722	993	1399	346	9.61
31610	Tracheostomy, fenestration procedure with skin flaps	2035	2800	3945	982	27.24
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-singer prosthesis)	1593	2192	3088	549	15.22

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	207	285	401	86	2.39
31613	Tracheostoma revision; simple, without flap rotation	1305	1796	2530	457	12.67
31614	Tracheostoma revision; complex, with flap rotation	2204	3032	4272	759	21.06
31615	Tracheobronchoscopy through established tracheostomy incision	478	658	927	174	4.83
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	646	889	1252	247	6.84
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	553	760	1071	271	7.51
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	602	828	1167	256	7.10
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	624	859	1210	346	9.59
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	949	1306	1840	863	23.94
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	2261	3111	4383	1363	37.82
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	757	1042	1468	367	10.18
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	800	1100	1550	454	12.59
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	670	922	1299	206	5.71

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	757	1041	1466	237	6.58
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	185	254	358	65	1.81
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	187	257	363	82	2.27
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	4275	5882	8287	1780	49.40
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	635	873	1230	289	8.03
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	683	940	1325	229	6.35
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (list separately in addition to code for primary procedure)	192	264	372	80	2.22
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	817	1124	1584	260	7.21
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	821	1130	1592	260	7.22
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	844	1161	1636	266	7.39

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	460	632	891	183	5.09
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	544	748	1055	267	7.42
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	508	699	984	147	4.09
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	553	760	1071	220	6.10
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	502	691	973	209	5.80
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	168	231	325	70	1.94
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	184	254	357	77	2.13
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	1029	1416	1995	988	27.42
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	1088	1497	2109	1035	28.73

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>31654</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	211	290	408	127	3.53
<b>31660</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	529	728	1026	203	5.62
<b>31661</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	513	706	995	214	5.93
<b>31717</b>	Catheterization with bronchial brush biopsy	691	950	1339	288	7.98
<b>31720</b>	Catheter aspiration (separate procedure); nasotracheal	127	174	246	52	1.43
<b>31725</b>	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	304	418	589	83	2.29
<b>31730</b>	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	1464	2015	2838	1234	34.24
<b>31750</b>	Tracheoplasty; cervical	4782	6580	9270	1425	39.53
<b>31755</b>	Tracheoplasty; tracheopharyngeal fistulization, each stage	4326	5952	8386	1802	49.99
<b>31760</b>	Tracheoplasty; intrathoracic	3425	4713	6640	1426	39.58
<b>31766</b>	Carinal reconstruction	4455	6130	8636	1855	51.48
<b>31770</b>	Bronchoplasty; graft repair	3314	4559	6423	1380	38.29
<b>31775</b>	Bronchoplasty; excision stenosis and anastomosis	3503	4820	6791	1459	40.48
<b>31780</b>	Excision of tracheal stenosis and anastomosis; cervical	2968	4084	5754	1236	34.30
<b>31781</b>	Excision of tracheal stenosis and anastomosis; cervicothoracic	3452	4750	6692	1438	39.89
<b>31785</b>	Excision of tracheal tumor or carcinoma; cervical	2675	3680	5185	1114	30.91
<b>31786</b>	Excision of tracheal tumor or carcinoma; thoracic	3612	4970	7002	1504	41.74
<b>31800</b>	Suture of tracheal wound or injury; cervical	1784	2455	3459	743	20.62

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
31805	Suture of tracheal wound or injury; intrathoracic	2027	2789	3929	844	23.42
31820	Surgical closure tracheostomy or fistula; without plastic repair	1133	1560	2197	446	12.37
31825	Surgical closure tracheostomy or fistula; with plastic repair	1519	2090	2945	618	17.16
31830	Revision of tracheostomy scar	1104	1519	2141	460	12.76
31899	Unlisted procedure, trachea, bronchi	0	0	0	0	0.00

**LUNGS AND PLEURA**

32035	Thoracostomy; with rib resection for empyema	1396	2032	3429	750	20.81
32036	Thoracostomy; with open flap drainage for empyema	1502	2186	3689	807	22.39
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	1825	2656	4483	836	23.20
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	1774	2583	4359	836	23.19
32098	Thoracotomy, with biopsy(ies) of pleura	1841	2680	4522	792	21.97
32100	Thoracotomy; with exploration	2529	3681	6212	843	23.39
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	3930	5722	9656	1529	42.44
32120	Thoracotomy; for postoperative complications	2512	3657	6170	907	25.17
32124	Thoracotomy; with open intrapleural pneumonolysis	2273	3308	5583	963	26.71
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	1916	2789	4706	1029	28.56
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	3198	4656	7858	1588	44.05
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	2738	3986	6727	1044	28.98
32151	Thoracotomy; with removal of intrapulmonary foreign body	1934	2816	4752	1039	28.84
32160	Thoracotomy; with cardiac massage	2442	3556	6000	827	22.95
32200	Pneumonostomy, with open drainage of abscess or cyst	2196	3197	5395	1180	32.74

## SURGERY – RESPIRATORY SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
32215	Pleural scarification for repeat pneumothorax	1539	2240	3780	827	22.94
32220	Decortication, pulmonary (separate procedure); total	3693	5377	9074	1650	45.79
32225	Decortication, pulmonary (separate procedure); partial	2437	3548	5987	1034	28.68
32310	Pleurectomy, parietal (separate procedure)	1766	2571	4339	949	26.33
32320	Decortication and parietal pleurectomy	4483	6526	11013	1662	46.13
32400	Biopsy, pleura, percutaneous needle	322	469	792	159	4.41
32405	Biopsy, lung or mediastinum, percutaneous needle	411	598	1009	402	11.15
32440	Removal of lung, pneumonectomy;	4114	5989	10106	1628	45.17
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	5963	8681	14649	3204	88.90
32445	Removal of lung, pneumonectomy; extrapleural	6865	9994	16865	3689	102.35
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	3666	5337	9006	1538	42.67
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	3971	5780	9755	1644	45.63
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	4006	5832	9841	1490	41.35
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	4570	6653	11226	2455	68.13
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	4635	6748	11388	2491	69.11
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	2850	4149	7001	1531	42.49
32501	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)	474	690	1165	255	7.07

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	3482	5070	8555	1871	51.92
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	3973	5784	9761	2135	59.24
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	2350	3421	5772	969	26.88
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (list separately in addition to code for primary procedure)	569	829	1398	163	4.53
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (list separately in addition to code for primary procedure)	388	565	953	163	4.52
32540	Extrapleural enucleation of empyema (empyemectomy)	3333	4852	8188	1791	49.69
32550	Insertion of indwelling tunneled pleural catheter with cuff	901	1311	2212	767	21.29
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	554	806	1361	163	4.53
32552	Removal of indwelling tunneled pleural catheter with cuff	494	719	1213	190	5.26
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	693	1009	1703	537	14.89
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	486	708	1195	217	6.01
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	419	610	1029	307	8.51
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	889	1294	2184	627	17.41
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	624	908	1533	578	16.05



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	380	554	934	258	7.17
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	221	322	543	96	2.66
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	182	265	447	86	2.38
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	919	1338	2258	321	8.90
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	932	1357	2290	501	13.90
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	1413	2057	3470	481	13.35
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	832	1211	2043	320	8.89
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	993	1445	2439	393	10.91
32609	Thoracoscopy; with biopsy(ies) of pleura	763	1111	1875	268	7.45
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	1827	2659	4488	692	19.19
32651	Thoracoscopy, surgical; with partial pulmonary decortication	2789	4060	6852	1139	31.60
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	3977	5790	9770	1729	47.97
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	2905	4229	7136	1103	30.61
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	3692	5375	9071	1200	33.29
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	2616	3808	6426	994	27.57
32656	Thoracoscopy, surgical; with parietal pleurectomy	2392	3482	5877	832	23.09

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	1378	2006	3385	740	20.54
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	2188	3185	5375	760	21.10
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	1537	2237	3775	826	22.91
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	2827	4116	6946	928	25.75
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	3866	5628	9498	1457	40.42
32664	Thoracoscopy, surgical; with thoracic sympathectomy	1640	2387	4029	881	24.45
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	2367	3446	5815	1272	35.29
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	2574	3747	6323	905	25.11
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (list separately in addition to code for primary procedure)	491	715	1206	164	4.54
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (list separately in addition to code for primary procedure)	415	604	1019	164	4.54
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	4101	5970	10074	1398	38.79
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	3104	4519	7626	1668	46.28
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	3427	4990	8420	1842	51.10
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	2957	4305	7265	1589	44.09
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	3912	5696	9611	1262	35.02
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (list separately in addition to code for primary procedure)	604	879	1483	225	6.24

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (sirs/SBRT), (photon or particle beam), entire course of treatment	469	683	1153	224	6.21
32800	Repair lung hernia through chest wall	1814	2641	4457	975	27.05
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	1738	2530	4269	934	25.91
32815	Open closure of major bronchial fistula	5436	7914	13355	2921	81.05
32820	Major reconstruction, chest wall (posttraumatic)	2574	3748	6324	1383	38.38
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	0	0	0	0	0.00
32851	Lung transplant, single; without cardiopulmonary bypass	6395	9310	15712	3436	95.35
32852	Lung transplant, single; with cardiopulmonary bypass	6953	10122	17081	3736	103.66
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	8955	13037	22001	4812	133.52
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	10357	15078	25445	5107	141.71
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	542	789	1332	0	0.00
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	734	1069	1803	0	0.00
32900	Resection of ribs, extrapleural, all stages	4172	6073	10249	1473	40.88
32905	Thoracoplasty, Schede type or extrapleural (all stages);	2567	3737	6306	1379	38.27
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	3192	4647	7842	1715	47.59
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	2376	3459	5836	1277	35.42
32960	Pneumothorax, therapeutic, intrapleural injection of air	242	352	595	130	3.61

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
<b>32994</b>	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	11038	16069	27117	5749	159.51
<b>32997</b>	Total lung lavage (unilateral)	660	961	1621	355	9.84
<b>32998</b>	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	4916	7157	12077	3626	100.62
<b>32999</b>	Unlisted procedure, lungs and pleura	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>CARDIOVASCULAR SYSTEM</b>						
<b>HEART AND PERICARDIUM</b>						
33010	Pericardiocentesis; initial	367	484	685	112	3.12
33010	Pericardiocentesis; initial	356	467	657	112	3.11
33011	Pericardiocentesis; subsequent	290	381	536	113	3.13
33015	Tube pericardiostomy	1514	1989	2796	532	14.77
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	2539	3335	4687	915	25.38
33025	Creation of pericardial window or partial resection for drainage	2261	2970	4174	830	23.02
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	4828	6342	8913	2085	57.85
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	7319	9614	13512	2579	71.57
33050	Resection of pericardial cyst or tumor	2686	3529	4960	1044	28.98
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	4988	6552	9209	2186	60.67
33130	Resection of external cardiac tumor	3677	4830	6789	1430	39.67
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	4187	5500	7731	1628	45.17
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (list separately in addition to code for primary procedure)	387	508	714	137	3.80
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	2193	2881	4050	807	22.38
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	2173	2854	4012	845	23.44
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	1259	1653	2324	474	13.15
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	1368	1797	2526	503	13.97
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	1503	1974	2775	546	15.15

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	510	670	941	172	4.76
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	468	615	864	178	4.95
33212	Insertion of pacemaker pulse generator only; with existing single lead	841	1105	1553	336	9.31
33213	Insertion of pacemaker pulse generator only; with existing dual leads	1003	1318	1853	351	9.74
33214	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)	1305	1715	2410	501	13.90
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	751	987	1387	325	9.02
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	991	1301	1829	388	10.76
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	881	1157	1626	382	10.60
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	1000	1313	1845	405	11.25
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	1050	1380	1939	408	11.33
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	900	1182	1662	376	10.44
33222	Relocation of skin pocket for pacemaker	851	1118	1571	354	9.81
33223	Relocation of skin pocket for implantable defibrillator	988	1298	1825	428	11.87
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal,	1262	1657	2330	541	15.02

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	insertion, and/or replacement of existing generator)					
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary procedure)	1134	1489	2093	493	13.67
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	1194	1568	2204	521	14.45
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	841	1105	1553	354	9.82
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	871	1144	1608	370	10.26
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	913	1200	1686	392	10.87
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	1139	1496	2102	400	11.09
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	1080	1419	1994	420	11.65
33233	Removal of permanent pacemaker pulse generator only	632	830	1166	241	6.68
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	1207	1585	2228	508	14.10
33235	Removal of transvenous pacemaker electrode(s); dual lead system	1608	2113	2970	667	18.52
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	2077	2729	3835	808	22.41
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	2242	2946	4140	872	24.19
33238	Removal of permanent transvenous electrode(s) by thoracotomy	2511	3299	4636	976	27.09
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	1241	1631	2292	382	10.61

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33241	Removal of implantable defibrillator pulse generator only	650	854	1201	225	6.24
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	4072	5349	7519	1430	39.69
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	2307	3030	4259	904	25.09
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	2499	3283	4614	961	26.67
33250	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	3874	5089	7152	1506	41.79
33251	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	4350	5715	8032	1691	46.93
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	3628	4766	6699	1411	39.14
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	4387	5762	8099	1705	47.32
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	5209	6842	9617	2025	56.19
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (list separately in addition to code for primary procedure)	1495	1964	2760	606	16.81
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	1748	2297	3228	680	18.86
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	2178	2861	4021	880	24.41



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	4335	5694	8003	1685	46.76
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	955	1254	1763	390	10.82
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	955	1255	1764	406	11.27
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	990	1300	1828	424	11.76
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	4103	5390	7575	1416	39.30
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	4617	6064	8523	1927	53.47
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	1550	2036	2862	594	16.47
33271	Insertion of subcutaneous implantable defibrillator electrode	1228	1613	2268	478	13.25
33272	Removal of subcutaneous implantable defibrillator electrode	934	1227	1725	363	10.08
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	1083	1422	1999	421	11.68
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	1317	1730	2432	512	14.21
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	1400	1839	2584	544	15.10

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	13541	17786	24999	5264	146.07
33286	Removal, subcutaneous cardiac rhythm monitor	352	463	650	137	3.80
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	882	1158	1628	343	9.51
33300	Repair of cardiac wound; without bypass	6455	8479	11917	2559	71.02
33305	Repair of cardiac wound; with cardiopulmonary bypass	8380	11007	15471	4291	119.07
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	3143	4129	5804	1222	33.91
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	4860	6384	8973	1995	55.36
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	2831	3719	5227	1101	30.54
33321	Suture repair of aorta or great vessels; with shunt bypass	3149	4136	5814	1224	33.97
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	3710	4873	6849	1442	40.02
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	3832	5034	7075	1490	41.34
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	5062	6650	9346	1968	54.61
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	2009	2639	3710	829	23.01
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	3527	4632	6511	1423	39.48
33362	Transcatheter aortic valve replacement	3995	5248	7376	1553	43.10

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	(TAVR/TAVI) with prosthetic valve; open femoral artery approach					
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	4138	5436	7640	1609	44.64
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	4277	5618	7897	1663	46.14
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	4805	6311	8871	1868	51.83
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	5194	6823	9589	2019	56.03
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	1695	2227	3130	659	18.29
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	2013	2645	3717	783	21.72
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	2658	3491	4907	1033	28.67
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	5076	6776	9906	2014	55.88
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	6007	8018	11723	2383	66.13
33404	Construction of apical-aortic conduit	4632	6184	9041	1838	51.00
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	5860	7823	11437	2367	65.69

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	7557	10088	14749	2998	83.20
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	6552	8746	12786	2654	73.65
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	8215	10967	16033	3508	97.34
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	8273	11044	16146	3282	91.08
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	8426	11247	16444	3343	92.76
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	5633	7520	10994	2235	62.02
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	6458	8621	12604	2118	58.78
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	6372	8506	12436	2112	58.60
33417	Aortoplasty (gusset) for supravalvular stenosis	4374	5840	8537	1736	48.16
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	4705	6281	9183	1888	52.39
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	1207	1612	2357	446	12.37
33420	Valvotomy, mitral valve; closed heart	3842	5129	7499	1524	42.30
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	4360	5820	8509	1730	48.00
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	7716	10301	15060	2849	79.04
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	6038	8061	11785	2486	68.97
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	6507	8687	12700	2552	70.80

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33430	Replacement, mitral valve, with cardiopulmonary bypass	7057	9421	13773	2921	81.06
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	8911	11895	17391	3535	98.10
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	6310	8423	12315	2504	69.47
33463	Valvuloplasty, tricuspid valve; without ring insertion	8376	11181	16346	3226	89.51
33464	Valvuloplasty, tricuspid valve; with ring insertion	6795	9070	13261	2548	70.71
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	7247	9674	14143	2880	79.91
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	6348	8474	12390	2519	69.89
33470	Valvotomy, pulmonary valve, closed heart; transventricular	3261	4353	6364	1294	35.90
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	3487	4655	6806	1384	38.39
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	5749	7674	11220	2281	63.29
33475	Replacement, pulmonary valve	8542	11402	16670	2436	67.60
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	3925	5239	7660	1557	43.21
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	5075	6774	9904	1431	39.72
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	4120	5500	8041	1635	45.36
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	4384	5852	8555	1739	48.26
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	4325	5924	8697	1624	45.07

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	3099	4245	6233	1164	32.30
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	3201	4385	6438	1321	36.66
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	3688	5053	7418	1385	38.44
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	4024	5513	8093	1511	41.94
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (take chi procedure)	5609	7684	11281	2107	58.46
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	5546	7597	11154	2083	57.80
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	4770	6534	9592	1792	49.71
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (list separately in addition to code for primary procedure)	46	63	93	17	0.47
33510	Coronary artery bypass, vein only; single coronary venous graft	4958	6791	9971	2016	55.95
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	5385	7377	10830	2215	61.45
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	6064	8307	12195	2522	69.97
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	6087	8339	12242	2597	72.06
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	7270	9959	14621	2731	75.77
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	7497	10269	15077	2816	78.13
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure)	474	650	954	195	5.41

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (list separately in addition to code for primary procedure)	1006	1377	2022	430	11.93
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (list separately in addition to code for primary procedure)	1332	1824	2678	569	15.78
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (list separately in addition to code for primary procedure)	1715	2349	3449	682	18.93
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (list separately in addition to code for primary procedure)	2014	2759	4050	766	21.26
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (list separately in addition to code for primary procedure)	2303	3155	4631	865	24.00
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (list separately in addition to code for primary procedure)	1440	1972	2895	550	15.25
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	4866	6665	9785	1949	54.09
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	6134	8402	12335	2293	63.62
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	7041	9644	14159	2558	70.98
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	7688	10532	15462	2743	76.11
33542	Myocardial resection (eg, ventricular aneurysmectomy)	7313	10017	14706	2746	76.20
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	8572	11743	17240	3219	89.33
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, saver, dor procedures)	8227	11270	16545	3090	85.74
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right	611	837	1229	240	6.67

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (list separately in addition to primary procedure)					
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	4733	6484	9519	1778	49.33
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	4592	6291	9235	1725	47.86
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	4951	6782	9957	1860	51.60
33608	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	9740	13342	19587	1883	52.26
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	4944	6773	9944	1857	51.53
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	5441	7454	10943	2044	56.71
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	5587	7654	11237	2099	58.23
33615	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)	5565	7623	11192	2090	58.00
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	9524	13046	19153	2206	61.22
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	14804	20280	29773	2860	79.37
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	5357	7338	10774	1719	47.71
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	2591	3549	5210	973	27.00
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg,	9596	13145	19299	3604	100.01



SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)					
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	5238	7175	10534	1708	47.38
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	5997	8215	12060	1798	49.89
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	8483	11620	17060	1879	52.15
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	4853	6648	9760	1823	50.58
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	5337	7311	10733	2004	55.62
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	9020	12356	18140	2069	57.40
33675	Closure of multiple ventricular septal defects;	5406	7405	10872	2030	56.34
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	5646	7734	11354	2121	58.84
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	5864	8032	11792	2202	61.11
33681	Closure of single ventricular septal defect, with or without patch;	7191	9851	14462	1911	53.03
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	5267	7215	10592	1978	54.89
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	5258	7203	10575	1975	54.80
33690	Banding of pulmonary artery	4782	6550	9617	1253	34.78
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	5461	7480	10982	2051	56.91
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	8650	11849	17395	2044	56.71
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	5731	7851	11526	2153	59.73

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33702	Repair sinus of valsalva fistula, with cardiopulmonary bypass;	4242	5811	8531	1593	44.21
33710	Repair sinus of valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	5724	7840	11511	2150	59.65
33720	Repair sinus of valsalva aneurysm, with cardiopulmonary bypass	4286	5871	8620	1610	44.67
33722	Closure of aortico-left ventricular tunnel	4533	6209	9116	1702	47.24
33724	Repair of isolated partial anomalous pulmonary venous return (eg, scimitar syndrome)	4242	5811	8531	1593	44.21
33726	Repair of pulmonary venous stenosis	5671	7768	11404	2130	59.10
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	6813	9333	13702	2045	56.75
33732	Repair of cor triatriatum or supravulvar mitral ring by resection of left atrial membrane	4359	5971	8767	1637	45.43
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	3605	4938	7250	1354	37.57
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	5363	7347	10786	1428	39.63
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	3612	4947	7263	1357	37.64
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	7009	9601	14096	1320	36.63
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	3663	5018	7368	1376	38.18
33762	Shunt; descending aorta to pulmonary artery (Potts-smith type operation)	3570	4891	7180	1341	37.21
33764	Shunt; central, with prosthetic graft	3663	5018	7368	1376	38.18
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	3711	5084	7464	1394	38.68
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	7289	9985	14660	1489	41.31
33768	Anastomosis, cavopulmonary, second superior vena cava (list separately in addition to primary procedure)	1161	1590	2335	436	12.10

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	5908	8093	11881	2219	61.57
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	6081	8331	12230	2284	63.38
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, mustard or Senning type) with cardiopulmonary bypass;	5012	6865	10079	1882	52.23
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	5166	7077	10389	1940	53.84
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	5274	7224	10606	1981	54.96
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	5274	7224	10606	1981	54.96
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	8084	11074	16257	2461	68.30
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	6494	8896	13060	2439	67.68
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	6377	8735	12825	2395	66.46
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	6458	8846	12987	2425	67.30
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	9021	12358	18143	3388	94.02
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	9755	13362	19617	3664	101.66

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33786	Total repair, truncus arteriosus (Rastelli type operation)	6353	8703	12776	2386	66.21
33788	Reimplantation of an anomalous pulmonary artery	4271	5850	8589	1604	44.51
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	2717	3722	5465	1021	28.32
33802	Division of aberrant vessel (vascular ring);	3018	4134	6069	1133	31.45
33803	Division of aberrant vessel (vascular ring); with reanastomosis	3205	4390	6445	1204	33.40
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	3282	4495	6599	1233	34.20
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	4240	5808	8527	1593	44.19
33820	Repair of patent ductus arteriosus; by ligation	4990	6836	10036	1001	27.78
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	5846	8008	11757	1067	29.62
33824	Repair of patent ductus arteriosus; by division, 18 years and older	3282	4495	6599	1233	34.20
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	4873	6675	9799	1295	35.94
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	3638	4983	7315	1367	37.92
33851	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	3541	4850	7121	1330	36.90
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	3702	5071	7445	1390	38.58
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	9644	13211	19395	1869	51.86
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	8030	11000	16150	3359	93.20
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	7948	10888	15985	3293	91.38

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David procedure, Yacoub procedure)	10434	14293	20984	3374	93.61
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	2864	3923	5760	1076	29.85
33870	Transverse arch graft, with cardiopulmonary bypass	9175	12568	18451	2644	73.37
33875	Descending thoracic aorta graft, with or without bypass	7649	10478	15383	2873	79.72
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	10089	13821	20291	3790	105.15
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	5125	7020	10307	1874	52.01
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	4390	6013	8828	1609	44.64
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	3101	4248	6237	1165	32.32
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)	1095	1500	2202	411	11.41

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	2658	3641	5345	998	27.70
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	2193	3003	4409	823	22.85
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-Carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	2659	3642	5347	999	27.71
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	5921	8111	11908	2747	76.22
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	3814	5225	7670	1433	39.75
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	11819	16189	23768	4439	123.17
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	9495	13007	19096	1517	42.09
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	5048	6915	10152	1896	52.61
33922	Transection of pulmonary artery with cardiopulmonary bypass	3829	5246	7701	1438	39.91
33924	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)	1507	2064	3030	296	8.20
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	4789	6560	9631	1799	49.91
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	6745	9240	13566	2534	70.30
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	7126	9762	14332	2677	74.27
33928	Removal and replacement of total replacement heart system (artificial heart)	5504	7539	11068	0	0.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	4985	6829	10025	0	0.00
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	0	0	0	0	0.00
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	1035	1418	2082	0	0.00
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	13808	18914	27768	5186	143.90
33940	Donor cardiectomy (including cold preservation)	0	0	0	0	0.00
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	967	1324	1944	0	0.00
33945	Heart transplant, with or without recipient cardiectomy	16626	22774	33435	5094	141.34
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; initiation, veno-venous	1045	1432	2102	324	8.99
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; initiation, veno-arterial	1151	1577	2315	359	9.97
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; daily management, each day, veno-venous	832	1140	1674	249	6.91
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; daily management, each day, veno-arterial	863	1182	1735	242	6.72
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	1188	1627	2389	446	12.38

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	(includes fluoroscopic guidance, when performed)					
<b>33952</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	1381	1892	2778	448	12.43
<b>33953</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	2006	2748	4035	499	13.84
<b>33954</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	1499	2053	3014	500	13.88
<b>33955</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	2328	3189	4681	874	24.26
<b>33956</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	2622	3591	5272	873	24.22
<b>33957</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	516	707	1038	194	5.38
<b>33958</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	515	706	1036	194	5.37
<b>33959</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	656	899	1320	247	6.84



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	652	894	1312	245	6.80
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	1313	1798	2640	493	13.68
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	1369	1876	2754	514	14.27
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	516	707	1038	194	5.38
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	808	1107	1626	249	6.91
33967	Insertion of intra-aortic balloon assist device, percutaneous	728	998	1465	272	7.56
33968	Removal of intra-aortic balloon assist device, percutaneous	100	137	202	35	0.98
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	1222	1674	2457	288	7.98
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	971	1330	1953	370	10.28
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	1757	2407	3534	739	20.51
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	1442	1976	2900	542	15.03

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	2476	3391	4979	930	25.80
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	4246	5816	8538	1368	37.95
33976	Insertion of ventricular assist device; extracorporeal, biventricular	4440	6082	8929	1668	46.27
33977	Removal of ventricular assist device; extracorporeal, single ventricle	3366	4611	6770	1177	32.65
33978	Removal of ventricular assist device; extracorporeal, biventricular	3733	5113	7506	1402	38.89
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	7508	10284	15098	2042	56.67
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	10156	13912	20425	1868	51.82
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	2334	3197	4693	876	24.32
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	5472	7496	11005	2055	57.03
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	6441	8824	12954	2419	67.13
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	983	1347	1978	297	8.25
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	1441	1974	2898	541	15.02
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (cels) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	1566	2145	3149	546	15.15
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/cels (list separately in addition to code for primary procedure)	582	798	1171	219	6.07

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/cels	2162	2961	4348	812	22.53
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/cels	1354	1855	2723	509	14.11
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	1057	1448	2126	447	12.40
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture	1745	2391	3510	656	18.19
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion	502	688	1010	209	5.80
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	449	615	903	183	5.09
33999	Unlisted procedure, cardiac surgery	0	0	0	0	0.00

## ARTERIES AND VEINS

34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	2556	3234	4323	957	26.57
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	2686	3404	4558	1004	27.87
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	2761	3500	4685	1033	28.65
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	1712	2170	2905	624	17.32
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	1737	2202	2948	627	17.39
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	4014	5088	6812	1456	40.40
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	2545	3226	4319	1073	29.78

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	2493	3161	4231	992	27.53
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	4086	5179	6934	1528	42.40
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	2056	2607	3490	769	21.34
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	3960	5019	6720	1481	41.09
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	2998	3800	5088	1121	31.11
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	1788	2267	3035	669	18.56
34501	Valvuloplasty, femoral vein	2462	3121	4178	921	25.55
34502	Reconstruction of vena cava, any method	5519	6995	9366	1610	44.68
34510	Venous valve transposition, any vein donor	2838	3597	4816	1061	29.45
34520	Cross-over vein graft to venous system	2727	3457	4628	1020	28.30
34530	Saphenopopliteal vein anastomosis	2503	3172	4247	936	25.97
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	3455	4379	5863	1292	35.85
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for	5159	6540	8756	1930	53.54

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)					
<b>34703</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	3664	4644	6218	1455	40.36
<b>34704</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	6481	8216	11000	2424	67.26
<b>34705</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	3789	4803	6431	1600	44.39
<b>34706</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation;	6445	8169	10938	2410	66.88

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)					
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	3222	4085	5469	1205	33.44
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	5173	6557	8779	1935	53.68
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (list separately in addition to code for primary procedure)	785	995	1332	338	9.38
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment	2239	2839	3801	838	23.24

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	zone angioplasty/stenting, when performed; initial vessel treated					
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (list separately in addition to code for primary procedure)	834	1058	1416	312	8.66
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	1913	2425	3246	715	19.85
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 french or larger), including ultrasound guidance, when performed, unilateral (list separately in addition to code for primary procedure)	346	438	587	134	3.73
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (list separately in addition to code for primary procedure)	755	958	1282	283	7.84
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure)	847	1074	1438	317	8.79
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure)	1143	1449	1940	392	10.87
34808	Endovascular placement of iliac artery occlusion device (list separately in addition to code for primary procedure)	594	753	1008	220	6.11
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (list separately in addition to code for primary procedure)	906	1149	1538	216	6.00

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (list separately in addition to code for primary procedure)	621	788	1055	247	6.85
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure)	1131	1433	1919	364	10.09
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	4895	6205	8308	1831	50.80
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	5395	6839	9157	2018	55.99
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	5200	6591	8825	1945	53.96
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure)	1405	1781	2385	422	11.72
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (list separately in addition to code for primary procedure)	710	900	1205	135	3.75
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	0	0	0	0	0.00
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	4271	5414	7249	0	0.00



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	5006	6346	8496	0	0.00
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	5565	7054	9445	0	0.00
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	6017	7628	10212	0	0.00
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	5416	6865	9191	0	0.00
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including	6149	7795	10436	0	0.00

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	two visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])					
<b>34847</b>	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	6708	8504	11385	0	0.00
<b>34848</b>	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	7161	9077	12153	0	0.00
<b>35001</b>	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	3103	3933	5266	1160	32.20
<b>35002</b>	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	3138	3977	5325	1173	32.56
<b>35005</b>	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	2764	3503	4690	1034	28.68
<b>35011</b>	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	2625	3327	4455	1047	29.05
<b>35013</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured	3503	4440	5945	1310	36.35

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	aneurysm, axillary-brachial artery, by arm incision					
<b>35021</b>	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	3509	4448	5955	1312	36.41
<b>35022</b>	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	3919	4968	6651	1466	40.67
<b>35045</b>	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, radial or ulnar artery	2648	3357	4494	1025	28.45
<b>35081</b>	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	4850	6147	8231	1810	50.22
<b>35082</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	5769	7313	9791	2284	63.37
<b>35091</b>	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)	5522	7000	9371	1868	51.82
<b>35092</b>	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)	7278	9226	12352	2722	75.54
<b>35102</b>	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)	5186	6573	8801	1964	54.51
<b>35103</b>	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion,	6263	7939	10628	2342	64.99

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)					
35111	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	3672	4655	6233	1373	38.11
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	4548	5766	7719	1701	47.20
35121	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	4654	5900	7899	1741	48.30
35122	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	5264	6673	8934	1969	54.63
35131	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)	3876	4913	6578	1449	40.22
35132	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)	4530	5742	7688	1694	47.01
35141	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)	2967	3761	5036	1152	31.97
35142	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)	3518	4460	5971	1388	38.51

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
35151	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	3615	4582	6135	1293	35.88
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	3849	4879	6532	1439	39.94
35180	Repair, congenital arteriovenous fistula; head and neck	2450	3106	4159	917	25.44
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	5002	6341	8489	1871	51.91
35184	Repair, congenital arteriovenous fistula; extremities	2675	3391	4540	1000	27.76
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	3573	4529	6064	1336	37.08
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	4165	5279	7068	1558	43.22
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	1901	2409	3226	794	22.03
35201	Repair blood vessel, direct; neck	2977	3774	5052	983	27.28
35206	Repair blood vessel, direct; upper extremity	2501	3170	4245	817	22.67
35207	Repair blood vessel, direct; hand, finger	3387	4294	5748	784	21.76
35211	Repair blood vessel, direct; intrathoracic, with bypass	3681	4667	6248	1443	40.04
35216	Repair blood vessel, direct; intrathoracic, without bypass	6241	7911	10592	2152	59.71
35221	Repair blood vessel, direct; intra-abdominal	4481	5680	7604	1531	42.48
35226	Repair blood vessel, direct; lower extremity	2413	3059	4096	870	24.15
35231	Repair blood vessel with vein graft; neck	3446	4368	5848	1289	35.76
35236	Repair blood vessel with vein graft; upper extremity	3063	3883	5198	1046	29.02
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	4017	5092	6818	1502	41.69
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	4361	5529	7402	1631	45.26

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
35251	Repair blood vessel with vein graft; intra-abdominal	4857	6156	8242	1816	50.40
35256	Repair blood vessel with vein graft; lower extremity	3027	3837	5137	1070	29.69
35261	Repair blood vessel with graft other than vein; neck	2751	3487	4668	1017	28.22
35266	Repair blood vessel with graft other than vein; upper extremity	2498	3166	4239	906	25.14
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	3856	4888	6545	1442	40.02
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	4077	5168	6919	1525	42.31
35281	Repair blood vessel with graft other than vein; intra-abdominal	4513	5720	7659	1688	46.83
35286	Repair blood vessel with graft other than vein; lower extremity	2919	3700	4954	972	26.98
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	2933	3718	4978	1182	32.79
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	2949	3739	5005	1171	32.50
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	3058	3876	5189	1296	35.95
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	3299	4181	5598	1334	37.02
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	3126	3963	5306	1283	35.61
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (list separately in addition to code for primary procedure)	1238	1570	2101	463	12.85
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	4345	5508	7374	1625	45.09
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	2472	3133	4195	932	25.86
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	3778	4790	6412	1526	42.35

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	3849	4879	6532	1439	39.94
35351	Thromboendarterectomy, including patch graft, if performed; iliac	3166	4014	5374	1337	37.09
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	2996	3798	5085	1077	29.88
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	4221	5350	7163	1579	43.80
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	4597	5827	7802	1688	46.83
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	2313	2932	3925	854	23.70
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	2610	3309	4430	1022	28.37
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (list separately in addition to code for primary procedure)	404	513	686	166	4.61
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (list separately in addition to code for primary procedure)	449	569	762	156	4.32
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (list separately in addition to code for primary procedure)	896	1069	1482	335	9.29
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	4105	4901	6794	1562	43.34
35506	Bypass graft, with vein; carotid-subclavian or subclavian-Carotid	3470	4143	5744	1320	36.64
35508	Bypass graft, with vein; carotid-vertebral	3576	4270	5920	1361	37.76
35509	Bypass graft, with vein; carotid-Contralateral carotid	3849	4595	6371	1465	40.64
35510	Bypass graft, with vein; carotid-brachial	3346	3995	5539	1273	35.33
35511	Bypass graft, with vein; subclavian-subclavian	3002	3584	4970	1142	31.70
35512	Bypass graft, with vein; subclavian-brachial	3298	3937	5459	1255	34.82
35515	Bypass graft, with vein; subclavian-vertebral	3435	4101	5686	1307	36.27
35516	Bypass graft, with vein; subclavian-axillary	3337	3984	5523	1270	35.23

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
35518	Bypass graft, with vein; axillary-axillary	3100	3701	5131	1180	32.73
35521	Bypass graft, with vein; axillary-femoral	3345	3994	5537	1273	35.32
35522	Bypass graft, with vein; axillary-brachial	3312	3954	5482	1260	34.97
35523	Bypass graft, with vein; brachial-ulnar or -radial	3516	4197	5819	1338	37.12
35525	Bypass graft, with vein; brachial-brachial	3133	3740	5186	1192	33.08
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	4783	5710	7917	1820	50.50
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	5318	6349	8803	2024	56.15
35533	Bypass graft, with vein; axillary-femoral-femoral	4105	4901	6794	1562	43.34
35535	Bypass graft, with vein; hepatorenal	5208	6218	8621	1982	54.99
35536	Bypass graft, with vein; splenorenal	4625	5521	7655	1760	48.83
35537	Bypass graft, with vein; aortoiliac	5661	6758	9370	2154	59.77
35538	Bypass graft, with vein; aortobi-iliac	6350	7581	10511	2416	67.05
35539	Bypass graft, with vein; aortofemoral	5958	7113	9862	2267	62.91
35540	Bypass graft, with vein; aortobifemoral	6694	7992	11081	2547	70.68
35556	Bypass graft, with vein; femoral-popliteal	3689	4404	6106	1460	40.52
35558	Bypass graft, with vein; femoral-femoral	3172	3787	5250	1284	35.63
35560	Bypass graft, with vein; aortorenal	4600	5492	7614	1750	48.57
35563	Bypass graft, with vein; ilioiliac	3618	4319	5989	1377	38.20
35565	Bypass graft, with vein; iliofemoral	3609	4309	5975	1373	38.11
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	4532	5410	7501	1743	48.36
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	4142	4945	6856	1576	43.73
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	3979	4751	6587	1382	38.35
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (list separately in addition to code for primary procedure)	734	877	1216	362	10.05



SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
35583	In-situ vein bypass; femoral-popliteal	4105	4901	6795	1508	41.84
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	4299	5132	7116	1747	48.47
35587	In-situ vein bypass; popliteal-tibial, peroneal	3742	4467	6194	1424	39.51
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (list separately in addition to code for primary procedure)	753	898	1246	268	7.43
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	3922	5030	7131	1459	40.48
35606	Bypass graft, with other than vein; carotid-subclavian	3407	4370	6195	1226	34.01
35612	Bypass graft, with other than vein; subclavian-subclavian	2902	3722	5276	1079	29.95
35616	Bypass graft, with other than vein; subclavian-axillary	3066	3933	5575	1141	31.65
35621	Bypass graft, with other than vein; axillary-femoral	3070	3938	5581	1144	31.75
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	3665	4701	6664	1363	37.83
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	4457	5718	8105	1658	46.01
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	5526	7088	10047	1936	53.72
35632	Bypass graft, with other than vein; ilio-Celiac	5011	6427	9111	1864	51.72
35633	Bypass graft, with other than vein; ilio-mesenteric	5601	7184	10183	2083	57.81
35634	Bypass graft, with other than vein; iliorenal	4927	6320	8959	1833	50.86
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	4461	5723	8112	1660	46.05
35637	Bypass graft, with other than vein; aortoiliac	4627	5935	8413	1721	47.76
35638	Bypass graft, with other than vein; aortobi-iliac	4383	5622	7970	1835	50.92
35642	Bypass graft, with other than vein; carotid-vertebral	2757	3537	5013	1026	28.46
35645	Bypass graft, with other than vein; subclavian-vertebral	2646	3394	4811	984	27.31

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35646	Bypass graft, with other than vein; aortobifemoral	4569	5861	8308	1793	49.74
35647	Bypass graft, with other than vein; aortofemoral	4362	5596	7932	1623	45.03
35650	Bypass graft, with other than vein; axillary-axillary	3040	3900	5528	1131	31.38
35654	Bypass graft, with other than vein; axillary-femoral-femoral	3613	4635	6570	1430	39.67
35656	Bypass graft, with other than vein; femoral-popliteal	3005	3855	5465	1129	31.34
35661	Bypass graft, with other than vein; femoral-femoral	2973	3814	5406	1133	31.43
35663	Bypass graft, with other than vein; ilioiliac	3397	4357	6176	1264	35.06
35665	Bypass graft, with other than vein; iliofemoral	3054	3918	5553	1225	34.00
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	3621	4645	6585	1320	36.64
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	3128	4013	5688	1164	32.29
35681	Bypass graft; composite, prosthetic and vein (list separately in addition to code for primary procedure)	268	344	487	84	2.34
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (list separately in addition to code for primary procedure)	990	1270	1800	368	10.22
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (list separately in addition to code for primary procedure)	1147	1471	2086	426	11.83
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (list separately in addition to code for primary procedure)	586	751	1065	208	5.76
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (list separately in addition to code for primary procedure)	450	577	817	167	4.64
35691	Transposition and/or reimplantation; vertebral to carotid artery	2642	3389	4804	983	27.27

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35693	Transposition and/or reimplantation; vertebral to subclavian artery	2286	2933	4157	851	23.60
35694	Transposition and/or reimplantation; subclavian to carotid artery	2755	3534	5010	1025	28.44
35695	Transposition and/or reimplantation; carotid to subclavian artery	2838	3640	5159	1056	29.29
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (list separately in addition to code for primary procedure)	417	534	757	155	4.30
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (list separately in addition to code for primary procedure)	429	550	779	159	4.42
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	1673	2147	3043	591	16.40
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	1210	1553	2201	475	13.19
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	1188	1523	2159	541	15.00
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	1582	2030	2877	410	11.38
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	1739	2231	3162	751	20.84
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	5190	6657	9437	2102	58.32
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	2935	3765	5337	1248	34.64
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	1852	2375	3367	874	24.25
35870	Repair of graft-enteric fistula	3467	4448	6304	1290	35.79
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	1693	2171	3078	622	17.25
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	2539	3256	4616	988	27.42
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	2510	3219	4563	967	26.83

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35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	2856	3663	5193	1062	29.48
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	3037	3895	5521	1255	34.81
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	3462	4441	6296	1288	35.74
35901	Excision of infected graft; neck	1313	1684	2387	488	13.55
35903	Excision of infected graft; extremity	1667	2139	3032	589	16.33
35905	Excision of infected graft; thorax	4678	6001	8506	1740	48.29
35907	Excision of infected graft; abdomen	5568	7142	10124	1991	55.25
36000	Introduction of needle or intracatheter, vein	71	95	122	28	0.77
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	383	515	665	162	4.49
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	529	711	918	316	8.76
36010	Introduction of catheter, superior or inferior vena cava	804	1081	1395	515	14.28
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	1123	1510	1949	866	24.02
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	1671	2247	2900	883	24.50
36013	Introduction of catheter, right heart or main pulmonary artery	1095	1473	1901	787	21.84
36014	Selective catheter placement, left or right pulmonary artery	914	1229	1587	831	23.06
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	990	1332	1719	900	24.98
36100	Introduction of needle or intracatheter, carotid or vertebral artery	871	1171	1511	534	14.81
36140	Introduction of needle or intracatheter, upper or lower extremity artery	792	1065	1375	459	12.73

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36160	Introduction of needle or intracatheter, aortic, translumbar	1263	1699	2193	527	14.61
36200	Introduction of catheter, aorta	747	1005	1297	585	16.23
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	2708	3642	4701	1060	29.40
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	1794	2412	3113	1142	31.68
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	1954	2628	3392	1914	53.12
36218	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)	328	441	569	248	6.89
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1399	1881	2428	1056	29.31
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1377	1852	2390	1252	34.73
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	1742	2343	3024	1584	43.95
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	2254	3032	3913	2050	56.87

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36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1678	2257	2913	1526	42.34
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	2132	2867	3701	1938	53.78
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	494	665	858	261	7.23
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure)	1492	2007	2590	1357	37.64
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1484	1995	2576	1349	37.43
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1118	1503	1940	858	23.80
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	1739	2338	3018	1535	42.60
36248	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)	230	309	399	148	4.11
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial	1555	2091	2699	1413	39.22

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral					
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	1682	2262	2920	1529	42.43
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	2510	3375	4356	2256	62.60
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	2606	3505	4524	2192	60.82
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	1694	2278	2940	678	18.80
36261	Revision of implanted intra-arterial infusion pump	1048	1409	1819	419	11.64
36262	Removal of implanted intra-arterial infusion pump	796	1070	1381	321	8.90
36299	Unlisted procedure, vascular injection	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	50	68	87	27	0.75
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	66	89	115	24	0.66
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	38	51	66	17	0.47
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	35	47	61	18	0.49
36415	Collection of venous blood by venipuncture	15	20	26	0	0.00
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	15	20	26	0	0.00
36420	Venipuncture, cutdown; younger than age 1 year	101	136	176	49	1.35
36425	Venipuncture, cutdown; age 1 or over	50	67	87	42	1.16
36430	Transfusion, blood or blood components	112	151	195	36	0.99
36440	Push transfusion, blood, 2 years or younger	132	178	229	53	1.46
36450	Exchange transfusion, blood; newborn	524	704	909	178	4.94
36455	Exchange transfusion, blood; other than newborn	333	448	578	133	3.68
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	283	381	491	109	3.03
36460	Transfusion, intrauterine, fetal	1529	2057	2654	355	9.84
36465	Injection of non-Compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	3558	4785	6176	1573	43.64



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
36466	Injection of non-Compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	3866	5199	6710	1653	45.87
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	300	403	520	0	0.00
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	402	540	697	109	3.02
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	386	519	670	197	5.47
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	4282	5758	7432	1492	41.40
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	712	957	1235	284	7.87
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	4349	5849	7549	1463	40.60
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	1016	1366	1763	308	8.55
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	3813	5128	6618	1157	32.10
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	1096	1474	1902	325	9.03

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36481	Percutaneous portal vein catheterization by any method	2198	2956	3815	1998	55.44
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	5017	6747	8709	2090	57.99
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	352	473	611	154	4.26
36500	Venous catheterization for selective organ blood sampling	621	835	1078	191	5.30
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	390	524	677	84	2.34
36511	Therapeutic apheresis; for white blood cells	355	477	616	112	3.10
36512	Therapeutic apheresis; for red blood cells	379	510	658	112	3.11
36513	Therapeutic apheresis; for platelets	501	674	870	114	3.16
36514	Therapeutic apheresis; for plasma pheresis	823	1107	1429	739	20.50
36516	Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion	5726	7700	9938	2028	56.27
36522	Photopheresis, extracorporeal	2710	3645	4705	2206	61.22
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	760	1022	1318	192	5.33
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	553	744	961	216	5.99
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	2609	3508	4528	1047	29.06
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	1177	1583	2043	782	21.70

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36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	2909	3912	5049	1339	37.15
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	1798	2418	3121	1103	30.61
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	1507	2027	2616	1242	34.47
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	1215	1633	2108	896	24.85
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	7149	9614	12408	4893	135.7 7
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	688	925	1194	96	2.65
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	420	564	728	98	2.72
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	3590	4828	6231	1473	40.88
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	1831	2462	3177	1293	35.88
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	2095	2817	3636	429	11.90
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	1972	2651	3422	404	11.20

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36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	402	540	697	165	4.59
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	773	1039	1341	336	9.31
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	863	1161	1498	471	13.06
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	299	402	519	221	6.13
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	1750	2353	3037	774	21.48
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	1822	2451	3163	1022	28.35
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	3260	4384	5658	1294	35.90
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	388	521	673	352	9.78
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	2723	3662	4726	1100	30.51
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	452	608	784	170	4.71
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	717	964	1244	228	6.34
36591	Collection of blood specimen from a completely implantable venous access device	60	81	105	25	0.69
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	63	85	110	28	0.77

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36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	83	112	145	32	0.89
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	1133	1523	1966	623	17.30
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	390	525	677	129	3.57
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	244	329	424	133	3.69
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	296	399	515	119	3.30
36600	Arterial puncture, withdrawal of blood for diagnosis	76	102	132	31	0.87
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	331	446	575	46	1.28
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	477	642	828	110	3.05
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	298	401	518	119	3.30
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	372	500	645	71	1.98
36680	Placement of needle for intraosseous infusion	330	444	572	61	1.69
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	413	495	648	127	3.53
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	528	633	827	218	6.05
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	341	409	535	141	3.91
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	1951	2338	3056	725	20.11
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	2168	2598	3396	764	21.19

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
36820	Arteriovenous anastomosis, open; by forearm vein transposition	2129	2552	3336	766	21.25
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	1853	2221	2903	694	19.25
36823	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	3527	4227	5526	1456	40.40
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	1845	2211	2890	831	23.05
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	1899	2276	2976	697	19.34
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	1379	1652	2160	643	17.85
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	1776	2128	2782	789	21.90
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	1938	2323	3037	848	23.54
36835	Insertion of Thomas shunt (separate procedure)	1209	1449	1894	499	13.85
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	3264	3911	5113	1195	33.15
36860	External cannula declotting (separate procedure); without balloon catheter	457	547	715	258	7.17
36861	External cannula declotting (separate procedure); with balloon catheter	351	421	550	145	4.02
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and	1404	1682	2199	661	18.33

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	interpretation and image documentation and report;					
<b>36902</b>	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	3114	3732	4879	1301	36.09
<b>36903</b>	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	14882	17835	23316	5486	152.2 1
<b>36904</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	4048	4851	6342	1914	53.11
<b>36905</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis	5678	6805	8896	2407	66.80

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty					
<b>36906</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	18125	21720	28395	6723	186.56
<b>36907</b>	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure)	1902	2279	2979	736	20.43
<b>36908</b>	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (list separately in addition to code for primary procedure)	7375	8837	11554	2451	68.02
<b>36909</b>	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure)	5112	6126	8008	1981	54.98
<b>37140</b>	Venous anastomosis, open; portocaval	5884	7051	9219	2429	67.40
<b>37145</b>	Venous anastomosis, open; renoportal	5456	6539	8549	2252	62.50
<b>37160</b>	Venous anastomosis, open; caval-mesenteric	5607	6719	8784	2314	64.22
<b>37180</b>	Venous anastomosis, open; splenorenal, proximal	5389	6458	8443	2225	61.73
<b>37181</b>	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	5884	7051	9219	2429	67.40



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
37182	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)	2797	3352	4382	857	23.79
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)	6754	8093	10581	6140	170.36
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	2388	2862	3741	2171	60.24
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical thrombectomy procedure)	684	820	1072	669	18.56
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (list separately in addition to code for primary procedure)	2614	3133	4096	1350	37.46
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	2107	2525	3302	2002	55.56
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	1853	2220	2902	1684	46.73

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	2873	3443	4501	2521	69.95
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	3288	3941	5152	1351	37.49
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	1868	2239	2927	1588	44.06
37195	Thrombolysis, cerebral, by intravenous infusion	1553	1861	2433	0	0.00
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	2008	2407	3146	1564	43.40
37200	Transcatheter biopsy	848	1017	1329	227	6.30
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	1196	1434	1874	404	11.21
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	1082	1297	1696	354	9.81
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	755	904	1182	244	6.76
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision	432	517	676	129	3.57

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method					
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	2881	3453	4514	1053	29.21
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	3189	3821	4996	1056	29.29
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	2740	3284	4293	1131	31.39
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	2073	2484	3247	856	23.74
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	3320	3979	5202	3019	83.76
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4940	5920	7740	4284	118.87
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)	999	1197	1565	816	22.64
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	3584	4295	5615	2256	62.61

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	3991	4783	6253	3628	100.68
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	26051	31218	40814	12444	345.29
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	15153	18159	23740	10793	299.49
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	32848	39364	51463	16034	444.90
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	5786	6933	9064	5260	145.94
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	25544	30611	40019	12451	345.48
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	11660	13973	18268	10600	294.13
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	32758	39256	51321	15230	422.60
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)	1274	1527	1997	1122	31.13
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel,	3046	3651	4773	1367	37.93

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	when performed (list separately in addition to code for primary procedure)					
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	9581	11482	15011	3955	109.75
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	10395	12457	16286	4291	119.07
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	4057	4861	6355	3662	101.62
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (list separately in addition to code for primary procedure)	2553	3059	3999	2175	60.34
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	10065	12062	15769	3699	102.64
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code for primary procedure)	4563	5468	7149	1765	48.97
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging	8597	10302	13469	4950	137.34

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)					
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	8384	10048	13136	7622	211.50
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	23196	27797	36340	9861	273.62
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	7757	9296	12153	7052	195.67
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	5096	6107	7984	2136	59.28
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (list separately in addition to code for primary procedure)	2069	2479	3241	814	22.59
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	3537	4239	5542	1527	42.38

## SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)	1535	1839	2404	604	16.77
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (list separately in addition to code for primary procedure)	3449	4133	5404	1289	35.78
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedure)	547	655	857	202	5.60
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	1598	1915	2503	660	18.30
37501	Unlisted vascular endoscopy procedure	0	0	0	0	0.00
37565	Ligation, internal jugular vein	1814	2174	2842	749	20.78
37600	Ligation; external carotid artery	1839	2204	2882	759	21.07
37605	Ligation; internal or common carotid artery	1853	2220	2902	765	21.22
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or crutch field clamp	1752	2099	2745	737	20.44
37607	Ligation or banding of angioaccess arteriovenous fistula	1082	1296	1695	390	10.83
37609	Ligation or biopsy, temporal artery	755	904	1182	320	8.87
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	1324	1586	2074	546	15.16
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	2798	3353	4384	1155	32.05
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	3557	4262	5572	1400	38.84
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	1158	1388	1814	400	11.11
37619	Ligation of inferior vena cava	4370	5236	6846	1804	50.05

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
37650	Ligation of femoral vein	1155	1384	1810	476	13.22
37660	Ligation of common iliac vein	3324	3983	5207	1372	38.07
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	677	812	1061	255	7.07
37718	Ligation, division, and stripping, short saphenous vein	1432	1716	2243	449	12.45
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	1398	1675	2190	494	13.72
37735	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	1462	1752	2291	604	16.75
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	1579	1892	2474	652	18.08
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	1756	2104	2751	564	15.65
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	1409	1688	2207	667	18.52
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	1622	1944	2541	793	22.01
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	589	706	923	243	6.75
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	844	1011	1322	363	10.07
37788	Penile revascularization, artery, with or without vein graft	3194	3827	5003	1318	36.58
37790	Penile venous occlusive procedure	1230	1474	1927	508	14.09
37799	Unlisted procedure, vascular surgery	0	0	0	0	0.00



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>HEMIC AND LYMPHATIC SYSTEMS</b>						
<b>SPLEEN</b>						
38100	Splenectomy; total (separate procedure)	3150	4343	6660	1202	33.40
38100	Splenectomy; total (separate procedure)	3272	4499	6849	1206	33.45
38101	Splenectomy; partial (separate procedure)	3027	4163	6337	1209	33.54
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (list in addition to code for primary procedure)	873	1201	1828	276	7.65
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	3342	4595	6996	1335	37.04
38120	Laparoscopy, surgical, splenectomy	2939	4041	6152	1100	30.52
38129	Unlisted laparoscopy procedure, spleen	0	0	0	0	0.00
38200	Injection procedure for splenoportography	346	476	725	138	3.84
<b>GENERAL</b>						
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	291	402	616	109	3.04
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	273	376	572	109	3.03
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	253	348	529	86	2.38
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	327	449	684	86	2.39
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	138	189	288	49	1.35
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	254	349	531	31	0.86
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	32	45	68	13	0.36
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-Cell depletion	217	298	453	86	2.40

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	195	268	408	78	2.16
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	129	178	270	52	1.43
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	32	45	68	13	0.36
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	116	160	243	44	1.23
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	129	178	270	52	1.43
38220	Diagnostic bone marrow; aspiration(s)	402	553	841	170	4.71
38221	Diagnostic bone marrow; biopsy(ies)	418	575	875	158	4.39
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	382	526	800	176	4.87
38230	Bone marrow harvesting for transplantation; allogeneic	723	994	1513	215	5.97
38232	Bone marrow harvesting for transplantation; autologous	1145	1574	2396	207	5.75
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	2169	2982	4540	235	6.53
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	1523	2094	3188	176	4.88
38242	Allogeneic lymphocyte infusions	728	1001	1524	124	3.45
38243	Hematopoietic progenitor cell (HPC); HPC boost	313	431	655	125	3.47

**LYMPH NODES AND LYMPHATIC CHANNELS**

38300	Drainage of lymph node abscess or lymphadenitis; simple	819	1129	1731	325	9.04
38300	Drainage of lymph node abscess or lymphadenitis; simple	829	1140	1736	331	9.19
38305	Drainage of lymph node abscess or lymphadenitis; extensive	1083	1489	2267	505	14.00
38308	Lymphangiectomy or other operations on lymphatic channels	1574	2164	3294	469	13.00
38380	Suture and/or ligation of thoracic duct; cervical approach	1471	2022	3079	587	16.30

SURGERY – HEMIC AND LYMPHATIC SYSTEMS

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
38381	Suture and/or ligation of thoracic duct; thoracic approach	2094	2880	4384	836	23.21
38382	Suture and/or ligation of thoracic duct; abdominal approach	1752	2409	3668	700	19.42
38500	Biopsy or excision of lymph node(s); open, superficial	771	1060	1614	345	9.58
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	302	415	632	128	3.56
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	1235	1698	2585	539	14.95
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	1113	1530	2329	483	13.40
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	1161	1597	2431	456	12.64
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	1557	2141	3259	581	16.13
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	1137	1563	2380	454	12.60
38542	Dissection, deep jugular node(s)	1387	1907	2903	537	14.89
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	1334	1834	2791	533	14.78
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	2634	3621	5513	1052	29.19
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	2300	3162	4814	738	20.49
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	2107	2897	4410	736	20.43
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1707	2348	3574	531	14.73
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	2113	2905	4423	691	19.16
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	2875	3954	6019	962	26.70

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	3047	4190	6378	1217	33.77
38589	Unlisted laparoscopy procedure, lymphatic system	0	0	0	0	0.00
38700	Suprahyoid lymphadenectomy	2253	3098	4717	833	23.11
38720	Cervical lymphadenectomy (complete)	3767	5179	7884	1391	38.60
38724	Cervical lymphadenectomy (modified radical neck dissection)	4330	5954	9064	1502	41.67
38740	Axillary lymphadenectomy; superficial	2017	2774	4223	727	20.16
38745	Axillary lymphadenectomy; complete	2449	3367	5125	917	25.44
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (list separately in addition to code for primary procedure)	639	878	1337	225	6.23
38747	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)	818	1125	1713	280	7.77
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	2325	3197	4867	878	24.37
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	3110	4277	6511	1356	37.63
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	2628	3614	5501	844	23.41
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	4031	5544	8439	1073	29.78
38790	Injection procedure; lymphangiography	269	371	564	86	2.39
38792	Injection procedure; radioactive tracer for identification of sentinel node	130	178	271	84	2.34
38794	Cannulation, thoracic duct	773	1063	1619	309	8.57

SURGERY – HEMIC AND LYMPHATIC SYSTEMS

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
<b>38900</b>	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (list separately in addition to code for primary procedure)	402	553	841	144	4.00
<b>38999</b>	Unlisted procedure, hemic or lymphatic system	0	0	0	0	0.00

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>MEDIASTINUM AND DIAPHRAGM</b>						
<b>MEDIASTINUM</b>						
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	1520	2023	3261	516	14.33
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	1377	1825	2779	518	14.36
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	2320	3074	4682	819	22.73
39200	Resection of mediastinal cyst	2454	3251	4952	904	25.08
39220	Resection of mediastinal tumor	3538	4688	7139	1181	32.78
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	928	1229	1872	323	8.96
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	1055	1398	2129	423	11.73
39499	Unlisted procedure, mediastinum	0	0	0	0	0.00
<b>DIAPHRAGM</b>						
39501	Repair, laceration of diaphragm, any approach	2594	3452	5566	884	24.56
39501	Repair, laceration of diaphragm, any approach	2611	3459	5268	888	24.65
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	17004	22530	34314	6263	173.79
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	2466	3267	4976	908	25.20
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	2433	3223	4909	982	27.25
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	2853	3780	5756	927	25.71
39560	Resection, diaphragm; with simple repair (eg, primary suture)	2669	3537	5386	835	23.18
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	3516	4658	7094	1295	35.93

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
<b>39599</b>	Unlisted procedure, diaphragm	0	0	0	0	0.00



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>DIGESTIVE SYSTEM</b>						
<b>LIPS</b>						
40490	Biopsy of lip	224	304	425	129	3.59
40500	Vermilionectomy (lip shave), with mucosal advancement	1119	1515	2123	528	14.65
40510	Excision of lip; transverse wedge excision with primary closure	1142	1546	2167	503	13.96
40520	Excision of lip; v-excision with primary direct linear closure	1175	1591	2229	510	14.16
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	1947	2637	3695	572	15.87
40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-Estlander)	1352	1831	2566	638	17.71
40530	Resection of lip, more than one-fourth, without reconstruction	1187	1608	2253	560	15.55
40650	Repair lip, full thickness; vermilion only	1225	1659	2325	469	13.02
40652	Repair lip, full thickness; up to half vertical height	1524	2064	2893	514	14.27
40654	Repair lip, full thickness; over one-half vertical height, or complex	1538	2084	2920	594	16.49
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	3293	4460	6250	1048	29.08
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	2631	3563	4993	1242	34.46
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	2207	2990	4189	1042	28.91
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	3571	4836	6776	1071	29.71
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (abbe-Estlander type), including sectioning and inserting of pedicle	2392	3240	4540	1129	31.33
40799	Unlisted procedure, lips	0	0	0	0	0
<b>VESTIBULE OF MOUTH</b>						
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	400	542	759	219	6.08
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	599	811	1137	319	8.86

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
40804	Removal of embedded foreign body, vestibule of mouth; simple	440	596	835	197	5.47
40805	Removal of embedded foreign body, vestibule of mouth; complicated	680	921	1291	321	8.91
40806	Incision of labial frenum (frenotomy)	265	359	503	105	2.91
40808	Biopsy, vestibule of mouth	360	488	684	194	5.37
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	451	610	855	216	5.99
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	561	760	1065	299	8.3
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	800	1083	1518	400	11.09
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	955	1293	1812	416	11.54
40818	Excision of mucosa of vestibule of mouth as donor graft	824	1116	1564	378	10.5
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	569	770	1080	326	9.05
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	594	805	1128	272	7.54
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	1002	1357	1901	280	7.78
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	1005	1361	1907	359	9.95
40840	Vestibuloplasty; anterior	1806	2446	3427	849	23.56
40842	Vestibuloplasty; posterior, unilateral	1741	2358	3304	822	22.8
40843	Vestibuloplasty; posterior, bilateral	2300	3115	4364	1085	30.12
40844	Vestibuloplasty; entire arch	2997	4059	5687	1415	39.25
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	4081	5527	7745	1521	42.21
40899	Unlisted procedure, vestibule of mouth	0	0	0	0	0
<b>TONGUE AND FLOOR OF MOUTH</b>						
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	331	448	628	168	4.65

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	484	656	919	228	6.34
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	779	1055	1478	368	10.2
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	764	1035	1450	361	10.01
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	811	1098	1539	399	11.08
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	854	1156	1620	427	11.86
41010	Incision of lingual frenum (frenotomy)	466	631	884	213	5.9
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	918	1243	1742	435	12.06
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	995	1348	1889	462	12.81
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	1057	1432	2007	469	13.01
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	1150	1557	2182	531	14.73
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	1051	1424	1995	496	13.77
41100	Biopsy of tongue; anterior two-thirds	386	523	732	178	4.94
41105	Biopsy of tongue; posterior one-third	391	530	742	181	5.02
41108	Biopsy of floor of mouth	300	406	569	157	4.37
41110	Excision of lesion of tongue without closure	439	595	834	224	6.21
41112	Excision of lesion of tongue with closure; anterior two-thirds	735	995	1395	348	9.65
41113	Excision of lesion of tongue with closure; posterior one-third	840	1137	1594	379	10.51
41114	Excision of lesion of tongue with closure; with local tongue flap	1343	1819	2549	652	18.1

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
41115	Excision of lingual frenum (frenectomy)	541	732	1026	258	7.17
41116	Excision of lesion of floor of mouth	801	1085	1520	344	9.55
41120	Glossectomy; less than one-half tongue	2878	3898	5462	1112	30.86
41130	Glossectomy; hemiglossectomy	3737	5061	7092	1373	38.09
41135	Glossectomy; partial, with unilateral radical neck dissection	5048	6838	9581	2268	62.92
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	4811	6516	9130	2271	63.01
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	6094	8254	11566	2877	79.82
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	6257	8475	11875	2289	63.52
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	5257	7120	9976	2481	68.85
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (commando type)	7095	9610	13466	3144	87.23
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	692	937	1312	283	7.84
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	669	906	1269	316	8.76
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	997	1350	1892	329	9.13
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	993	1345	1885	469	13.01
41512	Tongue base suspension, permanent suture technique	1447	1960	2746	683	18.95
41520	Frenoplasty (surgical revision of frenum, eg, with z-plasty)	916	1241	1739	364	10.11
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	6498	8801	12333	989	27.44
41599	Unlisted procedure, tongue, floor of mouth	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>DENTOALVEOLAR STRUCTURES</b>						
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	654	886	1241	299	8.29
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	1004	1360	1906	298	8.27
41806	Removal of embedded foreign body from dentoalveolar structures; bone	864	1170	1639	408	11.31
41820	Gingivectomy, excision gingiva, each quadrant	773	1047	1468	0	0
41821	Operculectomy, excision pericoronal tissues	276	374	524	0	0
41822	Excision of fibrous tuberosities, dentoalveolar structures	628	851	1192	294	8.17
41823	Excision of osseous tuberosities, dentoalveolar structures	593	803	1125	454	12.61
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	467	633	887	223	6.19
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	718	973	1363	328	9.09
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	1207	1635	2292	462	12.83
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	517	700	981	325	9.02
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	820	1110	1556	412	11.42
41850	Destruction of lesion (except excision), dentoalveolar structures	0	0	0	0	0
41870	Periodontal mucosal grafting	741	1003	1406	0	0
41872	Gingivoplasty, each quadrant (specify)	842	1140	1598	404	11.21
41874	Alveoloplasty, each quadrant (specify)	907	1228	1721	403	11.18
41899	Unlisted procedure, dentoalveolar structures	0	0	0	0	0
<b>PALATE AND UVULA</b>						
42000	Drainage of abscess of palate, uvula	518	730	1132	160	4.44
42100	Biopsy of palate, uvula	361	508	788	154	4.28

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
42104	Excision of lesion of palate, uvula; without closure	472	665	1031	223	6.2
42106	Excision of lesion of palate, uvula; with simple primary closure	607	855	1325	281	7.79
42107	Excision of lesion of palate, uvula; with local flap closure	1036	1461	2264	481	13.36
42120	Resection of palate or extensive resection of lesion	2566	3617	5605	1050	29.14
42140	Uvulectomy, excision of uvula	518	730	1132	276	7.67
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	2101	2961	4589	720	19.99
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	629	887	1374	241	6.69
42180	Repair, laceration of palate; up to 2 cm	665	937	1452	255	7.07
42182	Repair, laceration of palate; over 2 cm or complex	869	1224	1898	333	9.24
42200	Palatoplasty for cleft palate, soft and/or hard palate only	3193	4501	6976	982	27.26
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	2676	3772	5845	1026	28.46
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	4233	5967	9247	1143	31.72
42215	Palatoplasty for cleft palate; major revision	2304	3247	5033	746	20.71
42220	Palatoplasty for cleft palate; secondary lengthening procedure	1605	2262	3506	615	17.07
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	3518	4959	7686	1024	28.42
42226	Lengthening of palate, and pharyngeal flap	2797	3943	6111	913	25.32
42227	Lengthening of palate, with island flap	2242	3161	4898	860	23.85
42235	Repair of anterior palate, including vomer flap	1957	2759	4276	750	20.82
42260	Repair of nasolabial fistula	2212	3118	4833	848	23.53
42280	Maxillary impression for palatal prosthesis	368	518	803	184	5.1
42281	Insertion of pin-retained palatal prosthesis	617	869	1347	236	6.56

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
42299	Unlisted procedure, palate, uvula	0	0	0	0	0
<b>SALIVARY GLAND AND DUCTS</b>						
42300	Drainage of abscess; parotid, simple	566	798	1236	217	6.02
42305	Drainage of abscess; parotid, complicated	1157	1631	2528	444	12.31
42310	Drainage of abscess; submaxillary or sublingual, intraoral	478	673	1043	183	5.08
42320	Drainage of abscess; submaxillary, external	681	959	1487	261	7.24
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	510	719	1115	240	6.65
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	849	1196	1854	401	11.14
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	1299	1831	2838	498	13.82
42400	Biopsy of salivary gland; needle	222	312	484	106	2.95
42405	Biopsy of salivary gland; incisional	681	959	1487	310	8.59
42408	Excision of sublingual salivary cyst (ranula)	1028	1449	2245	532	14.75
42409	Marsupialization of sublingual salivary cyst (ranula)	939	1324	2052	360	9.99
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	1699	2396	3713	645	17.91
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	3021	4258	6600	1092	30.31
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	3590	5060	7843	1227	34.06
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	2255	3178	4925	864	23.98
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	3760	5300	8214	1399	38.81
42440	Excision of submandibular (submaxillary) gland	1518	2139	3315	426	11.83
42450	Excision of sublingual gland	1251	1763	2732	469	13.01
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	1200	1692	2623	450	12.49

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	1730	2438	3779	576	15.99
42507	Parotid duct diversion, bilateral (Wilke type procedure);	1362	1920	2976	522	14.49
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	2253	3175	4921	863	23.96
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	1672	2356	3652	641	17.78
42550	Injection procedure for sialography	392	553	856	150	4.17
42600	Closure salivary fistula	1330	1875	2906	510	14.15
42650	Dilation salivary duct	182	256	397	83	2.31
42660	Dilation and catheterization of salivary duct, with or without injection	330	465	721	130	3.61
42665	Ligation salivary duct, intraoral	886	1248	1935	339	9.42
42699	Unlisted procedure, salivary glands or ducts	0	0	0	0	0

**PHARYNX, ADENOIDS AND TONSILS**

42700	Incision and drainage abscess; peritonsillar	466	726	1549	196	5.43
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	1032	1610	3434	470	13.03
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	1798	2804	5981	847	23.5
42800	Biopsy; oropharynx	371	579	1235	162	4.5
42804	Biopsy; nasopharynx, visible lesion, simple	442	690	1471	204	5.65
42806	Biopsy; nasopharynx, survey for unknown primary lesion	496	773	1648	228	6.32
42808	Excision of or destruction of lesion of pharynx, any method	577	899	1918	235	6.52
42809	Removal of foreign body from pharynx	528	824	1757	207	5.75
42810	Excision of branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	1089	1699	3624	399	11.06
42815	Excision of branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	1760	2746	5856	569	15.79



SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
42820	Tonsillectomy and adenoidectomy; younger than age 12	903	1408	3003	299	8.3
42821	Tonsillectomy and adenoidectomy; age 12 or over	909	1417	3023	311	8.62
42825	Tonsillectomy, primary or secondary; younger than age 12	807	1259	2686	271	7.51
42826	Tonsillectomy, primary or secondary; age 12 or over	799	1246	2658	260	7.21
42830	Adenoidectomy, primary; younger than age 12	649	1013	2160	214	5.95
42831	Adenoidectomy, primary; age 12 or over	699	1091	2326	232	6.43
42835	Adenoidectomy, secondary; younger than age 12	592	923	1969	199	5.53
42836	Adenoidectomy, secondary; age 12 or over	772	1205	2570	248	6.89
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	2677	4174	8903	1047	29.06
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	4277	6670	14227	1440	39.95
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	6886	10739	22905	2318	64.32
42860	Excision of tonsil tags	577	900	1919	194	5.39
42870	Excision of or destruction lingual tonsil, any method (separate procedure)	1605	2503	5339	613	17.01
42890	Limited pharyngectomy	3855	6013	12824	1487	41.27
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	5799	9045	19291	1952	54.17
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	7087	11053	23574	2470	68.55
42900	Suture pharynx for wound or injury	1033	1611	3437	348	9.65
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	2557	3989	8507	839	23.28
42953	Pharyngoesophageal repair	2989	4662	9943	1006	27.92
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	2362	3683	7856	795	22.06

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	430	671	1432	174	4.83
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	983	1532	3269	432	11.98
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	1264	1971	4203	534	14.83
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	1262	1969	4199	425	11.79
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	1397	2179	4647	470	13.05
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	1564	2439	5203	527	14.61
42999	Unlisted procedure, pharynx, adenoids, or tonsils	0	0	0	0	0
43020	Esophagotomy, cervical approach, with removal of foreign body	1329	1917	3023	583	16.17

**ESOPHAGUS**

43030	Cricopharyngeal myotomy	1675	2415	3810	538	14.92
43045	Esophagotomy, thoracic approach, with removal of foreign body	3096	4465	7043	1358	37.67
43100	Excision of lesion, esophagus, with primary repair; cervical approach	1477	2130	3360	648	17.97
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	2388	3443	5431	1047	29.05
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	7477	10782	17006	3117	86.5
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	10680	15401	24292	4682	129.92
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or	8355	12049	19005	3663	101.65

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)					
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	10425	15033	23712	4571	126.83
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	11970	17262	27227	5248	145.63
43117	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)	7383	10647	16793	3402	94.39
43118	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)	8688	12529	19762	3809	105.7
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	6765	9755	15387	2966	82.3
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	6091	8784	13856	2671	74.11
43123	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)	10686	15410	24307	4686	130.02
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	9080	13094	20654	3981	110.47
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	2309	3330	5252	816	22.63
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	3497	5043	7955	1533	42.55

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	1553	2239	3532	568	15.75
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	353	509	802	161	4.47
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	401	578	912	176	4.88
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	607	875	1380	176	4.88
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	520	750	1183	201	5.58
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	561	809	1276	192	5.32
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	980	1413	2229	204	5.67
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	553	798	1258	192	5.34
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	620	894	1411	212	5.88
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	663	956	1507	234	6.5
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	649	937	1477	236	6.55
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	633	912	1439	330	9.16
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	325	469	740	143	3.96
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	699	1008	1590	149	4.13
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	645	930	1468	283	7.85

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	1040	1500	2366	452	12.55
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	565	814	1284	248	6.87
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	620	895	1411	200	5.54
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	1469	2118	3340	1220	33.85
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	672	970	1530	202	5.61
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	754	1087	1715	381	10.58
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	731	1054	1663	383	10.63
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	916	1322	2085	402	11.15
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	1173	1691	2667	1066	29.58
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	697	1005	1585	346	9.59
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	806	1162	1832	641	17.79
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	854	1231	1941	688	19.09
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	583	840	1325	353	9.79
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	759	1094	1725	429	11.89

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	679	979	1544	241	6.68
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	640	923	1456	274	7.61
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	749	1080	1704	361	10.01
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	685	988	1559	207	5.73
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	814	1174	1852	245	6.81
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	803	1158	1826	367	10.19
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	1198	1727	2724	414	11.5
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	609	878	1385	150	4.17
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	1101	1588	2505	277	7.69
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	772	1114	1756	250	6.94
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	834	1203	1897	258	7.17

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	813	1173	1850	585	16.22
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	778	1122	1770	211	5.86
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	752	1084	1710	369	10.24
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	774	1117	1761	379	10.52
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1189	1714	2704	1081	29.99
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	969	1397	2204	425	11.8
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	914	1318	2079	470	13.04
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	824	1188	1873	323	8.96
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	827	1192	1880	278	7.7
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	906	1307	2061	285	7.91
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	885	1276	2013	676	18.77
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	1004	1448	2284	245	6.8
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound	884	1275	2011	239	6.62

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis					
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	982	1416	2234	341	9.45
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	1067	1539	2428	358	9.92
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	1251	1804	2845	377	10.46
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	1006	1451	2288	377	10.47
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	1456	2099	3311	384	10.66
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	1507	2173	3428	457	12.69
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	730	1053	1661	230	6.39
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	1006	1451	2289	708	19.65
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	350	505	796	126	3.49
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	1371	1977	3118	489	13.56
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	1148	1656	2612	398	11.04



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	1520	2192	3458	509	14.12
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	1165	1679	2649	400	11.09
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	1302	1877	2961	457	12.68
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	3412	4921	7761	1348	37.39
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	3055	4405	6948	1129	31.33
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	4387	6327	9980	1614	44.78
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	4244	6120	9652	1815	50.35
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (list separately in addition to code for primary procedure)	396	571	900	166	4.6
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	1759	2537	4001	673	18.68
43285	Removal of esophageal sphincter augmentation device	1562	2252	3552	685	19
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastronomy (ie, laparoscopic transhiatal esophagectomy)	7479	10785	17012	3279	90.99

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrotomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	8560	12344	19470	3753	104.14
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrotomy or esophagogastrotomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	8914	12855	20276	3908	108.45
43289	Unlisted laparoscopy procedure, esophagus	0	0	0	0	0
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	1237	2488	4698	636	17.65
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	2193	4413	8332	1128	31.3
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	3007	6051	11425	1547	42.92
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	3233	6505	12282	1663	46.14
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	5557	11183	21114	2859	79.32
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	5850	11773	22228	2972	82.46
43320	Esophagogastrotomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	2835	5704	10770	1458	40.46
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	2761	5555	10489	1418	39.36

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43327	Esophagogastric fundoplasty partial or complete; laparotomy	2384	4797	9057	856	23.76
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	2284	4596	8678	1175	32.6
43330	Esophagomyotomy (Heller type); abdominal approach	2711	5456	10301	1395	38.7
43331	Esophagomyotomy (Heller type); thoracic approach	2713	5460	10309	1396	38.73
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	3103	6245	11791	1211	33.6
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	3304	6649	12553	1318	36.58
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	2537	5105	9639	1305	36.21
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	2714	5462	10312	1396	38.74
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	3070	6178	11664	1579	43.82
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	3124	6287	11869	1607	44.59
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (list separately in addition to code for primary procedure)	236	475	897	121	3.37
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	2793	5621	10613	1437	39.87
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	2844	5724	10807	1463	40.6
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	2640	5312	10030	1358	37.68

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	2163	4354	8220	1113	30.88
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	4570	9196	17363	2351	65.23
43361	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)	5488	11043	20850	2823	78.32
43400	Ligation, direct, esophageal varices	3099	6237	11776	1594	44.24
43401	Transection of esophagus with repair, for esophageal varices	3129	6297	11889	1591	44.16
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	2942	5920	11177	1513	41.99
43410	Suture of esophageal wound or injury; cervical approach	2063	4151	7836	1061	29.44
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	5624	11318	21368	2691	74.66
43420	Closure of esophagostomy or fistula; cervical approach	2045	4115	7770	1052	29.19
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	2917	5871	11084	1501	41.64
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	327	657	1241	169	4.7
43453	Dilation of esophagus, over guide wire	1009	2030	3832	917	25.45
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	436	877	1656	224	6.22
43496	Free jejunum transfer with microvascular anastomosis	4239	8531	16107	0	0
43499	Unlisted procedure, esophagus	0	0	0	0	0
<b>STOMACH</b>						
43500	Gastrotomy; with exploration or foreign body removal	1948	3069	5175	820	22.74
43501	Gastrotomy; with suture repair of bleeding ulcer	2958	4660	7859	1407	39.04

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	5316	8374	14123	1586	44
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, celestin or Mousseau-Barbin)	3293	5187	8748	990	27.46
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	2202	3469	5851	719	19.95
43605	Biopsy of stomach, by laparotomy	2912	4587	7735	877	24.33
43610	Excision of local; ulcer or benign tumor of stomach	2512	3957	6674	1027	28.51
43611	Excision of local; malignant tumor of stomach	3319	5228	8817	1282	35.57
43620	Gastrectomy, total; with esophagoenterostomy	6883	10842	18284	2054	57
43621	Gastrectomy, total; with roux-en-y reconstruction	6339	9985	16839	2378	65.99
43622	Gastrectomy, total; with formation of intestinal pouch, any type	8064	12702	21420	2415	67
43631	Gastrectomy, partial, distal; with gastroduodenostomy	3710	5844	9855	1517	42.09
43632	Gastrectomy, partial, distal; with gastrojejunostomy	4947	7792	13141	2129	59.08
43633	Gastrectomy, partial, distal; with roux-en-y reconstruction	4722	7437	12542	2011	55.81
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	7417	11683	19702	2216	61.48
43635	Vagotomy when performed with partial distal gastrectomy (list separately in addition to code[s] for primary procedure)	337	530	894	117	3.26
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	4105	6465	10903	1232	34.19
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	4191	6602	11133	1248	34.64
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)	5204	8197	13824	1811	50.24
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	5371	8460	14268	1938	53.77

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	2431	3830	6458	0	0
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	2219	3495	5895	0	0
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	2278	3589	6052	680	18.88
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	2662	4193	7071	800	22.19
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	1867	2941	4960	599	16.62
43659	Unlisted laparoscopy procedure, stomach	0	0	0	0	0
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	140	220	372	42	1.17
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	96	152	256	23	0.63
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	296	467	787	167	4.62
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug admin	471	742	1252	160	4.43
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	711	1119	1887	235	6.52
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug admin	1006	1585	2673	327	9.08
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	318	502	846	124	3.43
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when	764	1204	2031	227	6.31

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract					
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	1135	1788	3015	338	9.37
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	3199	5038	8497	1174	32.58
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	3389	5339	9004	1325	36.77
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	2094	3298	5562	989	27.44
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	4452	7013	11826	1327	36.83
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	2923	4604	7764	1003	27.82
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	4366	6877	11597	1166	32.36
43800	Pyloroplasty	2280	3591	6055	973	26.99
43810	Gastroduodenostomy	3548	5589	9425	1060	29.41
43820	Gastrojejunostomy; without vagotomy	3314	5220	8803	1404	38.97
43825	Gastrojejunostomy; with vagotomy, any type	4563	7187	12120	1365	37.88
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	1869	2944	4965	732	20.3
43831	Gastrostomy, open; neonatal, for feeding	2102	3311	5583	625	17.35
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	2611	4112	6935	1084	30.08
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	3287	5177	8731	1421	39.44

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	4155	6545	11037	1247	34.59
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	4434	6984	11778	1319	36.6
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	6893	10858	18311	2036	56.5
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) roux-en-y gastroenterostomy	4718	7432	12533	1694	47.01
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	6284	9899	16694	1878	52.1
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	6603	10400	17539	2015	55.91
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	5678	8944	15084	1693	46.99
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	5654	8906	15019	1682	46.67
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	4865	7663	12923	1709	47.43
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	5961	9389	15834	1781	49.42
43870	Closure of gastrostomy, surgical	2169	3416	5761	742	20.6
43880	Closure of gastrocolic fistula	5565	8766	14784	1664	46.18
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	2410	3796	6402	0	0
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	2972	4681	7894	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1261	1987	3350	378	10.48
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1137	1792	3021	340	9.44
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1504	2369	3995	480	13.32
43999	Unlisted procedure, stomach	0	0	0	0	0
<b>INTESTINES (EXCEPT RECTUM)</b>						
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	2682	3441	4889	1145	31.76
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	2225	2855	4055	899	24.94
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (list separately in addition to primary procedure)	451	579	823	149	4.13
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	2465	3163	4494	1018	28.25
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, baker tube)	2375	3047	4329	1020	28.3
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	2689	3451	4902	1029	28.54
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	2444	3137	4456	977	27.12
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	4343	5572	7916	1564	43.4
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	251	322	458	113	3.14
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	2392	3069	4360	888	24.63
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	2543	3263	4636	1027	28.51
44120	Enterectomy, resection of small intestine; single resection and anastomosis	3166	4062	5770	1279	35.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (list separately in addition to code for primary procedure)	751	963	1369	254	7.04
44125	Enterectomy, resection of small intestine; with enterostomy	3451	4428	6291	1233	34.2
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	8096	10388	14757	2570	71.32
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	7403	9499	13494	2991	82.99
44128	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)	633	813	1154	256	7.1
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	3442	4417	6275	1374	38.12
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	0	0	0	0	0
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	0	0	0	0	0
44135	Intestinal allotransplantation; from cadaver donor	0	0	0	0	0
44136	Intestinal allotransplantation; from living donor	0	0	0	0	0
44137	Removal of transplanted intestinal allograft, complete	3308	4245	6030	0	0
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)	361	464	659	126	3.51
44140	Colectomy, partial; with anastomosis	3339	4284	6086	1403	38.92
44141	Colectomy, partial; with skin level cecostomy or colostomy	4199	5388	7654	1907	52.92
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	3997	5129	7286	1740	48.27

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	4252	5455	7750	1850	51.34
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	4248	5450	7743	1732	48.05
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	5019	6440	9149	2211	61.36
44147	Colectomy, partial; abdominal and transanal approach	4225	5421	7701	2031	56.35
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	4616	5923	8415	1949	54.09
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	5589	7172	10188	2258	62.66
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	5296	6795	9653	2168	60.15
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	5935	7615	10818	2398	66.53
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	5673	7280	10341	2292	63.6
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (s or j), includes loop ileostomy, and rectal mucosectomy, when performed	5824	7473	10616	2353	65.29
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	3314	4253	6041	1298	36.01
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	2346	3011	4277	961	26.67
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	1775	2278	3235	680	18.86
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	3013	3866	5492	1149	31.88
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	3061	3928	5580	1278	35.46
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	3611	4633	6582	1446	40.13

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (list separately in addition to code for primary procedure)	799	1025	1456	251	6.96
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	3777	4846	6884	1608	44.61
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	3394	4355	6187	1397	38.76
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	4105	5268	7483	1827	50.69
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	4542	5828	8279	1899	52.68
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	5069	6504	9240	2069	57.4
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	4979	6389	9075	1856	51.5
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (s or j), with loop ileostomy, includes rectal mucosectomy, when performed	6706	8604	12223	2269	62.95
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	5716	7334	10419	2132	59.16
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)	515	661	939	196	5.45
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	4104	5267	7482	1740	48.27
44238	Unlisted laparoscopy procedure, intestine (except rectum)	0	0	0	0	0
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	2047	2626	3730	881	24.44
44310	Ileostomy or jejunostomy, non-tube	2830	3631	5159	1090	30.24
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	1487	1907	2710	617	17.13

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	2663	3417	4854	1049	29.1
44316	Continent ileostomy (Kock procedure) (separate procedure)	3664	4702	6679	1480	41.08
44320	Colostomy or skin level cecostomy;	2928	3757	5337	1256	34.85
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	2584	3316	4710	1044	28.97
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	1534	1968	2796	650	18.04
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	2512	3223	4578	1097	30.44
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	2887	3704	5262	1235	34.27
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	587	820	1277	151	4.2
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	821	1147	1786	168	4.65
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	710	992	1545	203	5.62
44364	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	993	1386	2160	216	5.99
44365	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	1539	2149	3348	192	5.32
44366	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)	856	1195	1861	253	7.02
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or	850	1187	1850	259	7.19

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique					
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	831	1161	1808	281	7.8
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	831	1160	1807	253	7.02
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	760	1062	1654	203	5.62
44376	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)	533	744	1160	300	8.33
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	1635	2283	3556	316	8.77
44378	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)	1208	1687	2629	407	11.28
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	1278	1784	2779	432	11.99
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	342	477	743	179	4.97
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	2885	4029	6277	976	27.08
44382	Ileoscopy, through stoma; with biopsy, single or multiple	594	830	1293	281	7.8
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	476	665	1036	161	4.47

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [s or j]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	580	810	1262	202	5.6
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [s or j]); with biopsy, single or multiple	789	1102	1716	301	8.36
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	793	1107	1725	303	8.42
44388-53		0	0	0	151	4.2
44389	Colonoscopy through stoma; with biopsy, single or multiple	911	1272	1982	399	11.08
44390	Colonoscopy through stoma; with removal of foreign body(s)	1168	1631	2540	395	10.96
44391	Colonoscopy through stoma; with control of bleeding, any method	1001	1398	2178	696	19.31
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	984	1374	2141	369	10.25
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1073	1498	2334	425	11.79
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	9290	12972	20209	3108	86.23
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	816	1140	1775	276	7.66
44403	Colonoscopy through stoma; with endoscopic mucosal resection	947	1323	2061	320	8.89
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	948	1324	2063	389	10.8
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	1659	2317	3609	561	15.57
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid,	717	1001	1560	243	6.73

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	descending, transverse, or ascending colon and cecum and adjacent structures					
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	861	1202	1873	291	8.08
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	722	1009	1571	245	6.79
44500	Introduction of long gastrointestinal tube (eg, miller-Abbott) (separate procedure)	77	108	168	20	0.56
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	3363	4696	7316	1476	40.96
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	3833	5352	8338	1694	47.01
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	2789	3895	6067	1107	30.71
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	4025	5621	8757	1362	37.78
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	3014	4208	6556	1122	31.14
44620	Closure of enterostomy, large or small intestine;	2214	3091	4815	906	25.14
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	2846	3973	6190	1061	29.43
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	3928	5485	8545	1673	46.43
44640	Closure of intestinal cutaneous fistula	3796	5300	8257	1465	40.65
44650	Closure of enteroenteric or enterocolic fistula	3854	5381	8383	1509	41.87



**SURGERY – DIGESTIVE SYSTEM**

<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
<b>44660</b>	Closure of enterovesical fistula; without intestinal or bladder resection	2899	4048	6305	1395	38.7
<b>44661</b>	Closure of enterovesical fistula; with intestine and/or bladder resection	3958	5527	8610	1621	44.98
<b>44680</b>	Intestinal plication (separate procedure)	3310	4623	7201	1120	31.07
<b>44700</b>	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	2333	3258	5076	1051	29.16
<b>44701</b>	Intraoperative colonic lavage (list separately in addition to code for primary procedure)	398	556	866	178	4.94
<b>44705</b>	Preparation of fecal microbiota for instillation, including assessment of donor specimen	332	463	722	117	3.25
<b>44715</b>	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	985	1375	2142	0	0
<b>44720</b>	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	851	1189	1852	288	7.99
<b>44721</b>	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	1190	1662	2589	403	11.17
<b>44799</b>	Unlisted procedure, small intestine	0	0	0	0	0

**MECKEL’S DIVERTICULUM AND THE MESENTERY**

<b>44800</b>	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	2034	2840	4424	801	22.23
<b>44820</b>	Excision of lesion of mesentery (separate procedure)	2586	3611	5625	875	24.27
<b>44850</b>	Suture of mesentery (separate procedure)	2699	3769	5871	782	21.7
<b>44899</b>	Unlisted procedure, Meckel's diverticulum and the mesentery	0	0	0	0	0

**APPENDIX**

<b>44900</b>	Incision and drainage of appendiceal abscess, open	2388	3334	5194	808	22.41
<b>44950</b>	Appendectomy;	1720	2402	3742	671	18.62

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
44955	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)	263	367	571	88	2.45
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	2348	3278	5107	916	25.41
44970	Laparoscopy, surgical, appendectomy	1650	2305	3590	628	17.42
44979	Unlisted laparoscopy procedure, appendix	0	0	0	0	0
<b>COLON AND RECTUM</b>						
45000	Transrectal drainage of pelvic abscess	1088	1483	2228	442	12.27
45005	Incision and drainage of submucosal abscess, rectum	550	750	1127	293	8.14
45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	1260	1716	2579	598	16.58
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	869	1184	1780	311	8.64
45108	Anorectal myomectomy	977	1332	2001	386	10.7
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	4989	6798	10216	1922	53.33
45111	Proctectomy; partial resection of rectum, transabdominal approach	3241	4416	6636	1135	31.48
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	5536	7543	11336	1947	54.02
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (s or j), with or without loop ileostomy	5889	8025	12059	1971	54.69
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	4806	6549	9841	1896	52.61
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	4122	5616	8440	1626	45.12
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, j-pouch), with diverting enterostomy when performed	5111	6964	10466	2016	55.95
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis	4206	5731	8612	1659	46.04

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	(eg, Swenson, Duhamel, or soave type operation)					
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	4565	6220	9347	1801	49.97
45123	Proctectomy, partial, without anastomosis, perineal approach	2918	3976	5975	1171	32.49
45126	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	7359	10028	15069	2903	80.56
45130	Excision of rectal procidentia, with anastomosis; perineal approach	2680	3652	5488	1134	31.47
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	3443	4692	7050	1358	37.69
45136	Excision of ileoanal reservoir with ileostomy	4876	6645	9985	1924	53.38
45150	Division of stricture of rectum	1098	1496	2248	433	12.02
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	2713	3697	5555	1070	29.7
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	1615	2201	3308	628	17.43
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	2290	3120	4688	847	23.51
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	3008	4098	6159	727	20.16
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	254	346	520	125	3.47
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	1756	2393	3596	949	26.34
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	376	513	770	158	4.38
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	459	626	941	181	5.03

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	450	614	922	178	4.93
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	467	636	956	184	5.11
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	512	698	1049	202	5.61
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	622	848	1274	199	5.52
45320	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)	500	681	1023	197	5.47
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	273	372	559	108	2.99
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	309	421	632	122	3.38
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	305	416	624	176	4.88
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	413	563	846	274	7.6
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	509	694	1043	265	7.36
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	584	795	1195	312	8.67
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	609	830	1248	554	15.37
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	502	684	1028	258	7.15
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	447	609	916	121	3.37

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	667	909	1366	284	7.89
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	687	937	1407	455	12.62
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	503	685	1029	130	3.61
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	696	949	1426	179	4.96
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	3265	4449	6686	2969	82.38
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	544	742	1115	163	4.52
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	660	899	1352	209	5.8
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	806	1098	1651	591	16.4
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	899	1225	1840	331	9.18
45378-53		0	0	0	165	4.59
45379	Colonoscopy, flexible; with removal of foreign body(s)	1105	1505	2262	427	11.86
45380	Colonoscopy, flexible; with biopsy, single or multiple	1051	1432	2151	425	11.79
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	1015	1383	2078	415	11.52
45382	Colonoscopy, flexible; with control of bleeding, any method	1173	1598	2401	729	20.23
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1131	1541	2316	473	13.13
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1202	1638	2462	446	12.38

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	1276	1738	2612	613	17
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	3443	4692	7051	3131	86.87
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	1016	1385	2082	306	8.49
45390	Colonoscopy, flexible; with endoscopic mucosal resection	1159	1579	2373	351	9.74
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	980	1336	2008	272	7.55
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	1064	1450	2178	321	8.91
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	827	1127	1693	267	7.41
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	5001	6815	10241	2059	57.13
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, j-pouch), with diverting enterostomy, when performed	5848	7970	11976	2240	62.15
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	1214	1654	2485	752	20.87
45399	Unlisted procedure, colon	0	0	0	0	0
45400	Laparoscopy, surgical; proctopexy (for prolapse)	2816	3838	5767	1188	32.96
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	3396	4627	6953	1580	43.83
45499	Unlisted laparoscopy procedure, rectum	0	0	0	0	0

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
45500	Proctoplasty; for stenosis	1476	2012	3023	582	16.16
45505	Proctoplasty; for prolapse of mucous membrane	1618	2205	3314	618	17.16
45520	Perirectal injection of sclerosing solution for prolapse	201	274	412	159	4.41
45540	Proctopexy (eg, for prolapse); abdominal approach	2575	3509	5273	1103	30.61
45541	Proctopexy (eg, for prolapse); perineal approach	2511	3421	5141	985	27.33
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	3408	4645	6980	1528	42.41
45560	Repair of rectocele (separate procedure)	1665	2269	3410	712	19.77
45562	Exploration, repair, and presacral drainage for rectal injury;	2964	4039	6070	1169	32.45
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	4360	5941	8928	1720	47.73
45800	Closure of rectovesical fistula;	3333	4542	6826	1315	36.49
45805	Closure of rectovesical fistula; with colostomy	3888	5298	7961	1534	42.56
45820	Closure of rectourethral fistula;	3352	4568	6865	1323	36.7
45825	Closure of rectourethral fistula; with colostomy	4059	5532	8313	1602	44.44
45900	Reduction of procidentia (separate procedure) under anesthesia	533	726	1091	210	5.83
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	512	697	1048	176	4.87
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	617	841	1264	199	5.53
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	708	965	1450	350	9.7
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	301	410	617	111	3.09
45999	Unlisted procedure, rectum	0	0	0	0	0
<b>ANUS</b>						
46020	Placement of seton	684	912	1332	288	8
46030	Removal of anal seton, other marker	362	483	705	146	4.04
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	1163	1552	2267	559	15.5

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	996	1329	1940	454	12.59
46050	Incision and drainage, perianal abscess, superficial	494	659	962	216	5.98
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	1226	1636	2389	499	13.84
46070	Incision, anal septum (infant)	577	769	1124	271	7.52
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	578	771	1126	267	7.41
46083	Incision of thrombosed hemorrhoid, external	400	533	779	189	5.24
46200	Fissurectomy, including sphincterotomy, when performed	1004	1340	1957	469	13
46220	Excision of single external papilla or tag, anus	459	613	894	224	6.22
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	544	726	1060	280	7.77
46230	Excision of multiple external papillae or tags, anus	653	872	1273	292	8.11
46250	Hemorrhoidectomy, external, 2 or more columns/groups	906	1209	1766	484	13.44
46255	Hemorrhoidectomy, internal and external, single column/group;	1151	1536	2243	530	14.71
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	1099	1467	2142	441	12.24
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	1175	1569	2291	489	13.56
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1326	1770	2584	497	13.79
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	1500	2001	2923	543	15.08
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	1503	2005	2929	577	16.01
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	1158	1546	2257	534	14.81



SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	1299	1733	2531	563	15.63
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1364	1820	2657	492	13.65
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	1204	1607	2347	561	15.56
46288	Closure of anal fistula with rectal advancement flap	1600	2135	3118	572	15.86
46320	Excision of thrombosed hemorrhoid, external	402	537	784	196	5.43
46500	Injection of sclerosing solution, hemorrhoids	382	509	744	297	8.23
46505	Chemodenervation of internal anal sphincter	762	1017	1486	301	8.35
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	205	273	399	98	2.72
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	690	921	1345	143	3.97
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	957	1277	1866	660	18.3
46606	Anoscopy; with biopsy, single or multiple	470	627	915	248	6.89
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	1011	1350	1971	201	5.59
46608	Anoscopy; with removal of foreign body	557	743	1085	262	7.26
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	500	668	975	248	6.89
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	392	522	763	196	5.43
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	642	857	1252	302	8.38
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	501	669	977	143	3.97

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
46615	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	0	0	0	156	4.34
46700	Anoplasty, plastic operation for stricture; adult	1634	2181	3185	684	18.98
46705	Anoplasty, plastic operation for stricture; infant	1235	1648	2407	581	16.11
46706	Repair of anal fistula with fibrin glue	391	522	762	184	5.1
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	1161	1550	2263	511	14.19
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	2463	3286	4799	1158	32.12
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	4964	6624	9674	2333	64.74
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	1209	1614	2356	568	15.77
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	2693	3593	5248	1266	35.12
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	4374	5837	8525	2056	57.05
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	5048	6737	9838	2373	65.84
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	4780	6380	9316	2247	62.35
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	5538	7390	10793	2603	72.23
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	7763	10360	15129	3649	101.25
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	8669	11569	16895	4075	113.07
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	9410	12557	18339	4423	122.7

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps					3
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	1931	2577	3763	778	21.6
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	1457	1945	2841	685	19.01
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	1362	1817	2654	640	17.76
46754	Removal of Thiersch wire or suture, anal canal	692	924	1349	325	9.03
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	2423	3233	4722	1139	31.6
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (park posterior anal repair)	2915	3890	5681	953	26.43
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	403	538	785	244	6.76
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	580	774	1130	266	7.39
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	400	534	779	246	6.83
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	879	1173	1713	442	12.27
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	599	800	1168	288	8
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	1191	1589	2321	544	15.1
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	581	775	1132	217	6.02
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	609	813	1187	245	6.79

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	704	939	1372	234	6.48
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	656	876	1279	327	9.08
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	698	932	1361	330	9.17
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	993	1326	1936	400	11.09
46999	Unlisted procedure, anus	0	0	0	0	0
<b>LIVER</b>						
47000	Biopsy of liver, needle; percutaneous	436	638	982	314	8.72
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (list separately in addition to code for primary procedure)	298	436	672	109	3.02
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	2649	3874	5967	1267	35.17
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	2091	3058	4710	1218	33.79
47100	Biopsy of liver, wedge	1992	2914	4489	883	24.5
47120	Hepatectomy, resection of liver; partial lobectomy	6950	10166	15657	2443	67.79
47122	Hepatectomy, resection of liver; trisegmentectomy	1030 9	15078	23224	3592	99.67
47125	Hepatectomy, resection of liver; total left lobectomy	9097	13306	20495	3227	89.54
47130	Hepatectomy, resection of liver; total right lobectomy	9930	14524	22370	3467	96.2
47133	Donor hepatectomy (including cold preservation), from cadaver donor	0	0	0	0	0
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	2930 2	42859	66011	5633	156.3
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments ii and iii)	6414	9382	14450	3736	103.6 6

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments ii, iii and iv)	7679	11231	17298	4472	124.0 9
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments v, vi, vii and viii)	8449	12358	19034	4921	136.5 4
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	2209	3231	4977	0	0
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments ii and iii] and right trisegment [segments i and iv through viii])	774	1132	1743	0	0
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments ii, iii, and iv] and right lobe [segments i and v through viii])	786	1150	1771	0	0
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	584	853	1315	340	9.43
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	687	1006	1549	400	11.11
47300	Marsupialization of cyst or abscess of liver	2030	2969	4572	1182	32.8
47350	Management of liver hemorrhage; simple suture of liver wound or injury	3531	5165	7955	1431	39.7
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	5228	7648	11779	1963	54.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	8039	11759	18111	3171	88
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	3973	5811	8951	1518	42.12
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	3131	4579	7053	1308	36.29
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	2195	3210	4945	1278	35.47
47379	Unlisted laparoscopic procedure, liver	0	0	0	0	0
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	3878	5672	8737	1508	41.84
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	2628	3844	5920	1531	42.47
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	5180	7577	11670	4709	130.67
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	12139	17756	27348	7070	196.18
47399	Unlisted procedure, liver	0	0	0	0	0

**BILIARY TRACT**

47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	6501	8840	13053	2257	62.62
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	3588	4879	7204	1402	38.9
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	4123	5606	8277	1431	39.71
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	3811	5182	7652	1323	36.71
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	2209	3003	4434	916	25.42

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	1346	1831	2703	345	9.56
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	380	517	763	356	9.89
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	1826	2483	3666	837	23.23
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	2979	4051	5981	1270	35.24
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	1628	2213	3268	1480	41.06
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	2463	3349	4945	1025	28.45
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	777	1056	1559	706	19.59
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	899	1222	1804	415	11.51

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	1029 4	13997	20667	4390	121.8
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	1402 5	19071	28159	4869	135.0 9
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	1281 5	17424	25728	4952	137.4
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	3510	4773	7048	1218	33.81
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure)	503	684	1010	502	13.92
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (list separately in addition to code for primary procedure)	586	796	1176	482	13.38



SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	2490	3386	4999	1055	29.28
47550	Biliary endoscopy, intraoperative (choledochoscopy) (list separately in addition to code for primary procedure)	430	584	862	173	4.8
47552	Biliary endoscopy, percutaneous via t-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	935	1272	1878	325	9.01
47553	Biliary endoscopy, percutaneous via t-tube or other tract; with biopsy, single or multiple	925	1258	1857	321	8.91
47554	Biliary endoscopy, percutaneous via t-tube or other tract; with removal of calculus/calculi	1555	2115	3123	540	14.98
47555	Biliary endoscopy, percutaneous via t-tube or other tract; with dilation of biliary duct stricture(s) without stent	1103	1499	2214	341	9.46
47556	Biliary endoscopy, percutaneous via t-tube or other tract; with dilation of biliary duct stricture(s) with stent	1244	1692	2498	386	10.72
47562	Laparoscopy, surgical; cholecystectomy	2024	2752	4063	687	19.07
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	2075	2821	4165	748	20.75
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	2733	3716	5488	1163	32.27
47570	Laparoscopy, surgical; cholecystoenterostomy	2336	3176	4690	811	22.5
47579	Unlisted laparoscopy procedure, biliary tract	0	0	0	0	0
47600	Cholecystectomy;	2657	3613	5335	1116	30.97
47605	Cholecystectomy; with cholangiography	2637	3586	5294	1175	32.6
47610	Cholecystectomy with exploration of common duct;	3193	4342	6411	1311	36.39
47612	Cholecystectomy with exploration of common duct; with choledochenterostomy	3808	5178	7646	1322	36.68
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or	4109	5588	8250	1426	39.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	sphincteroplasty, with or without cholangiography					
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	3179	4323	6383	1104	30.62
47701	Portoenterostomy (eg, kasai procedure)	5145	6996	10331	1786	49.56
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	4686	6371	9407	1626	45.13
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	6009	8171	12065	2086	57.88
47715	Excision of choledochal cyst	3993	5429	8017	1386	38.46
47720	Cholecystoenterostomy; direct	3471	4719	6968	1205	33.43
47721	Cholecystoenterostomy; with gastroenterostomy	4085	5555	8202	1418	39.35
47740	Cholecystoenterostomy; roux-en-y	3920	5331	7871	1361	37.76
47741	Cholecystoenterostomy; roux-en-y with gastroenterostomy	4441	6038	8915	1541	42.77
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	5597	7610	11236	2359	65.47
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	9133	12419	18337	3170	87.97
47780	Anastomosis, roux-en-y, of extrahepatic biliary ducts and gastrointestinal tract	6874	9347	13801	2591	71.89
47785	Anastomosis, roux-en-y, of intrahepatic biliary ducts and gastrointestinal tract	9363	12731	18798	3403	94.43
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	6533	8884	13117	1642	45.55
47801	Placement of choledochal stent	3357	4564	6739	1165	32.33
47802	U-tube hepaticoenterostomy	4605	6261	9245	1598	44.35
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	4127	5612	8286	1433	39.75
47999	Unlisted procedure, biliary tract	0	0	0	0	0
<b>PANCREAS</b>						
48000	Placement of drains, peripancreatic, for acute pancreatitis;	5678	7721	11400	1971	54.69

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	6922	9412	13897	2403	66.67
48020	Removal of pancreatic calculus	3550	4827	7127	1232	34.19
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	2429	3303	4878	931	25.83
48102	Biopsy of pancreas, percutaneous needle	892	1213	1792	549	15.22
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	7295	9919	14647	2971	82.44
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	3331	4529	6687	1156	32.08
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	4456	6059	8946	1638	45.45
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	4915	6683	9868	1706	47.34
48146	Pancreatectomy, distal, near-total with preservation of duodenum (child-type procedure)	5659	7695	11363	1964	54.51
48148	Excision of ampulla of Vater	3756	5108	7542	1304	36.18
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (whipplei-type procedure); with pancreaticojejunostomy	9105	12380	18280	3265	90.6
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (whipplei-type procedure); without pancreaticojejunostomy	8709	11841	17485	3023	83.88
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, whipplei-type procedure); with pancreaticojejunostomy	8903	12106	17876	3250	90.18
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, whipplei-type procedure); without pancreaticojejunostomy	8762	11913	17591	3041	84.39
48155	Pancreatectomy, total	5468	7435	10979	1898	52.67

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	0	0	0	0	0
48400	Injection procedure for intraoperative pancreatography (list separately in addition to code for primary procedure)	319	433	640	111	3.07
48500	Marsupialization of pancreatic cyst	3470	4718	6966	1204	33.42
48510	External drainage, pseudocyst of pancreas, open	3301	4488	6627	1146	31.79
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	3279	4458	6583	1138	31.58
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; roux-en-y	3931	5345	7892	1364	37.86
48545	Pancreatorrhaphy for injury	4040	5493	8111	1402	38.91
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	5388	7327	10818	1870	51.9
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	5006	6807	10051	1738	48.22
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	0	0	0	0	0
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	681	926	1368	0	0
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	713	970	1432	248	6.87
48554	Transplantation of pancreatic allograft	7673	10433	15404	2663	73.9
48556	Removal of transplanted pancreatic allograft	3836	5216	7702	1332	36.95
48999	Unlisted procedure, pancreas	0	0	0	0	0

**ABDOMEN, PERITONEUM AND OMENTUM**

49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	2029	2872	4560	804	22.32
49002	Reopening of recent laparotomy	2844	4026	6392	1093	30.34

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	2514	3559	5650	969	26.9
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	3977	5630	8938	1662	46.13
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	2519	3567	5662	1042	28.9
49060	Drainage of retroperitoneal abscess, open	2739	3878	6157	1147	31.84
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	1759	2490	3953	771	21.39
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	405	574	911	204	5.67
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	404	572	909	304	8.44
49084	Peritoneal lavage, including imaging guidance, when performed	286	405	644	113	3.13
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	386	546	867	170	4.71
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	1761	2492	3957	1091	30.28
49203	Excision of or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	3247	4596	7297	1251	34.7
49204	Excision of or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	4241	6004	9533	1599	44.38
49205	Excision of or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	5113	7238	11491	1840	51.05
49215	Excision of presacral or sacrococcygeal tumor	6618	9369	14875	2317	64.28

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
49220	Staging laparotomy for Hodgkin's 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)	2320	3284	5214	1017	28.21
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	1409	1994	3166	615	17.07
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	1984	2808	4459	826	22.93
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1044	1478	2346	340	9.43
49321	Laparoscopy, surgical; with biopsy (single or multiple)	1062	1503	2387	359	9.97
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	1126	1594	2530	386	10.7
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	1706	2415	3833	660	18.3
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	1006	1424	2260	404	11.2
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	1084	1534	2436	431	11.95
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (list separately in addition to code for primary procedure)	500	707	1123	197	5.47
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	310	439	697	136	3.77
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	0	0	0	0	0
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	343	486	772	142	3.93
49402	Removal of peritoneal foreign body from peritoneal cavity	2165	3065	4866	895	24.83

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	949	1343	2132	862	23.93
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	948	1342	2131	862	23.92
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	962	1361	2161	700	19.43
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	945	1338	2125	496	13.75
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	198	281	445	87	2.41
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	1637	2318	3680	1302	36.12
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	1306	1849	2935	460	12.77
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	949	1344	2133	239	6.64
49422	Removal of tunneled intraperitoneal catheter	1062	1504	2388	233	6.46
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	640	906	1438	582	16.14
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	196	277	440	157	4.35
49425	Insertion of peritoneal-venous shunt	1714	2427	3853	751	20.85

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
49426	Revision of peritoneal-venous shunt	1469	2079	3301	644	17.86
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	109	154	244	48	1.32
49428	Ligation of peritoneal-venous shunt	1029	1456	2312	451	12.51
49429	Removal of peritoneal-venous shunt	1093	1547	2456	479	13.29
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (list separately in addition to code for primary procedure)	300	424	674	124	3.45
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	452	640	1015	193	5.36
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1070	1515	2405	973	26.99
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1214	1719	2729	1104	30.63
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2096	2967	4711	919	25.49
49446	Conversion of gastrostomy tube to gastro-jejunoscopy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1029	1456	2312	935	25.95
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	745	1055	1675	678	18.8
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	811	1148	1822	737	20.45
49452	Replacement of gastro-jejunoscopy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	997	1412	2242	907	25.16
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy,	1509	2136	3391	737	20.44



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report					
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	178	251	399	161	4.48
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	2630	3724	5912	830	23.04
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	2285	3235	5136	1002	27.79
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	1538	2178	3458	427	11.86
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	1463	2071	3288	641	17.79
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	1489	2108	3346	422	11.7
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	1443	2043	3244	632	17.55
49505	Repair initial inguinal hernia, age 5 years or older; reducible	1478	2092	3321	543	15.07
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	1733	2454	3896	612	16.97
49520	Repair recurrent inguinal hernia, any age; reducible	1726	2444	3880	660	18.31

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	1965	2782	4417	749	20.77
49525	Repair inguinal hernia, sliding, any age	1665	2357	3742	599	16.61
49540	Repair lumbar hernia	1605	2272	3608	703	19.52
49550	Repair initial femoral hernia, any age; reducible	1510	2138	3395	601	16.68
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	1648	2334	3705	660	18.31
49555	Repair recurrent femoral hernia; reducible	1425	2017	3203	625	17.33
49557	Repair recurrent femoral hernia; incarcerated or strangulated	1724	2441	3876	756	20.97
49560	Repair initial incisional or ventral hernia; reducible	1894	2681	4256	771	21.38
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	2336	3307	5250	971	26.94
49565	Repair recurrent incisional or ventral hernia; reducible	1989	2816	4471	802	22.26
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	2361	3342	5306	980	27.18
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)	700	991	1574	280	7.77
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	1197	1694	2689	435	12.07
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	1420	2010	3191	539	14.95
49580	Repair umbilical hernia, younger than age 5 years; reducible	1252	1772	2813	338	9.37
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	1099	1556	2471	482	13.37
49585	Repair umbilical hernia, age 5 years or older; reducible	1241	1757	2789	464	12.87
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	1355	1918	3045	496	13.76
49590	Repair spigelian hernia	1495	2116	3360	598	16.58
49600	Repair of small omphalocele, with primary closure	1729	2448	3887	758	21.03

## SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	1456 7	20622	32741	5136	142.5 2
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	3648	5165	8200	1186	32.91
49610	Repair of omphalocele (gross type operation); first stage	1644	2327	3694	720	19.99
49611	Repair of omphalocele (gross type operation); second stage	1447	2049	3253	634	17.6
49650	Laparoscopy, surgical; repair initial inguinal hernia	1288	1824	2895	447	12.41
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	1537	2175	3454	582	16.15
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	1896	2684	4262	777	21.55
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	2290	3242	5148	970	26.91
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	2117	2997	4758	883	24.49
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	2586	3662	5813	1078	29.91
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	2238	3169	5031	957	26.56
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	3245	4593	7293	1378	38.24
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	0	0	0	0	0
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	2030	2874	4562	852	23.64
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	4819	6822	10830	1476	40.96
49905	Omental flap, intra-abdominal (list separately in addition to code for primary procedure)	1140	1614	2563	369	10.25

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
<b>49906</b>	Free omental flap with microvascular anastomosis	4971	7038	11173	0	0
<b>49999</b>	Unlisted procedure, abdomen, peritoneum and omentum	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>URINARY SYSTEM</b>						
<b>KIDNEY</b>						
50010	Renal exploration, not necessitating other specific procedures	1855	2811	4852	763	21.20
50010	Renal exploration, not necessitating other specific procedures	1781	2729	4666	765	21.22
50020	Drainage of perirenal or renal abscess, open	2460	3768	6443	1056	29.3
50040	Nephrostomy, nephrotomy with drainage	4241	6496	11107	966	26.8
50045	Nephrotomy, with exploration	2264	3468	5930	972	26.97
50060	Nephrolithotomy; removal of calculus	2770	4244	7256	1189	33
50065	Nephrolithotomy; secondary surgical operation for calculus	2936	4498	7691	1261	34.98
50070	Nephrolithotomy; complicated by congenital kidney abnormality	2880	4412	7544	1237	34.31
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	3537	5418	9264	1518	42.13
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	2653	4065	6950	906	25.15
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	3528	5405	9241	1332	36.96
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	2554	3912	6689	1096	30.42
50120	Pyelotomy; with exploration	2305	3531	6038	990	27.46
50125	Pyelotomy; with drainage, pyelostomy	2387	3656	6251	1025	28.43
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	2508	3841	6568	1076	29.87
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	2726	4176	7140	1170	32.47
50200	Renal biopsy; percutaneous, by trocar or needle	577	884	1511	551	15.28
50205	Renal biopsy; by surgical exposure of kidney	2348	3598	6151	788	21.86

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	3103	4754	8129	1093	30.32
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	2926	4483	7665	1256	34.86
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	3569	5468	9349	1337	37.11
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	3822	5855	10011	1359	37.71
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	3560	5454	9325	1528	42.41
50240	Nephrectomy, partial	4010	6143	10504	1382	38.35
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	2953	4524	7735	1268	35.18
50280	Excision of or unroofing of cyst(s) of kidney	2323	3558	6084	997	27.67
50290	Excision of perinephric cyst	2182	3342	5715	937	25.99
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	0	0	0	0	0
50320	Donor nephrectomy (including cold preservation); open, from living donor	3648	5588	9554	1566	43.45
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1158	1774	3033	0	0
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1190	1823	3116	0	0
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	589	902	1543	227	6.29

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	713	1093	1869	199	5.51
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	456	698	1193	189	5.24
50340	Recipient nephrectomy (separate procedure)	2306	3533	6040	990	27.47
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	7851	12028	20565	2525	70.07
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	6969	10675	18252	2992	83.01
50370	Removal of transplanted renal allograft	3614	5536	9465	1257	34.88
50380	Renal autotransplantation, reimplantation of kidney	4856	7440	12720	2085	57.85
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1243	1904	3255	1130	31.35
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1667	2553	4366	902	25.04
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	2030	3110	5318	1109	30.77
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	1467	2247	3841	732	20.31
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	581	890	1522	528	14.66
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	387	593	1014	342	9.49
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	358	549	939	100	2.78

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	295	453	774	127	3.52
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	284	435	743	122	3.38
50400	Pyeloplasty (Foley y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	3363	5152	8809	1209	33.56
50405	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, calycolplasty)	5071	7769	13283	1455	40.37
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	650	996	1703	524	14.53
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	244	373	638	217	6.03
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	875	1341	2293	848	23.52
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	1239	1898	3245	1126	31.25
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound	1970	3018	5159	889	24.66



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract					
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	580	888	1519	527	14.63
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	367	562	961	157	4.37
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	612	938	1603	263	7.29
50500	Nephrorrhaphy, suture of kidney wound or injury	3133	4799	8206	1345	37.32
50520	Closure of nephrocutaneous or pyelocutaneous fistula	2821	4321	7388	1211	33.6
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	3580	5484	9376	1537	42.64
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	3837	5878	10051	1647	45.71
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	2779	4257	7278	1193	33.1
50541	Laparoscopy, surgical; ablation of renal cysts	2110	3233	5527	958	26.59
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	2529	3874	6623	1217	33.76
50543	Laparoscopy, surgical; partial nephrectomy	3948	6048	10341	1552	43.07
50544	Laparoscopy, surgical; pyeloplasty	3552	5442	9304	1298	36.03
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and	3519	5390	9216	1397	38.77

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)					
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	3360	5147	8801	1256	34.85
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	5011	7677	13125	1675	46.49
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	3781	5792	9902	1405	38.99
50549	Unlisted laparoscopy procedure, renal	0	0	0	0	0
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	876	1341	2293	376	10.43
50553	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	935	1433	2449	401	11.14
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1000	1532	2619	429	11.91
50557	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	1017	1559	2665	437	12.12
50561	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	1607	2462	4209	494	13.72
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	1411	2162	3696	606	16.81
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1195	1830	3129	513	14.23

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
50572	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	1293	1980	3386	555	15.4
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1375	2106	3602	590	16.38
50575	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)	1736	2659	4547	745	20.68
50576	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	1372	2101	3593	589	16.34
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1850	2834	4845	634	17.59
50590	Lithotripsy, extracorporeal shock wave	2006	3074	5255	757	21
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	3663	5611	9593	3330	92.39
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	4975	7621	13030	4523	125.4 9
<b>URETER</b>						
50600	Ureterotomy with exploration or drainage (separate procedure)	2821	3677	5603	979	27.16
50605	Ureterotomy for insertion of indwelling stent, all types	2793	3641	5548	1033	28.67
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	1953	2545	3878	678	18.8

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
50610	Ureterolithotomy; upper one-third of ureter	2832	3692	5626	983	27.27
50620	Ureterolithotomy; middle one-third of ureter	2711	3533	5384	941	26.1
50630	Ureterolithotomy; lower one-third of ureter	2683	3497	5329	931	25.83
50650	Ureterectomy, with bladder cuff (separate procedure)	3119	4065	6195	1082	30.03
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	3433	4474	6818	1191	33.05
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	189	246	375	112	3.1
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	414	540	823	144	3.99
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	254	330	504	81	2.25
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	261	341	519	103	2.87
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	1139	1485	2263	1036	28.74
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	2463	3210	4892	1142	31.7
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	3003	3914	5964	1395	38.71
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	2780	3624	5523	965	26.77
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological	5902	7692	11722	2048	56.82

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	supervision and interpretation (list separately in addition to code for primary procedure)					
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	1615	2105	3208	988	27.41
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	3599	4691	7149	1270	35.25
50722	Ureterolysis for ovarian vein syndrome	5002	6519	9934	1048	29.09
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	3313	4318	6581	1150	31.9
50727	Revision of urinary-Cutaneous anastomosis (any type urostomy);	1649	2149	3275	530	14.71
50728	Revision of urinary-Cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	2205	2874	4380	765	21.23
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	3685	4803	7319	1279	35.48
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	3468	4520	6888	1203	33.39
50760	Ureteroureterostomy	3746	4883	7441	1176	32.64
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	3464	4515	6880	1202	33.35
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	3656	4765	7261	1153	31.98
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	3999	5212	7943	1120	31.07
50783	Ureteroneocystostomy; with extensive ureteral tailoring	3566	4648	7084	1176	32.63
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	3540	4614	7031	1266	35.14
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	2790	3636	5541	968	26.86
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	4214	5492	8370	1462	40.57

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
50815	Ureterocolon conduit, including intestine anastomosis	3674	4788	7297	1275	35.37
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (bricker operation)	3738	4872	7425	1371	38.03
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	4994	6509	9919	1733	48.08
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	5417	7060	10758	1879	52.15
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	3693	4814	7336	1282	35.56
50845	Cutaneous appendico-vesicostomy	4746	6185	9426	1303	36.16
50860	Ureterostomy, transplantation of ureter to skin	2839	3700	5638	985	27.33
50900	Ureterorrhaphy, suture of ureter (separate procedure)	2529	3296	5023	878	24.35
50920	Closure of ureterocutaneous fistula	2636	3436	5236	915	25.38
50930	Closure of ureterovisceral fistula (including visceral repair)	3312	4317	6579	1149	31.89
50940	Deligation of ureter	2662	3470	5287	924	25.63
50945	Laparoscopy, surgical; ureterolithotomy	2919	3804	5797	1013	28.1
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	4177	5444	8296	1448	40.18
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	3828	4990	7604	1328	36.86
50949	Unlisted laparoscopy procedure, ureter	0	0	0	0	0
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1132	1476	2249	393	10.9
50953	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	1198	1561	2379	416	11.53
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation,	1278	1665	2537	443	12.3

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	instillation, or ureteropyelography, exclusive of radiologic service; with biopsy					
50957	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	1289	1680	2560	447	12.41
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1162	1515	2308	403	11.19
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1113	1451	2212	386	10.72
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1077	1404	2139	374	10.37
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1422	1853	2824	493	13.69
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1403	1829	2787	487	13.51
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1071	1396	2127	372	10.31
<b>BLADDER</b>						
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	1395	1857	2477	487	13.51
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	1405	1871	2495	490	13.61
51040	Cystostomy, cystotomy with drainage	879	1171	1561	301	8.36
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	1205	1604	2139	512	14.2

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	1433	1908	2545	492	13.66
51060	Transvesical ureterolithotomy	1736	2312	3083	606	16.82
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	1730	2304	3072	604	16.76
51080	Drainage of perivesical or prevesical space abscess	1219	1623	2165	426	11.81
51100	Aspiration of bladder; by needle	190	253	337	66	1.84
51101	Aspiration of bladder; by trocar or intracatheter	391	521	695	137	3.79
51102	Aspiration of bladder; with insertion of suprapubic catheter	584	777	1037	238	6.6
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	1968	2620	3495	663	18.4
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	1776	2364	3153	620	17.2
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	2222	2959	3946	895	24.84
51530	Cystotomy; for excision of bladder tumor	2297	3058	4079	802	22.25
51535	Cystotomy for excision, incision, or repair of ureterocele	2327	3098	4132	812	22.54
51550	Cystectomy, partial; simple	2519	3354	4473	1005	27.9
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	3559	4739	6320	1322	36.69
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	3876	5161	6884	1353	37.55
51570	Cystectomy, complete; (separate procedure)	4402	5861	7817	1537	42.64
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	5446	7252	9672	1901	52.76
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	5654	7528	10041	1974	54.77
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic	6302	8392	11192	2200	61.05



SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	lymphadenectomy, including external iliac, hypogastric, and obturator nodes					
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	5986	7970	10630	2017	55.97
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	6799	9053	12074	2283	63.35
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	8252	10988	14655	2457	68.17
51597	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	7455	9926	13239	2392	66.36
51600	Injection procedure for cystography or voiding urethrocytography	359	479	638	201	5.57
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	136	182	242	40	1.11
51610	Injection procedure for retrograde urethrocytography	328	436	582	116	3.21
51700	Bladder irrigation, simple, lavage and/or instillation	201	267	357	76	2.12
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	150	200	267	46	1.27
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	192	256	341	63	1.76
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	299	398	531	136	3.78
51705	Change of cystostomy tube; simple	240	320	427	96	2.67
51710	Change of cystostomy tube; complicated	335	447	596	133	3.69
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	820	1092	1456	327	9.07
51720	Bladder instillation of anticarcinogenic agent (including retention time)	284	379	505	86	2.4

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
51725	Simple cystometrogram (cgm) (eg, spinal manometer)	509	721	1072	205	5.69
51725-26		196	278	413	79	2.19
51725-IC		0	0	0	126	3.5
51726	Complex cystometrogram (ie, calibrated electronic equipment);	540	765	1137	286	7.94
51726-26		167	237	352	89	2.46
51726-IC		0	0	0	197	5.48
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	408	578	859	338	9.39
51727-26		133	189	280	110	3.06
51727-IC		0	0	0	228	6.33
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	769	1090	1621	344	9.55
51728-26		243	344	511	108	3.01
51728-IC		0	0	0	236	6.54
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	760	1078	1601	368	10.21
51729-26		270	383	569	131	3.63
51729-IC		0	0	0	237	6.58
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	95	135	201	14	0.4
51736-26		57	81	120	9	0.24
51736-IC		0	0	0	6	0.16
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	183	259	386	15	0.41
51741-26		107	152	226	9	0.24
51741-IC		0	0	0	6	0.17

## SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	510	723	1075	70	1.93
51784-26		286	405	601	39	1.08
51784-IC		0	0	0	31	0.85
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	1513	2144	3187	330	9.17
51785-26		439	622	924	96	2.66
51785-IC		0	0	0	235	6.51
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	508	720	1070	237	6.57
51792-26		123	174	259	57	1.59
51792-IC		0	0	0	179	4.98
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (list separately in addition to code for primary procedure)	407	576	856	142	3.95
51797-26		119	169	251	42	1.16
51797-IC		0	0	0	101	2.79
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	59	83	124	13	0.36
51800	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	3210	4420	6406	1095	30.39
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	2856	3932	5699	1131	31.37
51840	Anterior vesicourethropexy, or urethropexy (eg, marshall-Marchetti-Krantz, Burch); simple	1600	2204	3194	696	19.3
51841	Anterior vesicourethropexy, or urethropexy (eg, marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	2045	2817	4082	810	22.47
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	1532	2110	3057	607	16.83
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	1902	2620	3797	777	21.55

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	2396	3300	4782	935	25.95
51880	Closure of cystostomy (separate procedure)	1304	1795	2602	487	13.51
51900	Closure of vesicovaginal fistula, abdominal approach	2168	2986	4327	858	23.82
51920	Closure of vesicouterine fistula;	2010	2768	4011	796	22.08
51925	Closure of vesicouterine fistula; with hysterectomy	2688	3702	5365	1064	29.53
51940	Closure, exstrophy of bladder	4326	5957	8633	1713	47.52
51960	Enterocystoplasty, including intestinal anastomosis	5149	7090	10276	1443	40.05
51980	Cutaneous vesicostomy	2465	3395	4920	743	20.62
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	1751	2412	3495	780	21.63
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	2524	3475	5037	866	24.02
51999	Unlisted laparoscopy procedure, bladder	0	0	0	0	0
52000	Cystourethroscopy (separate procedure)	502	700	995	194	5.39
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	813	1135	1613	408	11.32
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	686	957	1360	290	8.05
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	1135	1584	2251	475	13.18
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	1021	1424	2025	396	10.98
52204	Cystourethroscopy, with biopsy(s)	999	1394	1981	390	10.81
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	1629	2273	3230	721	20

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy	1944	2713	3856	753	20.9
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm)	855	1193	1696	257	7.12
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)	1021	1424	2024	301	8.34
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; large bladder tumor(s)	1521	2122	3017	409	11.34
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	659	920	1308	249	6.92
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	576	804	1143	219	6.07
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	733	1023	1454	383	10.63
52270	Cystourethroscopy, with internal urethrotomy; female	792	1105	1571	393	10.91
52275	Cystourethroscopy, with internal urethrotomy; male	1002	1398	1987	521	14.46
52276	Cystourethroscopy with direct vision internal urethrotomy	910	1270	1805	276	7.65
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	889	1241	1764	337	9.35
52281	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	736	1027	1460	307	8.53
52282	Cystourethroscopy, with insertion of permanent urethral stent	1188	1658	2357	352	9.76
52283	Cystourethroscopy, with steroid injection into stricture	623	869	1235	313	8.68
52285	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	682	951	1352	312	8.66

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone					
52287	Cystourethroscopy, with injection(s) for chemodenerivation of the bladder	863	1204	1712	348	9.65
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	747	1042	1481	255	7.07
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	917	1279	1818	292	8.09
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	798	1114	1584	302	8.38
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	765	1068	1518	290	8.06
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	699	976	1387	277	7.68
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	1207	1684	2394	455	12.62
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	1878	2621	3725	869	24.11
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	1517	2117	3009	494	13.71
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	1052	1468	2086	257	7.13
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	762	1063	1510	334	9.27
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	1458	2035	2892	274	7.59
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	1235	1724	2450	557	15.46

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, gibbons or double-j type)	1031	1438	2044	488	13.53
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	664	926	1316	191	5.3
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	841	1174	1669	296	8.21
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	804	1122	1594	322	8.93
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	947	1322	1879	359	9.96
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1032	1440	2046	385	10.69
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1157	1614	2295	411	11.41
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1316	1836	2609	466	12.92
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	938	1308	1860	315	8.75
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	1052	1468	2086	370	10.26
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1299	1812	2576	409	11.34
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1274	1777	2526	435	12.08
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	1500	2093	2974	488	13.53
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)	1271	1774	2522	434	12.05

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	1623	2265	3220	498	13.83
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	734	1024	1456	279	7.73
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	2460	3433	4879	1304	36.17
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	2011	2806	3989	978	27.13
52450	Transurethral incision of prostate	1289	1799	2557	490	13.59
52500	Transurethral resection of bladder neck (separate procedure)	1472	2055	2920	509	14.13
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	2171	3030	4307	760	21.09
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	1250	1745	2480	418	11.59
52640	Transurethral resection; of postoperative bladder neck contracture	923	1288	1831	329	9.14
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	3923	5474	7780	1668	46.29
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	4029	5623	7992	1721	47.74
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or	2501	3490	4960	859	23.84



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	dilation, internal urethrotomy and transurethral resection of prostate are included if performed)					
52700	Transurethral drainage of prostatic abscess	1211	1689	2401	460	12.76
<b>URETHRA</b>						
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	407	550	730	154	4.28
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	808	1093	1451	307	8.51
53020	Meatotomy, cutting of meatus (separate procedure); except infant	199	269	357	101	2.8
53025	Meatotomy, cutting of meatus (separate procedure); infant	187	253	336	71	1.97
53040	Drainage of deep periurethral abscess	1078	1458	1935	409	11.35
53060	Drainage of Skene's gland abscess or cyst	498	673	893	189	5.24
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	1154	1560	2071	438	12.15
53085	Drainage of perineal urinary extravasation; complicated	1784	2412	3201	677	18.78
53200	Biopsy of urethra	478	647	859	164	4.55
53210	Urethrectomy, total, including cystostomy; female	2115	2859	3795	802	22.26
53215	Urethrectomy, total, including cystostomy; male	2551	3448	4577	968	26.85
53220	Excision of or fulguration of carcinoma of urethra	1241	1677	2226	471	13.06
53230	Excision of urethral diverticulum (separate procedure); female	1639	2216	2941	631	17.51
53235	Excision of urethral diverticulum (separate procedure); male	1737	2349	3118	659	18.29
53240	Marsupialization of urethral diverticulum, male or female	1167	1577	2093	443	12.28
53250	Excision of bulbourethral gland (Cowper's gland)	1087	1469	1950	412	11.44
53260	Excision of or fulguration; urethral polyp(s), distal urethra	507	685	909	210	5.83
53265	Excision of or fulguration; urethral caruncle	551	745	989	229	6.36

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
53270	Excision of or fulguration; Skene's glands	568	768	1019	216	5.98
53275	Excision of or fulguration; urethral prolapse	720	974	1292	273	7.58
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	2235	3022	4011	834	23.13
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	2400	3245	4308	911	25.27
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	3104	4197	5570	1020	28.3
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	3745	5064	6721	1178	32.7
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	2312	3126	4149	877	24.34
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	2574	3481	4620	977	27.1
53430	Urethroplasty, reconstruction of female urethra	2640	3570	4738	1007	27.95
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	3171	4287	5690	1203	33.38
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	2116	2861	3797	785	21.78
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	2151	2908	3859	816	22.64
53444	Insertion of tandem cuff (dual cuff)	2178	2945	3909	826	22.93
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	2529	3419	4538	785	21.78
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	1613	2181	2894	669	18.57
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	2251	3044	4040	842	23.37
53448	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	3513	4749	6304	1333	36.98
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	1680	2272	3016	638	17.69

## SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
53450	Urethromeatoplasty, with mucosal advancement	1360	1839	2441	426	11.82
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	1273	1721	2285	477	13.24
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	1831	2476	3287	776	21.54
53502	Urethrorrhaphy, suture of urethral wound or injury, female	1336	1806	2397	507	14.06
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	1335	1804	2395	506	14.05
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	1735	2345	3113	658	18.26
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	2187	2957	3924	830	23.02
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	1531	2070	2748	581	16.12
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	219	297	394	86	2.39
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	199	269	358	83	2.29
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	214	290	384	67	1.87
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	277	375	497	137	3.79
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	257	347	461	128	3.56
53660	Dilation of female urethra including suppository and/or instillation; initial	179	242	321	72	1.99
53661	Dilation of female urethra including suppository and/or instillation; subsequent	171	231	307	71	1.96
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	120	162	214	40	1.12
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	6029	8152	10820	1637	45.41
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	5035	6807	9035	1585	43.97

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
<b>53854</b>	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	4944	6685	8873	1876	52.05
<b>53855</b>	Insertion of a temporary prostatic urethral stent, including urethral measurement	1592	2152	2857	785	21.78
<b>53860</b>	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	4496	6079	8068	1900	52.72
<b>53899</b>	Unlisted procedure, urinary system	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>MALE GENITAL SYSTEM</b>						
<b>PENIS</b>						
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	408	568	693	155	4.30
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	423	593	728	159	4.4
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	451	633	777	196	5.44
54015	Incision and drainage of penis, deep	792	1112	1365	321	8.92
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	250	351	431	137	3.8
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	339	476	584	126	3.49
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	276	387	475	145	4.03
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	382	537	659	143	3.97
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	465	653	801	191	5.29
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	467	655	804	227	6.31
54100	Biopsy of penis; (separate procedure)	363	509	625	203	5.64
54105	Biopsy of penis; deep structures	687	965	1184	277	7.68
54110	Excision of penile plaque (Peyronie disease);	1886	2646	3248	651	18.05
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	2220	3116	3825	833	23.11
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	2607	3659	4491	978	27.14
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	1258	1765	2166	472	13.09
54120	Amputation of penis; partial	1674	2349	2884	659	18.29

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
54125	Amputation of penis; complete	2264	3178	3901	849	23.57
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	3318	4657	5716	1245	34.54
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4204	5900	7242	1577	43.76
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	436	612	751	159	4.42
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	432	606	743	228	6.32
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	671	942	1156	205	5.7
54162	Lysis or excision of penile post-Circumcision adhesions	653	917	1125	267	7.42
54163	Repair incomplete circumcision	727	1021	1253	227	6.31
54164	Frenulotomy of penis	608	854	1048	202	5.6
54200	Injection procedure for Peyronie disease;	253	355	436	113	3.13
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	1479	2076	2549	555	15.4
54220	Irrigation of corpora cavernosa for priapism	610	856	1051	215	5.97
54230	Injection procedure for corpora cavernosography	271	380	467	102	2.82
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	392	550	675	147	4.08
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	219	307	377	92	2.56
54240	Penile plethysmography	374	525	644	107	2.97
54240-26		243	341	418	70	1.93
54240-TC		0	0	0	37	1.04
54250	Nocturnal penile tumescence and/or rigidity test	507	712	874	126	3.5
54250-26		458	643	789	114	3.16
54250-TC		0	0	0	12	0.34

SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	2361	3313	4067	672	18.65
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	2551	3580	4394	781	21.67
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	1988	2790	3424	746	20.69
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	2275	3193	3919	853	23.68
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	2774	3892	4778	1040	28.87
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	1975	2772	3403	741	20.56
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, MAGPI, v-flap)	2609	3662	4495	814	22.6
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)	3419	4798	5889	1010	28.03
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	3511	4928	6049	986	27.35
54328	1-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	4252	5967	7324	979	27.17
54332	1-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	3683	5169	6345	1057	29.34
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	3308	4642	5698	1241	34.43
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	2047	2873	3527	594	16.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	3134	4399	5400	988	27.41
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	2819	3956	4856	1057	29.34
54352	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	3940	5529	6787	1478	41.01
54360	Plastic operation on penis to correct angulation	2616	3672	4507	751	20.84
54380	Plastic operation on penis for epispadias distal to external sphincter;	2222	3119	3828	834	23.13
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	2582	3624	4448	969	26.88
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	3452	4844	5946	1295	35.93
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	1735	2435	2988	553	15.34
54401	Insertion of penile prosthesis; inflatable (self-Contained)	1823	2559	3141	684	18.98
54405	Insertion of multi-Component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	2954	4146	5088	843	23.4
54406	Removal of all components of a multi-Component, inflatable penile prosthesis without replacement of prosthesis	1998	2804	3442	762	21.13
54408	Repair of component(s) of a multi-Component, inflatable penile prosthesis	2042	2866	3518	824	22.87
54410	Removal and replacement of all component(s) of a multi-Component, inflatable penile prosthesis at the same operative session	2999	4209	5167	897	24.89
54411	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	2853	4004	4915	1070	29.7



SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-Contained) penile prosthesis, without replacement of prosthesis	1470	2063	2532	551	15.3
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-Contained) penile prosthesis at the same operative session	1977	2775	3406	742	20.58
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-Contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	2495	3501	4298	936	25.97
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	1956	2745	3369	734	20.36
54430	Corpora cavernosa-Corpus spongiosum shunt (priapism operation), unilateral or bilateral	1780	2498	3067	668	18.53
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, winter procedure, rongeur, or punch) for priapism	1156	1622	1991	434	12.03
54437	Repair of traumatic corporeal tear(s)	1739	2441	2996	702	19.48
54438	Replantation, penis, complete amputation including urethral repair	3721	5222	6409	1396	38.73
54440	Plastic operation of penis for injury	2205	3094	3798	0	0
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	152	214	262	72	1.99
<b>TESTIS</b>						
54500	Biopsy of testis, needle (separate procedure)	185	255	356	78	2.17
54500	Biopsy of testis, needle (separate procedure)	187	258	362	77	2.15
54505	Biopsy of testis, incisional (separate procedure)	719	994	1392	219	6.07
54512	Excision of extraparenchymal lesion of testis	1647	2276	3188	563	15.61
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	1044	1442	2020	341	9.45
54522	Orchiectomy, partial	1483	2048	2869	614	17.05
54530	Orchiectomy, radical, for tumor; inguinal approach	1474	2037	2853	527	14.63
54535	Orchiectomy, radical, for tumor; with abdominal exploration	1869	2582	3616	774	21.49

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
54550	Exploration for undescended testis (inguinal or scrotal area)	1509	2085	2921	513	14.23
54560	Exploration for undescended testis with abdominal exploration	1728	2387	3344	716	19.87
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	1355	1872	2623	472	13.10
54620	Fixation of contralateral testis (separate procedure)	981	1355	1898	312	8.66
54640	Orchiopexy, inguinal approach, with or without hernia repair	1805	2493	3492	499	13.84
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, fowler-Stephens)	2220	3067	4296	741	20.57
54660	Insertion of testicular prosthesis (separate procedure)	1079	1491	2088	372	10.33
54670	Suture or repair of testicular injury	1022	1412	1977	423	11.75
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	1981	2737	3833	821	22.78
54690	Laparoscopy, surgical; orchiectomy	1651	2281	3196	684	18.99
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	2834	3915	5484	791	21.94
54699	Unlisted laparoscopy procedure, testis	0	0	0	0	0.00

**EPIDIDYMIS**

54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	561	775	1086	222	6.16
54800	Biopsy of epididymis, needle	317	437	613	131	3.64
54830	Excision of local lesion of epididymis	981	1355	1898	389	10.78
54840	Excision of spermatocele, with or without epididymectomy	955	1319	1848	335	9.29
54860	Epididymectomy; unilateral	1073	1482	2076	437	12.12
54861	Epididymectomy; bilateral	1425	1969	2758	591	16.39
54865	Exploration of epididymis, with or without biopsy	902	1246	1745	374	10.37
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	2015	2783	3899	835	23.17
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	2660	3675	5147	1102	30.59

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>TUNICA VAGINALIS</b>						
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	284	393	550	120	3.34
55040	Excision of hydrocele; unilateral	1027	1419	1988	352	9.77
55041	Excision of hydrocele; bilateral	1507	2082	2917	532	14.77
55060	Repair of tunica vaginalis hydrocele (bottle type)	1184	1635	2291	397	11.01
<b>SCROTUM</b>						
55100	Drainage of scrotal wall abscess	564	777	1083	224	6.23
55100	Drainage of scrotal wall abscess	572	791	1108	226	6.28
55110	Scrotal exploration	1008	1392	1950	404	11.20
55120	Removal of foreign body in scrotum	890	1229	1721	369	10.23
55150	Resection of scrotum	1340	1852	2594	513	14.23
55175	Scrotoplasty; simple	1140	1575	2207	378	10.50
55180	Scrotoplasty; complicated	2332	3221	4512	718	19.92
<b>VAS DEFERENS</b>						
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	1076	1482	2066	454	12.61
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	1055	1457	2041	437	12.13
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	1000	1381	1935	384	10.66
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	471	651	912	195	5.42
55400	Vasovasostomy, vasovasorrhaphy	2722	3761	5268	519	14.39
<b>SPERMATIC CORD</b>						
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	1150	1584	2208	412	11.45
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	1119	1547	2166	412	11.42
55520	Excision of lesion of spermatic cord (separate procedure)	1105	1527	2139	473	13.12

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	1130	1561	2186	367	10.17
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	1517	2095	2935	448	12.44
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	1391	1922	2692	577	16.00
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	1463	2021	2831	447	12.39
55559	Unlisted laparoscopy procedure, spermatic cord	0	0	0	0	0.00
55600	Vesiculotomy;	1060	1464	2051	439	12.19
<b>SEMINAL VESICLES</b>						
55605	Vesiculotomy; complicated	1309	1802	2513	544	15.11
55605	Vesiculotomy; complicated	1313	1814	2541	544	15.10
55650	Vesiculectomy, any approach	1802	2489	3487	747	20.72
55680	Excision of müllerian duct cyst	863	1192	1669	358	9.92
<b>PROSTATE</b>						
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	545	750	1046	257	7.14
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	551	761	1066	257	7.12
55705	Biopsy, prostate; incisional, any approach	668	923	1292	277	7.68
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	1062	1468	2056	389	10.78
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	1136	1569	2198	471	13.06
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	1494	2064	2891	619	17.18
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	3267	4359	6223	1140	31.64
55810	Prostatectomy, perineal radical;	3926	5239	7478	1370	38.02
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	4810	6418	9161	1679	46.58

SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	5253	7009	10005	1833	50.87
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	2434	3247	4635	911	25.28
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	2680	3576	5105	986	27.35
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	3615	4823	6885	1222	33.91
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3549	4736	6760	1223	33.94
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	4287	5720	8164	1423	39.48
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	2616	3490	4982	913	25.33
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3278	4373	6243	1144	31.74
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	3963	5288	7548	1383	38.38
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	4652	6208	8861	1506	41.78
55870	Electroejaculation	520	694	991	182	5.04
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	7579	10113	14436	6362	176.53
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	8967	11965	17079	3555	98.64
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	2102	2804	4003	798	22.14

MEDICAL FEES 2019

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	383	511	730	146	4.05
55899	Unlisted procedure, male genital system	2080	2776	3962	0	0.00

SURGERY – REPRODUCTIVE SYSTEM AND INTERSEX SURGERY

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>REPRODUCTIVE SYSTEM PROCEDURES</b>						
<b>55920</b>	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	1357	1811	2585	469	13.01
<b>INTERSEX SURGERY</b>						
<b>55970</b>	Intersex surgery; male to female	0	0	0	0	0.00
<b>55980</b>	Intersex surgery; female to male	0	0	0	0	0.00

MEDICAL FEES 2019

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>FEMALE GENITAL SYSTEM</b>						
<b>VULVA, PERINEUM AND INTROITUS</b>						
56405	Incision and drainage of vulva or perineal abscess	345	450	674	112	3.10
56405	Incision and drainage of vulva or perineal abscess	351	457	681	117	3.25
56420	Incision and drainage of Bartholin's gland abscess	371	483	720	139	3.86
56440	Marsupialization of Bartholin's gland cyst	575	749	1117	186	5.15
56441	Lysis of labial adhesions	347	452	674	156	4.33
56442	Hymenotomy, simple incision	159	206	308	48	1.34
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	291	379	565	148	4.10
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	624	812	1212	242	6.72
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	217	283	422	88	2.43
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (list separately in addition to code for primary procedure)	110	143	214	39	1.09
56620	Vulvectomy simple; partial	1527	1987	2964	559	15.50
56625	Vulvectomy simple; complete	2108	2742	4091	670	18.58
56630	Vulvectomy, radical, partial;	2928	3810	5683	982	27.26
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	3081	4008	5979	1242	34.47
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	3636	4730	7056	1466	40.68
56633	Vulvectomy, radical, complete;	3160	4111	6134	1274	35.36
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	3386	4406	6572	1366	37.89
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	3926	5108	7620	1583	43.93
56640	Vulvectomy, radical, complete, with	3897	5070	7563	1571	43.60

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	inguinofemoral, iliac, and pelvic lymphadenectomy					
56700	Partial hymenectomy or revision of hymenal ring	533	693	1035	194	5.38
56740	Excision of Bartholin's gland or cyst	806	1049	1565	312	8.66
56800	Plastic repair of introitus	753	979	1461	249	6.92
56805	Clitoroplasty for intersex state	2905	3779	5638	1171	32.50
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	700	910	1358	270	7.49
56820	Colposcopy of the vulva;	316	412	614	118	3.28
56821	Colposcopy of the vulva; with biopsy(s)	354	461	687	157	4.36

**VAGINA**

57000	Colpotomy; with exploration	489	637	954	192	5.33
57000	Colpotomy; with exploration	486	633	944	196	5.44
57010	Colpotomy; with drainage of pelvic abscess	1111	1445	2156	448	12.43
57020	Colpocentesis (separate procedure)	301	392	585	100	2.77
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	450	586	874	175	4.86
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	679	883	1317	318	8.83
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	271	353	526	127	3.52
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	577	751	1120	212	5.88
57100	Biopsy of vaginal mucosa; simple (separate procedure)	239	311	463	95	2.64
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	377	491	732	151	4.19
57106	Vaginectomy, partial removal of vaginal wall;	1300	1691	2523	524	14.54
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	3747	4875	7273	1511	41.93

SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
57109	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)	4548	5917	8827	1834	50.89
57110	Vaginectomy, complete removal of vaginal wall;	2188	2847	4247	915	25.39
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	4556	5928	8843	1837	50.98
57112	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)	4891	6364	9494	1972	54.73
57120	Colpocleisis (le fort type)	1257	1635	2440	526	14.60
57130	Excision of vaginal septum	551	717	1070	192	5.32
57135	Excision of vaginal cyst or tumor	528	687	1025	209	5.80
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	122	159	237	50	1.38
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	1217	1583	2361	385	10.68
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	480	624	931	213	5.92
57160	Fitting and insertion of pessary or other intravaginal support device	163	212	316	65	1.79
57170	Diaphragm or cervical cap fitting with instructions	151	197	293	67	1.85
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	352	459	684	157	4.37
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	782	1018	1519	320	8.87
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	1083	1410	2103	383	10.63
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	688	896	1336	333	9.24
57230	Plastic repair of urethrocele	996	1296	1933	409	11.34

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	1505	1958	2920	613	17.00
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	1433	1864	2781	614	17.04
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	1975	2570	3834	784	21.76
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	2192	2852	4255	880	24.43
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (list separately in addition to code for primary procedure)	667	868	1295	261	7.25
57268	Repair of enterocele, vaginal approach (separate procedure)	1209	1573	2347	502	13.94
57270	Repair of enterocele, abdominal approach (separate procedure)	1786	2323	3466	830	23.03
57280	Colpopexy, abdominal approach	2422	3151	4701	983	27.27
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	1480	1926	2873	525	14.56
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	1689	2198	3278	707	19.62
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	2220	2889	4309	841	23.34
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	1517	1974	2945	695	19.28
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	1713	2229	3325	719	19.95
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	2012	2618	3906	743	20.63
57289	Pereyra procedure, including anterior colporrhaphy	1947	2532	3778	785	21.78
57291	Construction of artificial vagina; without graft	1349	1755	2618	544	15.09
57292	Construction of artificial vagina; with graft	2065	2687	4009	833	23.11
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	1140	1483	2213	496	13.77

SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	2404	3128	4666	969	26.90
57300	Closure of rectovaginal fistula; vaginal or transanal approach	1603	2086	3112	594	16.48
57305	Closure of rectovaginal fistula; abdominal approach	2443	3179	4742	985	27.34
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	2662	3464	5167	1074	29.80
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	1696	2207	3292	684	18.98
57310	Closure of urethrovaginal fistula;	1213	1578	2354	489	13.57
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	1379	1794	2677	556	15.43
57320	Closure of vesicovaginal fistula; vaginal approach	1388	1806	2694	560	15.53
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	1932	2514	3750	779	21.62
57335	Vaginoplasty for intersex state	2932	3815	5691	1182	32.81
57400	Dilation of vagina under anesthesia (other than local)	379	493	736	137	3.81
57410	Pelvic examination under anesthesia (other than local)	266	346	516	110	3.05
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	375	488	728	169	4.70
57420	Colposcopy of the entire vagina, with cervix if present;	301	392	585	124	3.45
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	387	504	752	167	4.62
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	2041	2655	3961	941	26.12
57425	Laparoscopy, surgical, colpexy (suspension of vaginal apex)	2311	3007	4486	998	27.68
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	2179	2835	4229	873	24.22

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>57452</b>	Colposcopy of the cervix including upper/adjacent vagina;	280	365	547	111	3.09
<b>57452</b>	Colposcopy of the cervix including upper/adjacent vagina;	281	366	546	117	3.25
<b>57454</b>	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	396	516	769	160	4.45
<b>57455</b>	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	340	442	660	151	4.20
<b>57456</b>	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	342	445	664	142	3.95
<b>57460</b>	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	749	975	1455	299	8.30
<b>57461</b>	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	876	1140	1701	337	9.34
<b>57500</b>	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	305	408	576	137	3.80
<b>57505</b>	Endocervical curettage (not done as part of a dilation and curettage)	260	348	491	115	3.19
<b>57510</b>	Cautery of cervix; electro or thermal	301	404	569	141	3.90
<b>57511</b>	Cautery of cervix; cryocautery, initial or repeat	331	443	625	160	4.43
<b>57513</b>	Cautery of cervix; laser ablation	724	971	1369	166	4.61
<b>57520</b>	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	940	1259	1776	330	9.16
<b>57522</b>	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	810	1086	1531	281	7.79
<b>57530</b>	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	943	1264	1783	362	10.05

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
57531	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)	4540	6084	8581	1725	47.87
57540	Excision of cervical stump, abdominal approach;	2084	2794	3940	792	21.98
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	2210	2961	4177	840	23.30
57550	Excision of cervical stump, vaginal approach;	1107	1483	2092	421	11.67
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	1623	2175	3067	617	17.11
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	1535	2058	2902	583	16.19
57558	Dilation and curettage of cervical stump	360	483	681	137	3.80
57700	Cerclage of uterine cervix, nonobstetrical	866	1160	1637	329	9.13
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	771	1034	1458	320	8.89
57800	Dilation of cervical canal, instrumental (separate procedure)	191	256	361	67	1.85

## CORPUS UTERI

58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	266	357	506	111	3.08
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	267	358	504	95	2.64
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)	131	176	248	52	1.44
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	802	1075	1516	276	7.66
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	2656	3559	5020	944	26.18
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total	2132	2858	4031	569	15.78

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	weight of 250 g or less and/or removal of surface myomas; vaginal approach					
<b>58146</b>	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	3371	4518	6372	1173	32.55
<b>58150</b>	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	2818	3777	5327	1049	29.10
<b>58152</b>	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)	3218	4312	6082	1283	35.59
<b>58180</b>	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	2807	3761	5305	987	27.39
<b>58200</b>	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)	4014	5379	7587	1431	39.71
<b>58210</b>	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)	5708	7650	10790	1925	53.42
<b>58240</b>	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	8044	10780	15204	3057	84.82
<b>58260</b>	Vaginal hysterectomy, for uterus 250 g or less;	2217	2971	4190	846	23.48
<b>58262</b>	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	2499	3350	4724	941	26.10
<b>58263</b>	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	2535	3398	4793	1011	28.06
<b>58267</b>	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	3034	4067	5736	1076	29.85



SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	2642	3540	4993	904	25.08
58275	Vaginal hysterectomy, with total or partial vaginectomy;	2648	3548	5005	1006	27.92
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	2819	3778	5329	1071	29.73
58285	Vaginal hysterectomy, radical (Schauta type operation)	3970	5320	7504	1509	41.86
58290	Vaginal hysterectomy, for uterus greater than 250 g;	2821	3781	5333	1174	32.58
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3457	4633	6535	1283	35.60
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	3510	4704	6634	1334	37.01
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	3656	4899	6910	1389	38.55
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	3260	4369	6163	1239	34.38
58300	Insertion of intrauterine device (iud)	225	301	425	82	2.28
58301	Removal of intrauterine device (iud)	217	291	410	97	2.70
58321	Artificial insemination; intra-Cervical	250	335	473	79	2.20
58322	Artificial insemination; intra-uterine	228	305	430	89	2.47
58323	Sperm washing for artificial insemination	150	201	283	15	0.43
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (sis) or hysterosalpingography	452	605	854	161	4.47
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	1598	2142	3021	286	7.94
58346	Insertion of Heyman capsules for clinical brachytherapy	1257	1685	2377	478	13.26
58350	Chromotubation of oviduct, including materials	259	348	490	111	3.07
58353	Endometrial ablation, thermal, without hysteroscopic guidance	2117	2838	4002	1011	28.06

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	4786	6414	9047	1879	52.14
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	1286	1723	2430	458	12.70
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	2161	2896	4085	821	22.79
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	2116	2835	3999	804	22.31
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	2438	3268	4609	927	25.71
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	2452	3286	4635	733	20.35
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2408	3227	4551	839	23.29
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	2847	3815	5381	847	23.50
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3008	4031	5685	920	25.53
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	2721	3646	5142	923	25.62
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	3658	4902	6914	1140	31.62
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	5383	7214	10175	1984	55.06
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	2503	3354	4731	898	24.92
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2607	3493	4927	1011	28.05
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	3014	4039	5697	1146	31.80

SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3363	4507	6357	1355	37.61
58555	Hysteroscopy, diagnostic (separate procedure)	855	1146	1617	303	8.40
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	1541	2065	2912	1401	38.87
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	1752	2347	3311	296	8.20
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	1887	2529	3566	322	8.94
58561	Hysteroscopy, surgical; with removal of leiomyomata	1850	2479	3496	370	10.26
58562	Hysteroscopy, surgical; with removal of impacted foreign body	1008	1350	1905	374	10.39
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro-surgical ablation, thermoablation)	3294	4414	6226	1810	50.21
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	4004	5367	7569	1867	51.80
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	2501	3352	4727	808	22.42
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2614	3503	4941	931	25.83
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	3012	4036	5693	1059	29.38
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3385	4537	6399	1261	35.00
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	5732	7681	10834	1962	54.43
58578	Unlisted laparoscopy procedure, uterus	1944	2605	3675	0	0.00
58579	Unlisted hysteroscopy procedure, uterus	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>OVIDUCT/OVARY</b>						
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	1152	1633	2478	369	10.25
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	1103	1542	2389	372	10.33
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	990	1384	2144	337	9.35
58611	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)	401	561	869	78	2.17
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	757	1059	1640	250	6.95
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	1902	2660	4121	692	19.21
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	1931	2701	4184	669	18.55
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	2009	2811	4353	729	20.22
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	1146	1602	2482	372	10.33
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	1124	1573	2436	373	10.34
58672	Laparoscopy, surgical; with fimbrioplasty	4314	6034	9346	746	20.70
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	2470	3454	5351	809	22.44
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	2339	3272	5068	829	23.01
58679	Unlisted laparoscopy procedure, oviduct, ovary	2621	3666	5679	0	0.00
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	1999	2796	4332	806	22.37

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	2023	2830	4383	768	21.32
58740	Lysis of adhesions (salpingolysis, ovariolysis)	2083	2914	4513	920	25.54
58750	Tubotubal anastomosis	2592	3626	5616	919	25.50
58752	Tubouterine implantation	2585	3616	5601	916	25.43
58760	Fimbrioplasty	2332	3262	5052	827	22.94
58770	Salpingostomy (salpingoneostomy)	2454	3432	5316	870	24.14

**OVARY**

58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	730	1036	1571	323	8.97
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	726	1015	1573	337	9.34
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	1019	1425	2207	418	11.61
58820	Drainage of ovarian abscess; vaginal approach, open	917	1282	1987	325	9.02
58822	Drainage of ovarian abscess; abdominal approach	2014	2817	4363	714	19.81
58825	Transposition, ovary(s)	2168	3033	4698	709	19.67
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	1203	1682	2605	426	11.83
58920	Wedge resection or bisection of ovary, unilateral or bilateral	2019	2824	4374	716	19.86
58925	Ovarian cystectomy, unilateral or bilateral	2008	2808	4350	773	21.46
58940	Oophorectomy, partial or total, unilateral or bilateral;	1558	2179	3374	552	15.31
58943	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	3451	4828	7478	1232	34.19
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	3367	4710	7295	1188	32.97

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	4834	6761	10473	1519	42.15
58952	Resection (initial) 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)	5076	7100	10998	1723	47.82
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	5716	7996	12385	2123	58.92
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	6387	8934	13839	2306	63.98
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	4230	5916	9164	1441	39.98
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	4542	6353	9840	1668	46.29
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	5209	7285	11285	1847	51.24
58960	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	2821	3946	6113	1018	28.26
<b>IN VITRO FERTILIZATION</b>						
58970	Follicle puncture for oocyte retrieval, any method	2000	2838	4304	226	6.27
58970	Follicle puncture for oocyte retrieval, any method	2001	2799	4335	232	6.43

SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
58974	Embryo transfer, intrauterine	1061	1484	2299	0	0.00
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	717	1002	1553	254	7.05
<b>OTHER PROCEDURES</b>						
58999	Unlisted procedure, female genital system (nonobstetrical)	762	1065	1650	0	0.00

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
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## MATERNITY CARE AND DELIVERY

### ANTEPARTUM AND FETAL INVASIVE SERVICES

59000	Amniocentesis; diagnostic	461	616	891	130	3.61
59000	Amniocentesis; diagnostic	457	612	888	127	3.53
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	702	940	1364	186	5.15
59012	Cordocentesis (intrauterine), any method	719	963	1398	210	5.82
59015	Chorionic villus sampling, any method	564	755	1096	161	4.47
59020	Fetal contraction stress test	310	415	602	72	1.99
59020-26		165	221	321	38	1.06
59020-IC		0	0	0	34	0.93
59025	Fetal non-stress test	133	178	258	49	1.37
59025-26		82	110	160	31	0.85
59025-IC		0	0	0	19	0.52
59030	Fetal scalp blood sampling	276	369	536	117	3.25
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	212	284	412	53	1.46
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	136	183	265	44	1.21
59070	Transabdominal amnioinfusion, including ultrasound guidance	1005	1346	1953	416	11.53
59072	Fetal umbilical cord occlusion, including ultrasound guidance	1277	1710	2482	543	15.06
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	1318	1764	2561	400	11.11
59076	Fetal shunt placement, including ultrasound guidance	1277	1710	2482	543	15.06
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	2051	2747	3987	872	24.19
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	2180	2919	4237	830	23.04

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	1956	2620	3802	831	23.07
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	2280	3054	4432	969	26.89
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	2252	3016	4378	957	26.56
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	2160	2892	4198	918	25.47
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	988	1323	1920	420	11.65
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	2116	2833	4112	805	22.33
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	2148	2876	4174	783	21.72
59160	Curettage, postpartum	624	835	1212	224	6.21
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	202	271	393	80	2.23
59300	Episiotomy or vaginal repair, by other than attending	470	629	913	208	5.77
59320	Cerclage of cervix, during pregnancy; vaginal	776	1039	1507	157	4.37
59325	Cerclage of cervix, during pregnancy; abdominal	590	790	1147	251	6.96
59350	Hysterorrhaphy of ruptured uterus	685	918	1332	291	8.08

**VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE**

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	4405	5898	8560	2178	60.43
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	2172	2908	4221	842	23.37
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	2532	3391	4922	1079	29.94
59412	External cephalic version, with or without tocolysis	335	448	650	106	2.95

SURGERY – MATERNITY CARE AND DELIVERY

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
59414	Delivery of placenta (separate procedure)	286	383	556	96	2.65
59425	Antepartum care only; 4-6 visits	827	1107	1607	475	13.18
59426	Antepartum care only; 7 or more visits	1896	2539	3686	848	23.52
59430	Postpartum care only (separate procedure)	320	429	623	201	5.57

### CESAREAN DELIVERY

59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	4865	6514	9455	2415	67
59514	Cesarean delivery only;	2512	3364	4883	949	26.33
59515	Cesarean delivery only; including postpartum care	3059	4097	5946	1312	36.4
59525	Subtotal or total hysterectomy after cesarean delivery (list separately in addition to code for primary procedure)	1492	1998	2900	503	13.96

### DELIVERY AFTER PREVIOUS CESAREAN DELIVERY

59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	4796	6423	9322	2285	63.41
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	2633	3526	5117	949	26.34
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	2964	3970	5761	1177	32.66
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	5203	6967	10112	2446	67.88
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	2892	3873	5621	975	27.06
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	3370	4513	6550	1351	37.49

### ABORTION

59812	Treatment of incomplete abortion, any trimester, completed surgically	859	1150	1670	338	9.37
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
59820	Treatment of missed abortion, completed surgically; first trimester	1020	1366	1983	405	11.24
59821	Treatment of missed abortion, completed surgically; second trimester	1118	1497	2173	405	11.25
59830	Treatment of septic abortion, completed surgically	1082	1449	2103	460	12.76
59840	Induced abortion, by dilation and curettage	724	969	1407	234	6.5
59841	Induced abortion, by dilation and evacuation	976	1307	1897	405	11.24
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	869	1163	1688	367	10.19
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	931	1247	1810	396	10.98
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	1275	1707	2477	542	15.03
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	1144	1532	2223	432	12
59856	Induced abortion, by 1 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	2120	2839	4121	508	14.1
59857	Induced abortion, by 1 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)	1277	1710	2482	543	15.06
<b>OTHER PROCEDURES</b>						
59866	Multifetal pregnancy reduction(s) (MPR)	1534	2054	2982	224	6.22
59870	Uterine evacuation and curettage for hydatidiform mole	1216	1628	2363	506	14.05

SURGERY – MATERNITY CARE AND DELIVERY

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>59871</b>	Removal of cerclage suture under anesthesia (other than local)	425	569	826	138	3.82
<b>59897</b>	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	2812	3766	5466	0	0
<b>59898</b>	Unlisted laparoscopy procedure, maternity care and delivery	0	0	0	0	0
<b>59899</b>	Unlisted procedure, maternity care and delivery	590	791	1147	0	0

MEDICAL FEES 2019

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>ENDOCRINE SYSTEM</b>						
<b>THYROID GLAND</b>						
60000	Incision and drainage of thyroglossal duct cyst, infected	491	648	979	173	4.81
60000	Incision and drainage of thyroglossal duct cyst, infected	496	668	1012	176	4.87
60100	Biopsy thyroid, percutaneous core needle	280	378	572	115	3.20
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	1643	2214	3354	686	19.04
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	2000	2695	4083	734	20.37
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2959	3988	6041	1048	29.07
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	2132	2874	4353	732	20.32
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2537	3419	5179	965	26.77
60240	Thyroidectomy, total or complete	2836	3823	5791	954	26.47
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	3975	5358	8115	1370	38.02
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	4454	6004	9094	1735	48.14
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	2984	4022	6093	1134	31.46
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	4014	5410	8195	1421	39.44
60271	Thyroidectomy, including substernal thyroid; cervical approach	3105	4185	6339	1097	30.45
60280	Excision of thyroglossal duct cyst or sinus;	1516	2044	3096	457	12.69
60281	Excision of thyroglossal duct cyst or sinus; recurrent	1712	2307	3495	606	16.82
60300	Aspiration and/or injection, thyroid cyst	368	496	752	118	3.27
60500	Parathyroidectomy or exploration of parathyroid(s);	2836	3823	5790	1004	27.87

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	3672	4950	7498	1344	37.29
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	4087	5509	8345	1447	40.16
60512	Parathyroid autotransplantation (list separately in addition to code for primary procedure)	738	995	1507	253	7.03
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	3350	4516	6840	1088	30.20
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	3489	4703	7124	1168	32.41
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	4021	5420	8210	1424	39.51
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	3190	4300	6514	1113	30.88
60545	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	3598	4849	7346	1274	35.35
60600	Excision of carotid body tumor; without excision of carotid artery	4033	5437	8235	1428	39.63
60605	Excision of carotid body tumor; with excision of carotid artery	4881	6579	9966	1728	47.96
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	3546	4779	7239	1244	34.51
60659	Unlisted laparoscopy procedure, endocrine system	0	0	0	0	0.00
60699	Unlisted procedure, endocrine system	0	0	0	0	0.00



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>60605</b>	Excision of carotid body tumor; with excision of carotid artery	4881	6579	9966	1728	47.96
<b>61000</b>	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	417	652	934	115	3.19
<b>61001</b>	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	413	646	925	114	3.16
<b>61020</b>	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	577	903	1293	103	2.87
<b>61026</b>	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	401	627	898	110	3.05
<b>61050</b>	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	296	464	664	88	2.45
<b>61055</b>	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	412	644	922	130	3.62
<b>61070</b>	Puncture of shunt tubing or reservoir for aspiration or injection procedure	310	485	694	59	1.64
<b>61105</b>	Twist drill hole for subdural or ventricular puncture	1765	2763	3954	487	13.51
<b>61107</b>	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	1320	2066	2957	332	9.2
<b>61108</b>	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	3194	4999	7154	938	26.03
<b>61120</b>	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	2843	4450	6368	784	21.76
<b>61140</b>	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	3957	6194	8864	1331	36.94
<b>61150</b>	Burr hole(s) or trephine; with drainage of brain abscess or cyst	5200	8139	11648	1434	39.8

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	3813	5967	8540	1052	29.18
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	4019	6290	9002	1338	37.14
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	4772	7468	10688	1316	36.52
61210	Burr hole(s); for implanting ventricular catheter, reservoir, eeg electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	1548	2424	3468	391	10.86
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	1749	2737	3916	536	14.88
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	3300	5166	7392	910	25.26
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	3773	5906	8452	1041	28.88
61304	Craniectomy or craniotomy, exploratory; supratentorial	5354	7491	11975	1735	48.15
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	6629	9276	14828	2114	58.66
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	6545	9158	14640	2194	60.89
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	6459	9038	14448	2092	58.04
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	5623	7869	12579	1920	53.27
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	6528	9134	14601	2178	60.43
61316	Incision and subcutaneous placement of cranial bone graft (list separately in addition to code for primary procedure)	318	445	711	94	2.6
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	6565	9186	14684	2002	55.56
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	6973	9757	15597	2224	61.7

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	7548	10561	16883	2514	69.75
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	7280	10187	16285	2516	69.82
61330	Decompression of orbit only, transcranial approach	5905	8262	13208	1883	52.25
61333	Exploration of orbit (transcranial approach); with removal of lesion	6740	9431	15076	2149	59.64
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	4681	6550	10470	1493	41.42
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	8203	11479	18349	2309	64.07
61345	Other cranial decompression, posterior fossa	6742	9434	15081	2150	59.66
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	6328	8855	14156	2018	56.00
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	6522	9127	14590	2122	58.88
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	6975	9760	15602	2224	61.71
61500	Craniectomy; with excision of tumor or other bone lesion of skull	4806	6725	10751	1377	38.21
61501	Craniectomy; for osteomyelitis	3749	5245	8385	1195	33.17
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	6996	9790	15649	2310	64.09
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	8289	11598	18540	2696	74.81
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	6030	8437	13487	2017	55.96

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	5965	8347	13343	1963	54.46
61517	Implantation of brain intracavitary chemotherapy agent (list separately in addition to code for primary procedure)	293	410	655	93	2.59
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	8634	12082	19313	2921	81.04
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	9282	12988	20762	3126	86.75
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	11824	16546	26449	3977	110.34
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	11658	16312	26076	3378	93.73
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	7114	9954	15913	2269	62.95
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	6879	9625	15387	2194	60.87
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	11075	15497	24773	3530	97.94
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	10293	14403	23024	3282	91.08
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	3986	5577	8916	1271	35.27
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	5458	7638	12210	1602	44.46
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	5361	7502	11992	1710	47.44
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	3294	4610	7369	1051	29.15

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	8502	11896	19017	2711	75.23
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	8189	11458	18317	2611	72.46
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	8847	12380	19790	2822	78.29
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	7870	11012	17604	2510	69.64
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	7127	9973	15943	2273	63.07
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	7087	9916	15852	2260	62.71
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	6975	9760	15602	2224	61.72
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	6328	8855	14156	2018	56.00
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	10512	14709	23514	3352	93.02
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	7622	10666	17050	2431	67.45
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	6165	8626	13789	1652	45.85
61550	Craniectomy for craniosynostosis; single cranial suture	3712	5194	8302	1158	32.13
61552	Craniectomy for craniosynostosis; multiple cranial sutures	4918	6882	11001	1568	43.52
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	5670	7933	12682	1808	50.17
61557	Craniotomy for craniosynostosis; bifrontal bone flap	5585	7815	12493	1781	49.42
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	6247	8741	13974	1992	55.28

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	7811	10930	17472	2397	66.52
61563	Excision of intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	6501	9097	14543	2073	57.53
61564	Excision of intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	8018	11219	17935	2557	70.95
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	7331	10258	16398	2338	64.87
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	8243	11534	18438	2629	72.94
61570	Craniectomy or craniotomy; with excision of foreign body from brain	6161	8621	13782	1964	54.51
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	6479	9066	14492	2066	57.33
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	8320	11642	18610	2653	73.62
61576	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)	13691	19158	30625	4366	121.15
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	7554	10571	16898	2537	70.39
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	8607	12043	19252	2745	76.16
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	10011	14009	22394	3192	88.58
61583	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	11208	15683	25070	3036	84.24

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	11638	16285	26032	3017	83.72
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	10758	15054	24065	3431	95.19
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	7973	11156	17834	2542	70.54
61590	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	8999	12592	20129	3178	88.18
61591	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	10075	14097	22536	3213	89.14
61592	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	14392	20138	32192	3336	92.57
61595	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	6749	9443	15096	2456	68.14
61596	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	7922	11085	17720	2526	70.1
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of	9665	13523	21618	3082	85.51

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization					
<b>61598</b>	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	9368	13109	20956	2988	82.9
<b>61600</b>	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	6455	9032	14438	2219	61.58
<b>61601</b>	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	9765	13665	21844	2526	70.1
<b>61605</b>	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	6454	9031	14437	2240	62.15
<b>61606</b>	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	9685	13552	21664	3089	85.7
<b>61607</b>	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	8934	12501	19983	2805	77.83
<b>61608</b>	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	12808	17921	28648	3449	95.7
<b>61611</b>	Transection or ligation, carotid artery in petrous canal; without repair (list separately in addition to code for primary procedure)	1569	2195	3509	500	13.88
<b>61613</b>	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-Cavernous fistula by dissection within cavernous sinus	10960	15336	24515	3495	96.98
<b>61615</b>	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	9258	12954	20708	2952	81.92
<b>61616</b>	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	14293	20000	31971	3507	97.3



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61618	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)	5483	7673	12265	1354	37.56
61619	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)	4525	6332	10122	1492	41.39
61623	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	2149	3066	5277	599	16.61
61624	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)	4151	5920	10191	1215	33.71
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-Central nervous system, head or neck (extracranial, brachiocephalic branch)	3071	4380	7540	922	25.57
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	4596	6555	11284	1465	40.64
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	4402	6279	10808	1536	42.61
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	2052	2926	5037	505	14.01
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (list separately in addition to code for primary procedure)	604	862	1484	177	4.92

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (list separately in addition to code for primary procedure)	1209	1724	2968	355	9.84
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	2514	3586	6173	877	24.33
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	1755	2503	4309	580	16.1
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	795	1134	1952	253	7.01
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	9168	13076	22510	2382	66.1
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	15158	21620	37215	4451	123.5
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	10214	14568	25076	2997	83.15
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	16758	23902	41145	4917	136.43
61690	Surgery of intracranial arteriovenous malformation; dural, simple	7821	11155	19202	2295	63.67
61692	Surgery of intracranial arteriovenous malformation; dural, complex	13366	19063	32815	3921	108.81
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	13509	19268	33167	4522	125.47
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	17198	24529	42224	5046	140.01
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	11268	16071	27665	3631	100.75

SURGERY – NERVOUS SYSTEM

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	14530	20724	35674	4263	118.29
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery ((No Suggestions) type)	4793	6836	11768	1406	39.02
61705	Surgery of aneurysm, vascular malformation or carotid-Cavernous fistula; by intracranial and cervical occlusion of carotid artery	9041	12894	22196	2652	73.6
61708	Surgery of aneurysm, vascular malformation or carotid-Cavernous fistula; by intracranial electrothrombosis	9235	13171	22673	2709	75.18
61710	Surgery of aneurysm, vascular malformation or carotid-Cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	7786	11106	19117	2285	63.39
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	9393	13397	23062	2732	75.8
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	4585	6540	11258	1345	37.33
61735	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	5749	8199	14114	1687	46.8
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	5071	7233	12451	1493	41.42
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	5257	7498	12907	1459	40.48
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	6924	9876	17000	1660	46.05
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	5869	8371	14410	1722	47.78
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (list separately in addition to code for primary procedure)	888	1266	2179	250	6.94

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	602	858	1477	181	5.02
61783	Stereotactic computer-assisted (navigational) procedure; spinal (list separately in addition to code for primary procedure)	818	1167	2009	245	6.8
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	3680	5248	9034	929	25.78
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	4057	5787	9961	1190	33.03
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	4096	5842	10056	1072	29.74
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (list separately in addition to code for primary procedure)	986	1407	2422	234	6.48
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	5526	7881	13567	1462	40.56
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (list separately in addition to code for primary procedure)	1225	1747	3007	324	8.98
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary procedure)	626	893	1537	163	4.52
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	3461	4937	8499	1016	28.18
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	5623	8021	13806	1650	45.78
61863	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	6092	8688	14956	1585	43.98

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61864	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)	1339	1910	3289	301	8.36
61867	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	6073	8662	14910	2410	66.88
61868	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)	1828	2608	4489	531	14.73
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	4273	6095	10492	1254	34.79
61880	Revision or removal of intracranial neurostimulator electrodes	1691	2412	4153	601	16.68
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1652	2356	4056	540	14.97
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	2810	4008	6900	893	24.77
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	1221	1742	2998	417	11.57
62000	Elevation of depressed skull fracture; simple, extradural	3716	5300	9123	1090	30.25
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	4329	6174	10627	1320	36.64
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	5507	7854	13520	1612	44.73
62100	Craniotomy for repair of dural/cerebrospinal	5848	8341	14357	1673	46.42

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	fluid leak, including surgery for rhinorrhea/otorrhea					
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	6045	8621	14841	1773	49.21
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	7105	10133	17443	2085	57.84
62120	Repair of encephalocele, skull vault, including cranioplasty	7610	10853	18683	2233	61.95
62121	Craniotomy for repair of encephalocele, skull base	5743	8191	14100	1648	45.73
62140	Cranioplasty for skull defect; up to 5 cm diameter	3471	4951	8523	1079	29.95
62141	Cranioplasty for skull defect; larger than 5 cm diameter	4150	5919	10189	1196	33.19
62142	Removal of bone flap or prosthetic plate of skull	3194	4556	7842	930	25.8
62143	Replacement of bone flap or prosthetic plate of skull	3564	5083	8749	1095	30.38
62145	Cranioplasty for skull defect with reparative brain surgery	5467	7797	13422	1479	41.03
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	4210	6004	10335	1235	34.27
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	5704	8135	14004	1513	41.97
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (list separately in addition to code for primary procedure)	458	653	1125	134	3.73
62160	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)	639	911	1568	202	5.61
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	6184	8821	15184	1591	44.14

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	6799	9697	16692	1995	55.35
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	4228	6030	10380	1240	34.42
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	7501	10699	18418	2201	61.07
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	6263	8932	15376	1608	44.61
62180	Ventriculocisternostomy (Torkildsen type operation)	5782	8247	14195	1696	47.07
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	3332	4753	8182	978	27.13
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	3512	5009	8622	1030	28.59
62194	Replacement or irrigation, subarachnoid/subdural catheter	1741	2483	4273	511	14.17
62200	Ventriculocisternostomy, third ventricle;	4949	7059	12151	1452	40.29
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	4878	6958	11977	1275	35.39
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	3597	5130	8830	1055	29.28
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	3743	5338	9190	1094	30.36
62225	Replacement or irrigation, ventricular catheter	1945	2775	4777	554	15.38
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	3021	4310	7418	885	24.55
62252	Reprogramming of programmable cerebrospinal shunt	303	432	743	84	2.34
62252-26		175	249	429	49	1.35
62252-TC		0	0	0	36	0.99
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	1958	2793	4807	632	17.54
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	4155	5927	10202	1173	32.56

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>SPINE AND SPINAL CORD</b>						
<b>62263</b>	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	1112	1782	3085	612	17.01
<b>61000</b>	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	417	652	934	115	3.19
<b>61001</b>	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	413	646	925	114	3.16
<b>61020</b>	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	577	903	1293	103	2.87
<b>61026</b>	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	401	627	898	110	3.05
<b>61050</b>	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	296	464	664	88	2.45
<b>61055</b>	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	412	644	922	130	3.62
<b>61070</b>	Puncture of shunt tubing or reservoir for aspiration or injection procedure	310	485	694	59	1.64
<b>61105</b>	Twist drill hole for subdural or ventricular puncture	1765	2763	3954	487	13.51
<b>61107</b>	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	1320	2066	2957	332	9.20
<b>61108</b>	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	3194	4999	7154	938	26.03
<b>61120</b>	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	2843	4450	6368	784	21.76
<b>61140</b>	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	3957	6194	8864	1331	36.94
<b>61150</b>	Burr hole(s) or trephine; with drainage of brain abscess or cyst	5200	8139	11648	1434	39.80



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	3813	5967	8540	1052	29.18
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	4019	6290	9002	1338	37.14
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	4772	7468	10688	1316	36.52
61210	Burr hole(s); for implanting ventricular catheter, reservoir, eeg electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	1548	2424	3468	391	10.86
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	1749	2737	3916	536	14.88
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	3300	5166	7392	910	25.26
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	3773	5906	8452	1041	28.88
61304	Craniectomy or craniotomy, exploratory; supratentorial	5354	7491	11975	1735	48.15
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	6629	9276	14828	2114	58.66
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	6545	9158	14640	2194	60.89
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	6459	9038	14448	2092	58.04
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	5623	7869	12579	1920	53.27
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	6528	9134	14601	2178	60.43
61316	Incision and subcutaneous placement of cranial bone graft (list separately in addition to code for primary procedure)	318	445	711	94	2.60
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	6565	9186	14684	2002	55.56
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	6973	9757	15597	2224	61.70

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	7548	10561	16883	2514	69.75
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	7280	10187	16285	2516	69.82
61330	Decompression of orbit only, transcranial approach	5905	8262	13208	1883	52.25
61333	Exploration of orbit (transcranial approach); with removal of lesion	6740	9431	15076	2149	59.64
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	4681	6550	10470	1493	41.42
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	8203	11479	18349	2309	64.07
61345	Other cranial decompression, posterior fossa	6742	9434	15081	2150	59.66
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	6328	8855	14156	2018	56.00
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	6522	9127	14590	2122	58.88
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	6975	9760	15602	2224	61.71
61500	Craniectomy; with excision of tumor or other bone lesion of skull	4806	6725	10751	1377	38.21
61501	Craniectomy; for osteomyelitis	3749	5245	8385	1195	33.17
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	6996	9790	15649	2310	64.09
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	8289	11598	18540	2696	74.81
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	6030	8437	13487	2017	55.96

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	5965	8347	13343	1963	54.46
61517	Implantation of brain intracavitary chemotherapy agent (list separately in addition to code for primary procedure)	293	410	655	93	2.59
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	8634	12082	19313	2921	81.04
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	9282	12988	20762	3126	86.75
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	11824	16546	26449	3977	110.34
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	11658	16312	26076	3378	93.73
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	7114	9954	15913	2269	62.95
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	6879	9625	15387	2194	60.87
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	11075	15497	24773	3530	97.94
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	10293	14403	23024	3282	91.08
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	3986	5577	8916	1271	35.27
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	5458	7638	12210	1602	44.46
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	5361	7502	11992	1710	47.44
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	3294	4610	7369	1051	29.15

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	8502	11896	19017	2711	75.23
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	8189	11458	18317	2611	72.46
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	8847	12380	19790	2822	78.29
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	7870	11012	17604	2510	69.64
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	7127	9973	15943	2273	63.07
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	7087	9916	15852	2260	62.71
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	6975	9760	15602	2224	61.72
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	6328	8855	14156	2018	56.00
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	10512	14709	23514	3352	93.02
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	7622	10666	17050	2431	67.45
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	6165	8626	13789	1652	45.85
61550	Craniectomy for craniosynostosis; single cranial suture	3712	5194	8302	1158	32.13
61552	Craniectomy for craniosynostosis; multiple cranial sutures	4918	6882	11001	1568	43.52
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	5670	7933	12682	1808	50.17
61557	Craniotomy for craniosynostosis; bifrontal bone flap	5585	7815	12493	1781	49.42
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	6247	8741	13974	1992	55.28

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	7811	10930	17472	2397	66.52
61563	Excision of intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	6501	9097	14543	2073	57.53
61564	Excision of intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	8018	11219	17935	2557	70.95
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	7331	10258	16398	2338	64.87
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	8243	11534	18438	2629	72.94
61570	Craniectomy or craniotomy; with excision of foreign body from brain	6161	8621	13782	1964	54.51
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	6479	9066	14492	2066	57.33
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	8320	11642	18610	2653	73.62
61576	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)	13691	19158	30625	4366	121.15
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	7554	10571	16898	2537	70.39
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	8607	12043	19252	2745	76.16
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	10011	14009	22394	3192	88.58
61583	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	11208	15683	25070	3036	84.24

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	11638	16285	26032	3017	83.72
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	10758	15054	24065	3431	95.19
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	7973	11156	17834	2542	70.54
61590	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	8999	12592	20129	3178	88.18
61591	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	10075	14097	22536	3213	89.14
61592	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	14392	20138	32192	3336	92.57
61595	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	6749	9443	15096	2456	68.14
61596	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	7922	11085	17720	2526	70.10
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of	9665	13523	21618	3082	85.51

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization					
<b>61598</b>	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	9368	13109	20956	2988	82.90
<b>61600</b>	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	6455	9032	14438	2219	61.58
<b>61601</b>	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	9765	13665	21844	2526	70.10
<b>61605</b>	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	6454	9031	14437	2240	62.15
<b>61606</b>	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	9685	13552	21664	3089	85.70
<b>61607</b>	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	8934	12501	19983	2805	77.83
<b>61608</b>	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	12808	17921	28648	3449	95.70
<b>61611</b>	Transection or ligation, carotid artery in petrous canal; without repair (list separately in addition to code for primary procedure)	1569	2195	3509	500	13.88
<b>61613</b>	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-Cavernous fistula by dissection within cavernous sinus	10960	15336	24515	3495	96.98
<b>61615</b>	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	9258	12954	20708	2952	81.92
<b>61616</b>	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	14293	20000	31971	3507	97.30

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61618	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)	5483	7673	12265	1354	37.56
61619	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)	4525	6332	10122	1492	41.39
61623	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	2149	3066	5277	599	16.61
61624	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)	4151	5920	10191	1215	33.71
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-Central nervous system, head or neck (extracranial, brachiocephalic branch)	3071	4380	7540	922	25.57
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	4596	6555	11284	1465	40.64
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	4402	6279	10808	1536	42.61
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	2052	2926	5037	505	14.01
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (list separately in addition to code for primary procedure)	604	862	1484	177	4.92



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (list separately in addition to code for primary procedure)	1209	1724	2968	355	9.84
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	2514	3586	6173	877	24.33
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	1755	2503	4309	580	16.10
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	795	1134	1952	253	7.01
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	9168	13076	22510	2382	66.10
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	15158	21620	37215	4451	123.50
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	10214	14568	25076	2997	83.15
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	16758	23902	41145	4917	136.43
61690	Surgery of intracranial arteriovenous malformation; dural, simple	7821	11155	19202	2295	63.67
61692	Surgery of intracranial arteriovenous malformation; dural, complex	13366	19063	32815	3921	108.81
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	13509	19268	33167	4522	125.47
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	17198	24529	42224	5046	140.01
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	11268	16071	27665	3631	100.75

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	14530	20724	35674	4263	118.29
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery ((No Suggestions) type)	4793	6836	11768	1406	39.02
61705	Surgery of aneurysm, vascular malformation or carotid-Cavernous fistula; by intracranial and cervical occlusion of carotid artery	9041	12894	22196	2652	73.60
61708	Surgery of aneurysm, vascular malformation or carotid-Cavernous fistula; by intracranial electrothrombosis	9235	13171	22673	2709	75.18
61710	Surgery of aneurysm, vascular malformation or carotid-Cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	7786	11106	19117	2285	63.39
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	9393	13397	23062	2732	75.80
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	4585	6540	11258	1345	37.33
61735	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	5749	8199	14114	1687	46.80
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	5071	7233	12451	1493	41.42
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	5257	7498	12907	1459	40.48
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	6924	9876	17000	1660	46.05
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	5869	8371	14410	1722	47.78
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (list separately in addition to code for primary procedure)	888	1266	2179	250	6.94

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)	602	858	1477	181	5.02
61783	Stereotactic computer-assisted (navigational) procedure; spinal (list separately in addition to code for primary procedure)	818	1167	2009	245	6.80
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	3680	5248	9034	929	25.78
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	4057	5787	9961	1190	33.03
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	4096	5842	10056	1072	29.74
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (list separately in addition to code for primary procedure)	986	1407	2422	234	6.48
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	5526	7881	13567	1462	40.56
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (list separately in addition to code for primary procedure)	1225	1747	3007	324	8.98
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary procedure)	626	893	1537	163	4.52
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	3461	4937	8499	1016	28.18
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	5623	8021	13806	1650	45.78
61863	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	6092	8688	14956	1585	43.98

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
61864	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)	1339	1910	3289	301	8.36
61867	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	6073	8662	14910	2410	66.88
61868	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)	1828	2608	4489	531	14.73
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	4273	6095	10492	1254	34.79
61880	Revision or removal of intracranial neurostimulator electrodes	1691	2412	4153	601	16.68
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1652	2356	4056	540	14.97
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	2810	4008	6900	893	24.77
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	1221	1742	2998	417	11.57
62000	Elevation of depressed skull fracture; simple, extradural	3716	5300	9123	1090	30.25
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	4329	6174	10627	1320	36.64
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	5507	7854	13520	1612	44.73

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	5848	8341	14357	1673	46.42
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	6045	8621	14841	1773	49.21
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	7105	10133	17443	2085	57.84
62120	Repair of encephalocele, skull vault, including cranioplasty	7610	10853	18683	2233	61.95
62121	Craniotomy for repair of encephalocele, skull base	5743	8191	14100	1648	45.73
62140	Cranioplasty for skull defect; up to 5 cm diameter	3471	4951	8523	1079	29.95
62141	Cranioplasty for skull defect; larger than 5 cm diameter	4150	5919	10189	1196	33.19
62142	Removal of bone flap or prosthetic plate of skull	3194	4556	7842	930	25.80
62143	Replacement of bone flap or prosthetic plate of skull	3564	5083	8749	1095	30.38
62145	Cranioplasty for skull defect with reparative brain surgery	5467	7797	13422	1479	41.03
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	4210	6004	10335	1235	34.27
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	5704	8135	14004	1513	41.97
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (list separately in addition to code for primary procedure)	458	653	1125	134	3.73
62160	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)	639	911	1568	202	5.61
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	6184	8821	15184	1591	44.14

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	6799	9697	16692	1995	55.35
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	4228	6030	10380	1240	34.42
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	7501	10699	18418	2201	61.07
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	6263	8932	15376	1608	44.61
62180	Ventriculocisternostomy (Torkildsen type operation)	5782	8247	14195	1696	47.07
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	3332	4753	8182	978	27.13
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	3512	5009	8622	1030	28.59
62194	Replacement or irrigation, subarachnoid/subdural catheter	1741	2483	4273	511	14.17
62200	Ventriculocisternostomy, third ventricle;	4949	7059	12151	1452	40.29
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	4878	6958	11977	1275	35.39
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	3597	5130	8830	1055	29.28
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	3743	5338	9190	1094	30.36
62225	Replacement or irrigation, ventricular catheter	1945	2775	4777	554	15.38
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	3021	4310	7418	885	24.55
62252	Reprogramming of programmable cerebrospinal shunt	303	432	743	84	2.34
62252-26		175	249	429	49	1.35
62252-TC		0	0	0	36	0.99
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	1958	2793	4807	632	17.54
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	4155	5927	10202	1173	32.56

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62263	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	1346	2199	3838	617	17.12
62264	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	1505	2459	4292	440	12.22
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	550	899	1569	265	7.34
62268	Percutaneous aspiration, spinal cord cyst or syrinx	1000	1634	2851	267	7.4
62269	Biopsy of spinal cord, percutaneous needle	881	1440	2512	276	7.66
62270	Spinal puncture, lumbar, diagnostic	402	656	1145	152	4.22
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	449	733	1280	201	5.57
62273	Injection, epidural, of blood or clot patch	696	1138	1986	178	4.93
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	1087	1776	3100	341	9.45
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	631	1031	1800	250	6.94
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	604	987	1723	311	8.63
62284	Injection procedure for myelography and/or computed tomography, lumbar	405	663	1156	202	5.61
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	2895	4731	8257	603	16.73

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62290	Injection procedure for discography, each level; lumbar	749	1225	2138	347	9.62
62291	Injection procedure for discography, each level; cervical or thoracic	725	1185	2069	334	9.28
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	1893	3093	5399	593	16.46
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	3203	5234	9135	1004	27.85
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	526	860	1501	257	7.13
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	542	886	1546	263	7.29
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	510	833	1454	254	7.04
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	525	858	1498	276	7.65
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	634	1036	1808	169	4.68
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	796	1302	2271	259	7.19
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	759	1241	2166	157	4.36



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	744	1216	2123	256	7.11
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	748	1223	2134	148	4.12
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	828	1353	2361	240	6.67
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	604	987	1722	154	4.28
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	739	1208	2109	241	6.69
62350	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	1659	2711	4731	414	11.5
62351	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	4310	7044	12293	897	24.89

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
62355	Removal of previously implanted intrathecal or epidural catheter	883	1443	2518	279	7.73
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	1275	2084	3638	329	9.13
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	1433	2342	4087	449	12.46
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1422	2323	4054	398	11.04
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	1143	1868	3260	307	8.52
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	151	248	432	41	1.14
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	175	287	500	57	1.57
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	298	487	849	120	3.34
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	350	571	997	125	3.47
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	7908	12924	22555	0	0
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or	3787	6189	10801	1300	36.08

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical					
<b>63003</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	3770	6161	10752	1298	36.02
<b>63005</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	3762	6148	10730	1242	34.46
<b>63011</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	3145	5139	8969	1141	31.66
<b>63012</b>	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)	3054	4991	8710	1249	34.66
<b>63015</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	4963	8110	14155	1557	43.2
<b>63016</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	4680	7649	13349	1600	44.39
<b>63017</b>	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	4496	7347	12822	1323	36.7
<b>63020</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	4689	7664	13375	1214	33.69
<b>63030</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or	3651	5967	10414	1016	28.2

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	excision of herniated intervertebral disc; 1 interspace, lumbar					
<b>63035</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	868	1418	2474	201	5.58
<b>63040</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	4472	7308	12754	1459	40.48
<b>63042</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	4333	7081	12357	1356	37.63
<b>63043</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure)	1459	2384	4160	0	0
<b>63044</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (list separately in addition to code for primary procedure)	1506	2461	4296	0	0
<b>63045</b>	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	4213	6884	12015	1348	37.39
<b>63046</b>	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	4164	6805	11876	1284	35.64
<b>63047</b>	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	4002	6539	11413	1152	31.97

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
63048	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)	890	1454	2537	222	6.17
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	5050	8252	14402	1568	43.5
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	5655	9242	16129	1792	49.71
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	6623	10823	18889	1711	47.49
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	5880	9610	16771	1560	43.29
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)	2198	3592	6268	336	9.32
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	5587	9130	15935	1870	51.9
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (list separately in addition to code for primary procedure)	693	1133	1978	217	6.03
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	5035	8228	14359	1416	39.28
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional	1673	2735	4773	259	7.2

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	interspace (list separately in addition to code for primary procedure)					
<b>63077</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	4375	7149	12478	1594	44.24
<b>63078</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (list separately in addition to code for primary procedure)	697	1139	1988	218	6.06
<b>63081</b>	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	5514	9011	15726	1843	51.14
<b>63082</b>	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)	1053	1720	3002	280	7.77
<b>63085</b>	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	5919	9673	16882	2018	55.99
<b>63086</b>	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)	768	1254	2189	201	5.58
<b>63087</b>	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; single segment	7535	12314	21491	2534	70.32
<b>63088</b>	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)	1005	1643	2867	271	7.53
<b>63090</b>	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or	5786	9455	16502	2054	56.98

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	nerve root(s), lower thoracic, lumbar, or sacral; single segment					
<b>63091</b>	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)	905	1479	2582	187	5.18
<b>63101</b>	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	7561	12356	21564	2444	67.82
<b>63102</b>	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	6121	10003	17458	2381	66.07
<b>63103</b>	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)	1003	1640	2861	310	8.6
<b>63170</b>	Laminectomy with myelotomy (eg, Bischof or Drez type), cervical, thoracic, or thoracolumbar	5340	8726	15229	1673	46.43
<b>63172</b>	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	4653	7604	13271	1458	40.46
<b>63173</b>	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	5763	9418	16436	1806	50.11
<b>63180</b>	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	4790	7828	13661	1501	41.65
<b>63182</b>	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	5251	8582	14978	1587	44.03
<b>63185</b>	Laminectomy with rhizotomy; 1 or 2 segments	3059	4999	8724	1198	33.24
<b>63190</b>	Laminectomy with rhizotomy; more than 2 segments	4139	6764	11805	1297	35.99

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
63191	Laminectomy with section of spinal accessory nerve	4660	7615	13291	1460	40.52
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	5399	8824	15400	1692	46.95
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	5192	8485	14809	1627	45.15
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	6028	9852	17194	1889	52.42
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	5508	9002	15710	1664	46.16
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	7082	11573	20198	2219	61.58
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	7422	12130	21169	2326	64.53
63200	Laminectomy, with release of tethered spinal cord, lumbar	5280	8628	15058	1611	44.71
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	9317	18633	35524	3086	85.63
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	9519	19038	36296	3223	89.44
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	9518	19036	36292	3205	88.92
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	4978	9956	18982	1753	48.65
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	5406	10812	20612	1812	50.27
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	4263	8526	16254	1435	39.83
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	4526	9053	17259	1485	41.2
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	6530	13061	24900	2178	60.43



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	6825	13649	26022	2178	60.43
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	5892	11785	22468	1989	55.18
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	5863	11725	22355	1963	54.46
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	6177	12353	23551	1896	52.61
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	6084	12168	23198	1884	52.27
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	4937	9875	18826	1635	45.36
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	4994	9987	19041	1668	46.29
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	7725	15450	29455	2233	61.95
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	6891	13781	26274	2207	61.23
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	7310	14619	27872	2079	57.7
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	5972	11944	22771	1994	55.33
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	8217	16434	31332	2769	76.82
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	8116	16233	30947	2727	75.66
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	8620	17240	32868	2888	80.13
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	8765	17529	33420	2931	81.34
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list separately in addition to code for primary procedure)	1295	2589	4936	352	9.76
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	5648	11297	21537	1932	53.62

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	6933	13867	26437	2313	64.17
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	6846	13693	26106	2282	63.31
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	7275	14550	27740	2277	63.19
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	7385	14771	28161	2433	67.52
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	7859	15718	29967	2659	73.79
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	7723	15446	29448	2532	70.25
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	7564	15129	28843	2559	71
63308	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)	1101	2202	4199	341	9.46
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	2072	4144	7900	1156	32.07
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	1877	3755	7159	618	17.15
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	5166	10332	19697	1185	32.89

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	804	1607	3065	270	7.48
63650	Percutaneous implantation of neurostimulator electrode array, epidural	4004	8009	15269	1657	45.98
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	2663	5327	10156	869	24.1
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1880	3759	7167	631	17.51
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	2357	4713	8986	879	24.4
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	3051	6102	11633	845	23.44
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	2404	4808	9166	911	25.29
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	1416	2832	5399	375	10.4
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	1617	3234	6165	387	10.73
63700	Repair of meningocele; less than 5 cm diameter	5400	10799	20589	1369	37.98
63702	Repair of meningocele; larger than 5 cm diameter	4466	8933	17031	1508	41.83
63704	Repair of myelomeningocele; less than 5 cm diameter	5177	10354	19740	1680	46.62
63706	Repair of myelomeningocele; larger than 5 cm diameter	5764	11528	21979	1863	51.69
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	2949	5899	11246	972	26.98
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	3216	6433	12264	1155	32.05

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
63710	Dural graft, spinal	3504	7008	13361	1139	31.6
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	3051	6102	11633	1023	28.39
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	2111	4221	8048	710	19.7
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	2348	4697	8954	703	19.52
63746	Removal of entire lumbosubarachnoid shunt system without replacement	1880	3759	7167	626	17.38

**EXTRACRANIAL NERVES, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM**

64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	306	518	976	140	3.88
64402	Injection, anesthetic agent; facial nerve	260	440	829	155	4.29
64405	Injection, anesthetic agent; greater occipital nerve	257	435	821	85	2.37
64408	Injection, anesthetic agent; vagus nerve	477	808	1522	121	3.35
64410	Injection, anesthetic agent; phrenic nerve	631	1068	2013	160	4.43
64413	Injection, anesthetic agent; cervical plexus	501	848	1599	130	3.6
64415	Injection, anesthetic agent; brachial plexus, single	842	1426	2687	122	3.38
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	1439	2435	4590	82	2.28
64417	Injection, anesthetic agent; axillary nerve	764	1293	2436	136	3.76
64418	Injection, anesthetic agent; suprascapular nerve	332	562	1059	98	2.71
64420	Injection, anesthetic agent; intercostal nerve, single	350	593	1117	114	3.15
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	600	1016	1915	161	4.46
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	413	698	1316	142	3.93
64430	Injection, anesthetic agent; pudendal nerve	455	770	1452	149	4.14

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64435	Injection, anesthetic agent; paracervical (uterine) nerve	296	502	945	144	4
64445	Injection, anesthetic agent; sciatic nerve, single	596	1008	1900	140	3.89
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	1384	2343	4416	82	2.28
64447	Injection, anesthetic agent; femoral nerve, single	770	1303	2456	125	3.46
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	1202	2035	3835	74	2.05
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	900	1523	2870	88	2.44
64450	Injection, anesthetic agent; other peripheral nerve or branch	250	423	797	79	2.19
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	121	205	386	49	1.36
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	710	1202	2264	143	3.96
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to code for primary procedure)	403	682	1286	79	2.2
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	941	1594	3003	185	5.13
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or ct); cervical or thoracic, single level	994	1682	3171	250	6.95
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional level (list separately in addition to code for primary procedure)	481	813	1533	123	3.42
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or ct); lumbar or sacral, single level	943	1596	3008	232	6.44

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional level (list separately in addition to code for primary procedure)	482	816	1539	101	2.79
64486	Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	602	1019	1920	112	3.12
64487	Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	823	1393	2626	162	4.49
64488	Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	1060	1794	3382	138	3.83
64489	Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	977	1654	3118	240	6.65
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; single level	853	1443	2720	194	5.39
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; second level (list separately in addition to code for primary procedure)	417	705	1329	97	2.68
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure)	400	677	1276	97	2.7
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; single level	897	1518	2861	177	4.91
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or	425	719	1354	90	2.49

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; second level (list separately in addition to code for primary procedure)					
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure)	388	657	1238	90	2.49
64505	Injection, anesthetic agent; sphenopalatine ganglion	185	313	590	121	3.36
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	525	889	1675	136	3.78
64517	Injection, anesthetic agent; superior hypogastric plexus	728	1232	2323	196	5.43
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	559	947	1784	207	5.75
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	752	1274	2400	207	5.73
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	1935	3275	6172	1759	48.81
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1674	2834	5341	1597	44.31
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	5285	8945	16859	754	20.92
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	302	511	962	130	3.62
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1872	3168	5971	664	18.43
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	2576	4361	8218	797	22.11
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	3032	5133	9673	767	21.29

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	4382	7416	13977	346	9.6
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	1262	2136	4026	319	8.86
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	1999	3383	6376	688	19.09
64585	Revision or removal of peripheral neurostimulator electrode array	755	1277	2407	253	7.03
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	677	1146	2159	274	7.6
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	705	1193	2248	248	6.89
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	897	1481	2723	445	12.35
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	1972	3255	5986	609	16.89
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	2401	3963	7287	796	22.09
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	301	497	914	124	3.45
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	351	579	1065	138	3.83
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	394	651	1197	154	4.27
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	342	565	1039	137	3.8
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	495	817	1502	167	4.62



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64620	Destruction by neurolytic agent, intercostal nerve	768	1267	2330	213	5.91
64630	Destruction by neurolytic agent; pudendal nerve	354	584	1074	244	6.77
64632	Destruction by neurolytic agent; plantar common digital nerve	190	314	578	88	2.45
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	1302	2150	3953	429	11.89
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separately in addition to code for primary procedure)	609	1006	1849	192	5.34
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	1314	2170	3989	424	11.76
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately in addition to code for primary procedure)	600	991	1822	175	4.85
64640	Destruction by neurolytic agent; other peripheral nerve or branch	623	1028	1890	139	3.86
64642	Chemodenervation of one extremity; 1-4 muscle(s)	365	603	1108	150	4.15
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure)	251	414	761	96	2.65
64644	Chemodenervation of one extremity; 5 or more muscles	407	671	1234	174	4.82
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (list separately in addition to code for primary procedure)	315	521	957	120	3.33
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	417	688	1265	157	4.35
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	500	825	1517	185	5.12

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64650	Chemodenervation of eccrine glands; both axillae	250	413	759	81	2.25
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	268	442	813	99	2.76
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	803	1325	2436	327	9.07
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	609	1006	1849	592	16.43
64702	Neuroplasty; digital, 1 or both, same digit	1762	2908	5347	521	14.47
64704	Neuroplasty; nerve of hand or foot	999	1649	3032	333	9.23
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	1801	2973	5467	520	14.42
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	1899	3134	5763	605	16.79
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	3008	4964	9129	810	22.48
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	2163	3570	6564	750	20.81
64716	Neuroplasty and/or transposition; cranial nerve (specify)	2510	4144	7620	541	15
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	2055	3392	6238	614	17.04
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	1506	2486	4572	417	11.56
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	1690	2789	5129	449	12.45
64722	Decompression; unspecified nerve(s) (specify)	923	1524	2802	369	10.25
64726	Decompression; plantar digital nerve	804	1327	2440	281	7.8
64727	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (neuroplasty includes external neurolysis)	838	1384	2545	191	5.31
64732	Transection or avulsion of; supraorbital nerve	1387	2138	4128	465	12.89
64734	Transection or avulsion of; infraorbital nerve	1568	2416	4666	525	14.57
64736	Transection or avulsion of; mental nerve	1155	1779	3436	387	10.73

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	1439	2217	4282	482	13.37
64740	Transection or avulsion of; lingual nerve	1508	2323	4487	505	14.01
64742	Transection or avulsion of; facial nerve, differential or complete	1518	2340	4519	509	14.11
64744	Transection or avulsion of; greater occipital nerve	1538	2370	4576	515	14.29
64746	Transection or avulsion of; phrenic nerve	1337	2060	3978	448	12.42
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	2831	4363	8426	948	26.31
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	1591	2451	4733	533	14.78
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	1588	2448	4727	532	14.76
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	1924	2965	5726	644	17.88
64771	Transection or avulsion of other cranial nerve, extradural	1839	2834	5473	616	17.09
64772	Transection or avulsion of other spinal nerve, extradural	1927	2970	5735	586	16.25
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	921	1420	2742	422	11.71
64776	Excision of neuroma; digital nerve, 1 or both, same digit	1219	1878	3626	403	11.18
64778	Excision of neuroma; digital nerve, each additional digit (list separately in addition to code for primary procedure)	570	879	1697	191	5.3
64782	Excision of neuroma; hand or foot, except digital nerve	1212	1867	3606	476	13.22
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (list separately in addition to code for primary procedure)	681	1050	2027	228	6.33
64784	Excision of neuroma; major peripheral nerve, except sciatic	1886	2906	5612	754	20.92
64786	Excision of neuroma; sciatic nerve	3119	4806	9281	1044	28.98

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64787	Implantation of nerve end into bone or muscle (list separately in addition to neuroma excision)	867	1336	2579	251	6.96
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	1289	1986	3835	416	11.55
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	2513	3873	7479	872	24.19
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	3404	5245	10130	1134	31.47
64795	Biopsy of nerve	610	941	1817	203	5.64
64802	Sympathectomy, cervical	2619	4036	7795	877	24.34
64804	Sympathectomy, cervicothoracic	3679	5670	10950	1232	34.19
64809	Sympathectomy, thoracolumbar	3339	5146	9938	1118	31.03
64818	Sympathectomy, lumbar	2080	3206	6191	813	22.55
64820	Sympathectomy; digital arteries, each digit	2001	3084	5955	742	20.58
64821	Sympathectomy; radial artery	2153	3318	6408	721	20.01
64822	Sympathectomy; ulnar artery	2153	3318	6408	721	20.01
64823	Sympathectomy; superficial palmar arch	2449	3774	7289	820	22.76
64831	Suture of digital nerve, hand or foot; 1 nerve	2188	3372	6512	713	19.79
64832	Suture of digital nerve, hand or foot; each additional digital nerve (list separately in addition to code for primary procedure)	1130	1741	3361	351	9.73
64834	Suture of 1 nerve; hand or foot, common sensory nerve	2270	3499	6757	771	21.39
64835	Suture of 1 nerve; median motor thenar	2526	3892	7516	846	23.47
64836	Suture of 1 nerve; ulnar motor	2343	3611	6973	847	23.49
64837	Suture of each additional nerve, hand or foot (list separately in addition to code for primary procedure)	1146	1766	3411	384	10.65
64840	Suture of posterior tibial nerve	2994	4613	8910	1003	27.82
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	3244	4999	9654	1053	29.23
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	3206	4941	9541	1097	30.44
64858	Suture of sciatic nerve	3667	5650	10911	1228	34.07

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64859	Suture of each additional major peripheral nerve (list separately in addition to code for primary procedure)	989	1525	2944	259	7.19
64861	Suture of; brachial plexus	4791	7383	14258	1604	44.52
64862	Suture of; lumbar plexus	4230	6519	12589	1417	39.31
64864	Suture of facial nerve; extracranial	3788	5838	11274	898	24.91
64865	Suture of facial nerve; infratemporal, with or without grafting	3379	5207	10056	1132	31.4
64866	Anastomosis; facial-spinal accessory	3959	6101	11782	1326	36.79
64868	Anastomosis; facial-hypoglossal	3105	4784	9239	1040	28.85
64872	Suture of nerve; requiring secondary or delayed suture (list separately in addition to code for primary neuroorrhaphy)	365	562	1086	122	3.39
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (list separately in addition to code for nerve suture)	545	839	1621	182	5.06
64876	Suture of nerve; requiring shortening of bone of extremity (list separately in addition to code for nerve suture)	619	954	1841	207	5.75
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	3459	5330	10293	1158	32.14
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	4012	6182	11939	1344	37.28
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	3180	4900	9462	1125	31.21
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	3563	5491	10604	1193	33.11
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	3243	4997	9649	1086	30.13
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	3492	5381	10392	1169	32.45
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	4120	6348	12259	1380	38.28
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	4463	6877	13281	1495	41.47
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	3927	6051	11686	1315	36.49

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	4266	6574	12695	1429	39.64
64901	Nerve graft, each additional nerve; single strand (list separately in addition to code for primary procedure)	1874	2887	5576	627	17.41
64902	Nerve graft, each additional nerve; multiple strands (cable) (list separately in addition to code for primary procedure)	2168	3342	6453	726	20.15
64905	Nerve pedicle transfer; first stage	3605	5555	10729	1062	29.47
64907	Nerve pedicle transfer; second stage	4059	6255	12080	1359	37.72
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	2270	3497	6754	825	22.89
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	3179	4899	9460	1065	29.54
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	2400	3699	7143	804	22.32
64913	Nerve repair; with nerve allograft, each additional strand (list separately in addition to code for primary procedure)	484	746	1441	162	4.5
64999	Unlisted procedure, nervous system	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>EYE AND OCULAR ADNEXA</b>						
<b>EYEBALL</b>						
65091	Evisceration of ocular contents; without implant	1848	2641	3483	663	18.40
65093	Evisceration of ocular contents; with implant	1958	2797	3689	656	18.21
65101	Enucleation of eye; without implant	2147	3068	4045	770	21.37
65103	Enucleation of eye; with implant, muscles not attached to implant	2107	3011	3971	802	22.25
65105	Enucleation of eye; with implant, muscles attached to implant	2491	3559	4693	883	24.49
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	3521	5031	6635	1263	35.05
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	4077	5825	7682	1462	40.58
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	4272	6104	8049	1532	42.52
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	1309	1870	2467	470	13.03
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	2127	3039	4007	763	21.17
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	2157	3082	4064	774	21.47
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	2343	3347	4414	840	23.32
65150	Reinsertion of ocular implant; with or without conjunctival graft	1685	2408	3175	605	16.80
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	2451	3503	4619	879	24.40
65175	Removal of ocular implant	1914	2735	3606	687	19.05
65205	Removal of foreign body, external eye; conjunctival superficial	141	201	265	47	1.31
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	151	215	284	58	1.60
65220	Removal of foreign body, external eye; corneal, without slit lamp	228	326	430	61	1.68

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
65222	Removal of foreign body, external eye; corneal, with slit lamp	176	251	331	70	1.93
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	1548	2213	2918	730	20.26
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	2754	3935	5189	988	27.41
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	2687	3839	5062	1110	30.79
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	783	1118	1475	281	7.79
65272	Repair of laceration; conjunctiva, by mobilization and rearrange, without hospitalization	1463	2090	2756	525	14.56
65273	Repair of laceration; conjunctiva, by mobilization and rearrange, with hospitalization	1090	1557	2054	391	10.85
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	1663	2376	3133	596	16.55
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	1740	2486	3278	688	19.10
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	2516	3594	4740	1138	31.57
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	1310	1872	2469	723	20.07
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	1402	2004	2643	503	13.96

**ANTERIOR SEGMENT**

65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	1325	1886	2760	698	19.40
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	1331	1900	2824	701	19.44
65410	Biopsy of cornea	445	636	945	148	4.11
65420	Excision of or transposition of pterygium; without graft	1011	1444	2146	538	14.93
65426	Excision of or transposition of pterygium; with graft	1504	2147	3190	676	18.76



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
65430	Scraping of cornea, diagnostic, for smear and/or culture	332	474	704	119	3.31
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	162	231	343	84	2.32
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	771	1100	1635	398	11.05
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	964	1376	2044	335	9.30
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	673	961	1428	410	11.38
65710	Keratoplasty (corneal transplant); anterior lamellar	3150	4497	6683	1145	31.76
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	3696	5277	7842	1267	35.15
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	3702	5285	7854	1273	35.32
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	3504	5002	7434	1266	35.14
65756	Keratoplasty (corneal transplant); endothelial	3466	4947	7353	1213	33.65
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for primary procedure)	703	1003	1491	0	0.00
65760	Keratomileusis	1806	2578	3832	0	0.00
65765	Keratophakia	0	0	0	0	0.00
65767	Epikeratoplasty	0	0	0	0	0.00
65770	Keratoprosthesis	4655	6646	9877	1428	39.63
65771	Radial keratotomy	0	0	0	0	0.00
65772	Corneal relaxing incision for correction of surgically induced astigmatism	987	1409	2093	464	12.88
65775	Corneal wedge resection for correction of surgically induced astigmatism	1714	2447	3637	570	15.82
65778	Placement of amniotic membrane on the ocular surface; without sutures	2344	3346	4973	1444	40.08
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	2349	3354	4984	1244	34.51
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	2010	2869	4264	683	18.95

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	4108	5865	8716	1366	37.91
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	2330	3327	4944	1178	32.68
65785	Implantation of intrastromal corneal ring segments	7538	10761	15992	2507	69.56
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	327	467	695	123	3.42
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	1159	1654	2458	477	13.23
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	1365	1949	2897	658	18.26
65820	Goniotomy	2023	2888	4292	776	21.54
65850	Trabeculotomy ab externo	1980	2827	4201	860	23.87
65855	Trabeculoplasty by laser surgery	943	1346	2000	253	7.01
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	797	1138	1691	318	8.81
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	1409	2011	2988	485	13.46
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	1213	1732	2574	605	16.78
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	1420	2027	3012	646	17.92
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	2044	2918	4336	680	18.86
65900	Removal of epithelial downgrowth, anterior chamber of eye	2994	4274	6352	996	27.63
65920	Removal of implanted material, anterior segment of eye	2112	3015	4481	808	22.41

SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
65930	Removal of blood clot, anterior segment of eye	1605	2291	3405	652	18.09
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	435	620	922	196	5.43
66030	Injection, anterior chamber of eye (separate procedure); medication	345	493	732	176	4.87
66130	Excision of lesion, sclera	1877	2666	4397	719	19.95
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	2523	3583	5910	899	24.94
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	2521	3580	5905	898	24.92
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	2843	4037	6658	1013	28.10
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	2427	3447	5686	1122	31.12
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	2883	4094	6752	1222	33.90
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	3240	4602	7590	971	26.94
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	2953	4194	6918	1017	28.22
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	2575	3656	6031	1105	30.66
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	3068	4356	7185	1166	32.35
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	2616	3715	6128	1056	29.29
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	2604	3698	6100	805	22.34
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	2186	3104	5119	867	24.05
66225	Repair of scleral staphyloma; with graft	2679	3804	6275	954	26.48
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	1523	2163	3568	772	21.41

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
66500	Iridotomy by stab incision (separate procedure); except transfixion	1032	1465	2417	368	10.20
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	1130	1605	2647	403	11.17
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	2422	3439	5673	863	23.94
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	3069	4359	7189	1093	30.34
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	1056	1500	2474	440	12.20
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	1636	2323	3832	583	16.17
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	1652	2346	3869	589	16.33
66680	Repair of iris, ciliary body (as for iridodialysis)	1528	2170	3579	530	14.71
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	1616	2295	3785	663	18.39
66700	Ciliary body destruction; diathermy	1301	1847	3047	463	12.86
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	1253	1780	2935	454	12.60
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	1509	2143	3535	659	18.28
66720	Ciliary body destruction; cryotherapy	1054	1497	2470	474	13.16
66740	Ciliary body destruction; cyclodialysis	1791	2544	4195	450	12.50
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	952	1351	2229	306	8.50
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	1001	1421	2343	489	13.57
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	1525	2165	3571	543	15.07
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or wheeler knife)	1200	1681	3101	413	11.46

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	797	1116	2059	339	9.42
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	1906	2669	4924	787	21.85
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	1916	2682	4949	726	20.15
66840	Removal of lens material; aspiration technique, 1 or more stages	1780	2492	4597	713	19.79
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	2109	2953	5448	812	22.52
66852	Removal of lens material; pars plana approach, with or without vitrectomy	2999	4199	7748	865	23.99
66920	Removal of lens material; intracapsular	2648	3707	6840	772	21.41
66930	Removal of lens material; intracapsular, for dislocated lens	3009	4213	7773	877	24.33
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	2300	3220	5942	801	22.23
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-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	2688	3763	6944	813	22.56
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	2608	3652	6738	760	21.09
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	2460	3445	6356	654	18.16
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	2095	2933	5412	788	21.86

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
66986	Exchange of intraocular lens	2399	3359	6199	931	25.83
66990	Use of ophthalmic endoscope (list separately in addition to code for primary procedure)	317	443	818	92	2.56
66999	Unlisted procedure, anterior segment of eye	0	0	0	0	0.00

**POSTERIOR SEGMENT**

67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	1808	2485	3300	485	13.47
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	1707	2300	3045	484	13.43
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	2023	2726	3609	556	15.42
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	1424	1919	2540	598	16.58
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	1406	1895	2508	751	20.85
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	3236	4362	5774	873	24.22
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	452	609	806	104	2.89
67030	Discission of vitreous strands (without removal), pars plana approach	2254	3038	4021	548	15.21
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	835	1126	1490	400	11.11
67036	Vitrectomy, mechanical, pars plana approach;	3149	4245	5619	923	25.61
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	3665	4940	6540	989	27.43
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	3617	4875	6453	1068	29.64
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	3527	4753	6292	1180	32.75

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	3876	5224	6916	1180	32.75
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	3788	5105	6758	1245	34.55
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	1664	2243	2970	339	9.40
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	1732	2334	3089	305	8.45
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	3070	4137	5477	1160	32.19
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	4117	5549	7346	1229	34.10
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	2132	2874	3805	904	25.09
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	4419	5956	7885	1372	38.06
67115	Release of encircling material (posterior segment)	2103	2834	3752	511	14.19
67120	Removal of implanted material, posterior segment; extraocular	1725	2324	3077	680	18.86
67121	Removal of implanted material, posterior segment; intraocular	2110	2844	3766	930	25.81

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	1228	1655	2192	538	14.92
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	1269	1711	2265	541	15.02
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	1704	2297	3041	615	17.07
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	1351	1821	2411	530	14.72
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	4002	5393	7140	1419	39.38
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	1517	2045	2707	547	15.18
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	804	1084	1435	291	8.07
67225	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)	279	376	497	30	0.84
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	1236	1666	2205	301	8.34
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	1952	2631	3484	351	9.73
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	2207	2974	3938	1194	33.14
67250	Scleral reinforcement (separate procedure); without graft	3350	4515	5978	815	22.61
67255	Scleral reinforcement (separate procedure); with graft	1662	2240	2965	700	19.42



## SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67299	Unlisted procedure, posterior segment	0	0	0	0	0.00
<b>OCULAR ADNEXA</b>						
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	2000	2854	4776	613	17.03
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	2031	2841	5016	611	16.96
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	2286	3197	5646	729	20.23
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	2110	2951	5212	688	19.10
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	2417	3380	5969	820	22.74
67318	Strabismus surgery, any procedure, superior oblique muscle	2261	3163	5586	719	19.96
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (list separately in addition to code for primary procedure)	1947	2723	4809	330	9.17
67331	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)	1214	1699	2999	314	8.70
67332	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)	1708	2389	4219	340	9.44
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (list separately in addition to code for primary procedure)	1700	2377	4198	310	8.59
67335	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)	745	1043	1841	152	4.21
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (list separately in addition to code for primary procedure)	1821	2547	4497	367	10.19

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	1910	2671	4717	668	18.54
67345	Chemodervation of extraocular muscle	592	828	1462	251	6.96
67346	Biopsy of extraocular muscle	609	852	1504	198	5.50
67399	Unlisted procedure, extraocular muscle	0	0	0	0	0.00
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	3563	4983	8800	965	26.79
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	2177	3046	5378	824	22.86
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	2498	3493	6169	889	24.68
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	2555	3574	6312	890	24.70
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	3159	4419	7803	1374	38.12
67415	Fine needle aspiration of orbital contents	329	460	812	107	2.97
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	4003	5599	9887	1668	46.28
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	3980	5567	9830	1295	35.94
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	3852	5387	9513	1253	34.78
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	5485	7672	13548	1453	40.32
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	4003	5599	9888	1303	36.15
67500	Retrolubar injection; medication (separate procedure, does not include supply of medication)	406	568	1003	73	2.02
67505	Retrolubar injection; alcohol	254	355	627	86	2.38

## SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67515	Injection of medication or other substance into Tenon's capsule	200	280	494	81	2.24
67550	Orbital implant (implant outside muscle cone); insertion	2701	3778	6671	1003	27.82
67560	Orbital implant (implant outside muscle cone); removal or revision	2844	3978	7025	1027	28.51
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	5441	7611	13439	1224	33.95
67599	Unlisted procedure, orbit	0	0	0	0	0.00
67700	Blepharotomy, drainage of abscess, eyelid	475	640	987	282	7.82
67710	Severing of tarsorrhaphy	451	609	939	236	6.56
67715	Canthotomy (separate procedure)	504	680	1048	255	7.07
67800	Excision of chalazion; single	253	341	526	131	3.64
67801	Excision of chalazion; multiple, same lid	386	521	804	167	4.64
67805	Excision of chalazion; multiple, different lids	453	612	943	208	5.76
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	875	1181	1820	377	10.45
67810	Incisional biopsy of eyelid skin including lid margin	327	442	681	180	4.99
67820	Correction of trichiasis; epilation, by forceps only	119	160	247	34	0.93
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	301	406	625	134	3.71
67830	Correction of trichiasis; incision of lid margin	775	1046	1612	275	7.64
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	1244	1679	2588	449	12.47
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	529	714	1100	285	7.91
67850	Destruction of lesion of lid margin (up to 1 cm)	605	816	1257	221	6.13
67875	Temporary closure of eyelids by suture (eg, frost suture)	647	873	1345	179	4.96
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	1104	1490	2297	473	13.12

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	1321	1783	2748	580	16.10
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	2099	2833	4366	659	18.28
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	2206	2976	4587	790	21.92
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	2406	3247	5004	740	20.54
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	2015	2720	4191	612	16.98
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	2177	2938	4529	755	20.94
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	1441	1945	2997	520	14.44
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	2157	2911	4486	511	14.17
67909	Reduction of overcorrection of ptosis	1533	2068	3188	554	15.36
67911	Correction of lid retraction	2465	3327	5128	576	15.97
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	2051	2767	4265	916	25.42
67914	Repair of ectropion; suture	1113	1503	2316	488	13.53
67915	Repair of ectropion; thermocauterization	846	1142	1759	307	8.52
67916	Repair of ectropion; excision tarsal wedge	1761	2376	3662	614	17.05
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	1929	2604	4012	626	17.36
67921	Repair of entropion; suture	981	1324	2040	479	13.28
67922	Repair of entropion; thermocauterization	835	1127	1737	302	8.37
67923	Repair of entropion; excision tarsal wedge	1546	2086	3214	614	17.05
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	1711	2309	3559	654	18.16
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	784	1058	1630	376	10.43

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	1405	1895	2921	611	16.96
67938	Removal of embedded foreign body, eyelid	450	607	936	259	7.19
67950	Canthoplasty (reconstruction of canthus)	1680	2267	3494	591	16.39
67961	Excision of 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 rearrange; up to one-fourth of lid margin	1777	2398	3696	594	16.47
67966	Excision of 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 rearrange; over one-fourth of lid margin	2004	2704	4167	791	21.96
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	2251	3038	4681	742	20.58
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	2559	3454	5323	954	26.47
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	2822	3809	5870	952	26.41
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	1583	2136	3292	702	19.47
67999	Unlisted procedure, eyelids	0	0	0	0	0.00
<b>CONJUNCTIVA</b>						
68020	Incision of conjunctiva, drainage of cyst	300	391	546	124	3.44
68020	Incision of conjunctiva, drainage of cyst	282	361	513	124	3.44
68040	Expression of conjunctival follicles (eg, for trachoma)	201	257	365	64	1.78
68100	Biopsy of conjunctiva	402	514	731	179	4.97
68110	Excision of lesion, conjunctiva; up to 1 cm	482	617	877	236	6.56
68115	Excision of lesion, conjunctiva; over 1 cm	653	834	1187	327	9.07
68130	Excision of lesion, conjunctiva; with adjacent sclera	1204	1539	2189	558	15.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
68135	Destruction of lesion, conjunctiva	442	565	803	162	4.49
68200	Subconjunctival injection	161	206	293	43	1.18
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrange	1598	2043	2906	750	20.82
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	1423	1819	2587	674	18.69
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrange	2844	3635	5171	661	18.35
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	1532	1958	2785	725	20.12
68330	Repair of symblepharon; conjunctivoplasty, without graft	1711	2187	3111	627	17.39
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	1552	1984	2822	664	18.42
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	1404	1794	2552	578	16.03
68360	Conjunctival flap; bridge or partial (separate procedure)	1165	1489	2118	551	15.30
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	1867	2386	3394	673	18.67
68371	Harvesting conjunctival allograft, living donor	894	1143	1625	423	11.74
68399	Unlisted procedure, conjunctiva	0	0	0	0	0.00
68400	Incision, drainage of lacrimal gland	627	802	1141	297	8.24
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	543	694	988	334	9.28
68440	Snip incision of lacrimal punctum	351	448	638	105	2.92
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	2122	2712	3858	1004	27.87
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	2112	2700	3840	1000	27.74
68510	Biopsy of lacrimal gland	978	1250	1778	463	12.84
68520	Excision of lacrimal sac (dacryocystectomy)	1492	1908	2713	706	19.60
68525	Biopsy of lacrimal sac	652	833	1185	271	7.52

## SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
68530	Removal of foreign body or dacryolith, lacrimal passages	1000	1279	1819	442	12.26
68540	Excision of lacrimal gland tumor; frontal approach	2019	2580	3670	955	26.51
68550	Excision of lacrimal gland tumor; involving osteotomy	2477	3166	4503	1172	32.53
68700	Plastic repair of canaliculi	1606	2052	2919	619	17.17
68705	Correction of everted punctum, cautery	504	644	916	252	6.99
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	2292	2930	4168	778	21.60
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	1652	2111	3003	782	21.69
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	2556	3268	4648	811	22.49
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	398	509	724	213	5.92
68761	Closure of the lacrimal punctum; by plug, each	275	352	500	152	4.22
68770	Closure of lacrimal fistula (separate procedure)	1361	1740	2475	644	17.88
68801	Dilation of lacrimal punctum, with or without irrigation	236	301	428	93	2.57
68810	Probing of nasolacrimal duct, with or without irrigation;	420	537	763	161	4.47
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	549	702	999	139	3.87
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	1170	1495	2127	404	11.21
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	1568	2004	2850	739	20.50
68840	Probing of lacrimal canaliculi, with or without irrigation	320	409	582	132	3.67
68850	Injection of contrast medium for dacryocystography	198	252	359	65	1.79
68899	Unlisted procedure, lacrimal system	0	0	0	0	0.00

MEDICAL FEES 2019

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>AUDITORY SYSTEM</b>						
<b>EXTERNAL EAR</b>						
69000	Drainage external ear, abscess or hematoma; simple	390	511	701	191	5.29
69005	Drainage external ear, abscess or hematoma; complicated	545	714	980	221	6.13
69020	Drainage external auditory canal, abscess	401	526	722	237	6.57
69090	Ear piercing	50	66	90	0	0.00
69100	Biopsy external ear	163	214	293	101	2.79
69105	Biopsy external auditory canal	352	462	634	144	3.99
69110	Excision of external ear; partial, simple repair	953	1249	1715	469	13.00
69120	Excision of external ear; complete amputation	897	1175	1613	410	11.38
69140	Excision of exostosis(es), external auditory canal	2604	3412	4684	902	25.02
69145	Excision of soft tissue lesion, external auditory canal	900	1179	1619	401	11.14
69150	Radical excision external auditory canal lesion; without neck dissection	2325	3047	4182	1063	29.50
69155	Radical excision external auditory canal lesion; with neck dissection	3707	4857	6668	1695	47.03
69200	Removal foreign body from external auditory canal; without general anesthesia	253	331	455	84	2.32
69205	Removal foreign body from external auditory canal; with general anesthesia	308	403	554	102	2.82
69209	Removal impacted cerumen using irrigation/lavage, unilateral	36	47	65	14	0.40
69210	Removal impacted cerumen requiring instrumentation, unilateral	100	131	180	48	1.34
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	257	336	462	83	2.29
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	475	622	854	221	6.12
69300	Otoplasty, protruding ear, with or without size reduction	1939	2540	3487	655	18.18

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	2861	3749	5146	1119	31.04
69320	Reconstruction external auditory canal for congenital atresia, single stage	4928	6456	8864	1570	43.55
69399	Unlisted procedure, external ear	0	0	0	0	0.00
<b>MIDDLE EAR</b>						
69420	Myringotomy including aspiration and/or eustachian tube inflation	398	640	1261	193	5.36
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	452	728	1434	152	4.22
69424	Ventilating tube removal requiring general anesthesia	301	484	953	131	3.63
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	443	713	1406	204	5.67
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	664	1069	2106	163	4.51
69440	Middle ear exploration through postauricular or ear canal incision	2064	3321	6543	705	19.55
69450	Tympanolysis, transcanal	1504	2420	4768	558	15.47
69501	Transmastoid antrotomy (simple mastoidectomy)	2576	4146	8168	743	20.62
69502	Mastoidectomy; complete	2656	4275	8423	986	27.36
69505	Mastoidectomy; modified radical	4283	6892	13580	1235	34.28
69511	Mastoidectomy; radical	4389	7063	13916	1266	35.13
69530	Petrous apicectomy including radical mastoidectomy	5888	9475	18670	1699	47.13
69535	Resection temporal bone, external approach	9584	15422	30388	2765	76.71
69540	Excision of aural polyp	449	722	1423	212	5.87
69550	Excision of aural glomus tumor; transcanal	3704	5961	11746	1069	29.65
69552	Excision of aural glomus tumor; transmastoid	5591	8997	17727	1613	44.75
69554	Excision of aural glomus tumor; extended (extratemporal)	8976	14445	28463	2589	71.85
69601	Revision mastoidectomy; resulting in complete mastoidectomy	3686	5931	11686	1063	29.50

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	3867	6222	12261	1115	30.95
69603	Revision mastoidectomy; resulting in radical mastoidectomy	4489	7224	14233	1295	35.93
69604	Revision mastoidectomy; resulting in tympanoplasty	3955	6365	12542	1141	31.66
69605	Revision mastoidectomy; with apicectomy	5556	8941	17616	1603	44.47
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	870	1400	2759	390	10.83
69620	Myringoplasty (surgery confined to drumhead and donor area)	1843	2966	5845	714	19.82
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	2951	4749	9357	906	25.13
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	3671	5908	11640	1105	30.65
69633	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])	3438	5533	10902	1071	29.71
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	3222	5185	10217	1275	35.39
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	4013	6458	12724	1418	39.34
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis	3886	6254	12323	1438	39.90

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	[PORP], total ossicular replacement prosthesis [TORP])					
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	3850	6196	12208	1067	29.62
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	4357	7011	13814	1372	38.08
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	3981	6406	12623	1254	34.79
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	4329	6966	13726	1520	42.18
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	4657	7494	14766	1493	41.44
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	5202	8371	16493	1589	44.10
69650	Stapes mobilization	2787	4485	8838	823	22.83
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	3052	4912	9678	950	26.36
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	3812	6135	12088	1238	34.35
69662	Revision of stapedectomy or stapedotomy	3742	6022	11867	1187	32.95
69666	Repair oval window fistula	2415	3887	7658	827	22.96
69667	Repair round window fistula	2393	3850	7587	831	23.05
69670	Mastoid obliteration (separate procedure)	2959	4762	9383	967	26.82
69676	Tympanic neurectomy	2948	4745	9349	851	23.60
69700	Closure postauricular fistula, mastoid (separate procedure)	2411	3880	7646	696	19.30

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	0	0	0	0	0.00
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	3035	4883	9622	875	24.29
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	3141	5055	9961	1098	30.47
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	4701	7565	14907	1356	37.63
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	3989	6419	12649	1151	31.93
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	4749	7642	15057	1370	38.01
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	4268	6868	13532	1231	34.16
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	6691	10768	21217	1930	53.56
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	4150	6679	13160	1197	33.22
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	4416	7107	14004	1274	35.35
69799	Unlisted procedure, middle ear	0	0	0	0	0.00
<b>INNER EAR</b>						
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	1204	1937	3817	210	5.83
69805	Endolymphatic sac operation; without shunt	3726	5995	11813	1075	29.82
69806	Endolymphatic sac operation; with shunt	3326	5352	10545	959	26.62
69905	Labyrinthectomy; transcanal	3256	5239	10323	939	26.06

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
69910	Labyrinthectomy; with mastoidectomy	3587	5772	11373	1034	28.70
69915	Vestibular nerve section, translabyrinthine approach	5448	8768	17276	1572	43.61
69930	Cochlear device implantation, with or without mastoidectomy	4524	7281	14346	1256	34.86
69949	Unlisted procedure, inner ear	0	0	0	0	0.00

**TEMPORAL BONE, MIDDLE FOSSA APPROACH**

69950	Vestibular nerve section, transcranial approach	6323	10175	20049	1824	50.61
69955	Total facial nerve decompression and/or repair (may include graft)	7025	11305	22275	2026	56.23
69960	Decompression internal auditory canal	6825	10983	21641	1969	54.63
69970	Removal of tumor, temporal bone	7627	12274	24184	2200	61.05
69979	Unlisted procedure, temporal bone, middle fossa approach	0	0	0	0	0.00
69990	Microsurgical techniques, requiring use of operating microscope (list separately in addition to code for primary procedure)	912	1467	2891	231	6.40

# RADIOLOGY

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)</b>						
<b>70015</b>	Cisternography, positive contrast, radiological supervision and interpretation	445	556	777	157	4.35
<b>70015-26</b>		0	0	0	61	1.7
<b>70015-TC</b>		0	0	0	96	2.65
<b>70030</b>	Radiologic examination, eye, for detection of foreign body	92	116	162	30	0.83
<b>70030-26</b>		34	43	59	9	0.24
<b>70030-TC</b>		0	0	0	21	0.59
<b>70100</b>	Radiologic examination, mandible; partial, less than 4 views	94	118	165	35	0.97
<b>70100-26</b>		36	45	63	9	0.26
<b>70100-TC</b>		0	0	0	26	0.71
<b>70110</b>	Radiologic examination, mandible; complete, minimum of 4 views	123	154	215	41	1.13
<b>70110-26</b>		46	57	80	13	0.36
<b>70110-TC</b>		0	0	0	28	0.77
<b>70120</b>	Radiologic examination, mastoids; less than 3 views per side	85	106	149	35	0.97
<b>70120-26</b>		31	39	55	9	0.26
<b>70120-TC</b>		0	0	0	26	0.71
<b>70130</b>	Radiologic examination, mastoids; complete, minimum of 3 views per side	167	209	292	58	1.61
<b>70130-26</b>		52	65	91	18	0.49
<b>70130-TC</b>		0	0	0	40	1.12
<b>70134</b>	Radiologic examination, internal auditory meati, complete	154	193	270	54	1.51
<b>70134-26</b>		0	0	0	18	0.5
<b>70134-TC</b>		0	0	0	36	1.01
<b>70140</b>	Radiologic examination, facial bones; less than 3 views	111	138	193	31	0.86

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70140-26		39	48	68	10	0.29
70140-TC		0	0	0	21	0.57
70150	Radiologic examination, facial bones; complete, minimum of 3 views	130	162	226	44	1.23
70150-26		48	60	83	14	0.38
70150-TC		0	0	0	31	0.85
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	94	117	164	35	0.97
70160-26		33	41	58	9	0.25
70160-TC		0	0	0	26	0.72
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	44	55	77	0	0
70170-26		0	0	0	15	0.43
70170-TC		0	0	0	0	0
70190	Radiologic examination; optic foramina	103	128	179	37	1.03
70190-26		0	0	0	11	0.31
70190-TC		0	0	0	26	0.72
70200	Radiologic examination; orbits, complete, minimum of 4 views	140	174	244	45	1.24
70200-26		55	68	96	14	0.4
70200-TC		0	0	0	30	0.84
70210	Radiologic examination, sinuses, paranasal, less than 3 views	68	85	118	32	0.89
70210-26		30	37	52	9	0.25
70210-TC		0	0	0	23	0.64
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	109	136	190	40	1.1
70220-26		46	57	80	13	0.36
70220-TC		0	0	0	27	0.74
70240	Radiologic examination, sella turcica	91	114	159	32	0.89
70240-26		0	0	0	10	0.28
70240-TC		0	0	0	22	0.61



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70250	Radiologic examination, skull; less than 4 views	105	131	183	39	1.07
70250-26		43	54	75	13	0.36
70250-TC		0	0	0	26	0.71
70260	Radiologic examination, skull; complete, minimum of 4 views	153	191	267	48	1.34
70260-26		63	79	110	18	0.5
70260-TC		0	0	0	30	0.84
70300	Radiologic examination, teeth; single view	38	47	66	14	0.4
70300-26		28	35	49	6	0.16
70300-TC		0	0	0	9	0.24
70310	Radiologic examination, teeth; partial examination, less than full mouth	129	161	226	38	1.06
70310-26		18	22	31	8	0.22
70310-TC		0	0	0	30	0.84
70320	Radiologic examination, teeth; complete, full mouth	298	373	521	55	1.53
70320-26		37	46	64	13	0.35
70320-TC		0	0	0	43	1.18
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	94	117	164	32	0.89
70328-26		37	46	64	9	0.26
70328-TC		0	0	0	23	0.63
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	141	176	246	50	1.39
70330-26		46	57	80	13	0.35
70330-TC		0	0	0	37	1.04
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	214	267	373	77	2.15
70332-26		132	165	230	28	0.77
70332-TC		0	0	0	50	1.38
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	1470	1837	2568	306	8.49

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70336-26		266	332	465	75	2.09
70336-IC		0	0	0	231	6.4
70350	Cephalogram, orthodontic	124	155	217	19	0.53
70350-26		44	55	77	10	0.28
70350-IC		0	0	0	9	0.25
70355	Orthopantomogram (eg, panoramic x-ray)	125	156	218	20	0.56
70355-26		43	54	76	11	0.31
70355-IC		0	0	0	9	0.25
70360	Radiologic examination; neck, soft tissue	96	120	167	31	0.85
70360-26		33	41	58	9	0.24
70360-IC		0	0	0	22	0.61
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	202	253	353	82	2.27
70370-26		75	94	131	15	0.42
70370-IC		0	0	0	67	1.85
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	248	310	434	100	2.77
70371-26		94	117	164	44	1.21
70371-IC		0	0	0	56	1.56
70380	Radiologic examination, salivary gland for calculus	97	121	170	34	0.95
70380-26		0	0	0	9	0.24
70380-IC		0	0	0	26	0.71
70390	Sialography, radiological supervision and interpretation	297	371	518	105	2.9
70390-26		0	0	0	19	0.54
70390-IC		0	0	0	85	2.36
70450	Computed tomography, head or brain; without contrast material	636	778	1035	117	3.26
70450-26		167	205	272	44	1.21
70450-IC		0	0	0	74	2.05

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70460	Computed tomography, head or brain; with contrast material(s)	698	854	1136	166	4.61
70460-26		208	254	338	58	1.62
70460-IC		0	0	0	108	2.99
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	898	1099	1461	194	5.39
70470-26		233	285	380	65	1.81
70470-IC		0	0	0	129	3.58
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	769	941	1252	178	4.95
70480-26		223	272	362	66	1.82
70480-IC		0	0	0	113	3.13
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	916	1120	1490	273	7.57
70481-26		246	301	400	71	1.97
70481-IC		0	0	0	202	5.6
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	1114	1363	1813	276	7.66
70482-26		253	310	412	74	2.06
70482-IC		0	0	0	202	5.6
70486	Computed tomography, maxillofacial area; without contrast material	701	857	1140	141	3.92
70486-26		200	245	326	44	1.22
70486-IC		0	0	0	97	2.7
70487	Computed tomography, maxillofacial area; with contrast material(s)	853	1044	1388	170	4.71
70487-26		222	272	362	58	1.6
70487-IC		0	0	0	112	3.11
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1005	1230	1636	207	5.74

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70488-26		243	297	395	65	1.81
70488-TC		0	0	0	142	3.93
70490	Computed tomography, soft tissue neck; without contrast material	748	916	1218	167	4.63
70490-26		224	274	365	66	1.82
70490-TC		0	0	0	101	2.81
70491	Computed tomography, soft tissue neck; with contrast material(s)	848	1037	1380	206	5.71
70491-26		240	294	391	71	1.97
70491-TC		0	0	0	135	3.74
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1108	1356	1803	248	6.88
70492-26		283	347	461	83	2.3
70492-TC		0	0	0	165	4.58
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1328	1624	2160	292	8.09
70496-26		291	357	474	90	2.49
70496-TC		0	0	0	202	5.6
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1315	1609	2140	292	8.09
70498-26		289	353	470	90	2.49
70498-TC		0	0	0	202	5.6
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1552	1899	2525	270	7.48
70540-26		291	356	474	69	1.92
70540-TC		0	0	0	200	5.56
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1580	1933	2570	320	8.89

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70542-26		316	386	514	83	2.31
70542-TC		0	0	0	237	6.58
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	2539	3107	4132	403	11.17
70543-26		425	520	691	110	3.04
70543-TC		0	0	0	293	8.13
70544	Magnetic resonance angiography, head; without contrast material(s)	1488	1821	2422	283	7.84
70544-26		229	280	373	62	1.71
70544-TC		0	0	0	221	6.13
70545	Magnetic resonance angiography, head; with contrast material(s)	1492	1825	2427	280	7.78
70545-26		296	363	482	62	1.71
70545-TC		0	0	0	219	6.07
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	2265	2771	3686	414	11.5
70546-26		345	422	561	76	2.1
70546-TC		0	0	0	339	9.4
70547	Magnetic resonance angiography, neck; without contrast material(s)	1570	1921	2555	284	7.87
70547-26		238	292	388	62	1.71
70547-TC		0	0	0	222	6.16
70548	Magnetic resonance angiography, neck; with contrast material(s)	1567	1917	2549	312	8.66
70548-26		229	280	373	77	2.14
70548-TC		0	0	0	235	6.52
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	2226	2724	3622	433	12.02
70549-26		328	402	534	92	2.56
70549-TC		0	0	0	341	9.46

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1419	1736	2309	230	6.38
70551-26		280	343	456	76	2.11
70551-IC		0	0	0	154	4.27
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1575	1927	2563	319	8.86
70552-26		341	417	555	92	2.54
70552-IC		0	0	0	228	6.32
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2275	2784	3702	377	10.45
70553-26		413	505	671	117	3.25
70553-IC		0	0	0	259	7.2
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist admin	1514	1852	2463	447	12.4
70554-26		371	454	604	108	3
70554-IC		0	0	0	339	9.4
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	418	512	681	0	0
70555-26		0	0	0	129	3.58
70555-IC		0	0	0	0	0
70557	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	687	840	1118	0	0
70557-26		0	0	0	160	4.44
70557-IC		0	0	0	0	0
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for	757	926	1231	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	residual tumor or residual vascular malformation); with contrast material(s)					
<b>70558-26</b>		0	0	0	176	4.89
<b>70558-TC</b>		0	0	0	0	0
<b>70559</b>	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	809	990	1317	0	0
<b>70559-26</b>		0	0	0	168	4.67
<b>70559-TC</b>		0	0	0	0	0
<b>71045</b>	Radiologic examination, chest; single view	60	73	97	25	0.7
<b>71045-26</b>		33	41	54	9	0.26
<b>71045-TC</b>		0	0	0	16	0.44
<b>71046</b>	Radiologic examination, chest; 2 views	93	114	151	32	0.89
<b>71046-26</b>		38	47	62	11	0.31
<b>71046-TC</b>		0	0	0	21	0.58
<b>71047</b>	Radiologic examination, chest; 3 views	162	198	262	40	1.12
<b>71047-26</b>		64	79	104	14	0.4
<b>71047-TC</b>		0	0	0	26	0.72
<b>71048</b>	Radiologic examination, chest; 4 or more views	127	156	206	44	1.21
<b>71048-26</b>		63	77	102	17	0.46
<b>71048-TC</b>		0	0	0	27	0.75
<b>71100</b>	Radiologic examination, ribs, unilateral; 2 views	107	130	173	35	0.97
<b>71100-26</b>		43	53	70	12	0.32
<b>71100-TC</b>		0	0	0	23	0.65
<b>71101</b>	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	118	145	192	40	1.11
<b>71101-26</b>		49	60	79	14	0.39

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
71101-TC		0	0	0	26	0.72
71110	Radiologic examination, ribs, bilateral; 3 views	124	152	201	42	1.16
71110-26		51	62	82	15	0.42
71110-TC		0	0	0	27	0.74
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	151	185	245	50	1.38
71111-26		59	72	96	17	0.47
71111-TC		0	0	0	33	0.91
71120	Radiologic examination; sternum, minimum of 2 views	96	118	156	32	0.88
71120-26		36	44	58	10	0.29
71120-TC		0	0	0	21	0.59
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	110	135	179	38	1.05
71130-26		39	47	62	11	0.31
71130-TC		0	0	0	27	0.74
71250	Computed tomography, thorax; without contrast material	762	933	1235	161	4.47
71250-26		198	243	321	60	1.66
71250-TC		0	0	0	101	2.81
71260	Computed tomography, thorax; with contrast material(s)	929	1137	1506	199	5.53
71260-26		222	272	360	64	1.77
71260-TC		0	0	0	136	3.76
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	1217	1489	1972	236	6.56
71270-26		264	324	429	71	1.97
71270-TC		0	0	0	165	4.59
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1251	1531	2028	295	8.19



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
71275-26		307	376	498	93	2.59
71275-TC		0	0	0	202	5.6
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	1544	1889	2502	305	8.46
71550-26		251	307	406	75	2.07
71550-TC		0	0	0	230	6.39
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	1640	2007	2658	455	12.63
71551-26		368	451	597	89	2.46
71551-TC		0	0	0	367	10.17
71552	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	2537	3105	4111	502	13.92
71552-26		433	530	701	116	3.21
71552-TC		0	0	0	386	10.71
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	1917	2346	3106	398	11.03
71555-26		346	424	561	92	2.54
71555-TC		0	0	0	306	8.49
72020	Radiologic examination, spine, single view, specify level	66	83	113	23	0.65
72020-26		30	37	51	8	0.22
72020-TC		0	0	0	15	0.43
72040	Radiologic examination, spine, cervical; 2 or 3 views	89	112	152	37	1.03
72040-26		36	45	61	12	0.32
72040-TC		0	0	0	26	0.71
72050	Radiologic examination, spine, cervical; 4 or 5 views	163	205	277	51	1.42
72050-26		58	74	99	16	0.45

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72050-TC		0	0	0	35	0.97
72052	Radiologic examination, spine, cervical; 6 or more views	200	252	340	61	1.69
72052-26		64	81	110	19	0.52
72052-TC		0	0	0	42	1.17
72070	Radiologic examination, spine; thoracic, 2 views	90	113	152	35	0.96
72070-26		37	46	63	12	0.32
72070-TC		0	0	0	23	0.64
72072	Radiologic examination, spine; thoracic, 3 views	121	153	206	37	1.02
72072-26		41	52	70	11	0.31
72072-TC		0	0	0	26	0.71
72074	Radiologic examination, spine; thoracic, minimum of 4 views	142	179	242	40	1.12
72074-26		43	54	72	11	0.31
72074-TC		0	0	0	29	0.81
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	116	146	198	34	0.95
72080-26		45	56	76	12	0.32
72080-TC		0	0	0	23	0.63
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	119	150	202	41	1.14
72081-26		46	59	79	14	0.39
72081-TC		0	0	0	27	0.75
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	159	200	270	66	1.83
72082-26		52	66	89	17	0.46
72082-TC		0	0	0	49	1.37

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	190	239	323	78	2.16
72083-26		61	76	103	19	0.52
72083-TC		0	0	0	59	1.64
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	174	219	295	91	2.52
72084-26		60	76	103	22	0.6
72084-TC		0	0	0	69	1.92
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	107	135	183	37	1.03
72100-26		43	54	73	12	0.32
72100-TC		0	0	0	26	0.71
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	167	211	285	52	1.44
72110-26		58	73	98	16	0.45
72110-TC		0	0	0	36	0.99
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	208	262	354	59	1.64
72114-26		49	61	83	17	0.47
72114-TC		0	0	0	42	1.17
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	131	165	223	44	1.21
72120-26		43	54	73	12	0.32
72120-TC		0	0	0	32	0.89
72125	Computed tomography, cervical spine; without contrast material	787	972	1270	167	4.64
72125-26		196	242	316	55	1.52
72125-TC		0	0	0	112	3.12
72126	Computed tomography, cervical spine; with contrast material	992	1225	1600	231	6.4

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72126-26		223	275	359	63	1.74
72126-TC		0	0	0	168	4.66
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	1158	1430	1868	267	7.4
72127-26		210	259	338	65	1.8
72127-TC		0	0	0	202	5.6
72128	Computed tomography, thoracic spine; without contrast material	768	948	1239	164	4.55
72128-26		193	238	311	52	1.43
72128-TC		0	0	0	112	3.12
72129	Computed tomography, thoracic spine; with contrast material	823	1017	1328	232	6.44
72129-26		218	269	351	63	1.74
72129-TC		0	0	0	169	4.7
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	1182	1459	1906	267	7.4
72130-26		216	267	348	65	1.8
72130-TC		0	0	0	202	5.6
72131	Computed tomography, lumbar spine; without contrast material	794	980	1280	164	4.55
72131-26		194	240	313	52	1.43
72131-TC		0	0	0	112	3.12
72132	Computed tomography, lumbar spine; with contrast material	970	1198	1564	231	6.41
72132-26		219	270	353	63	1.74
72132-TC		0	0	0	168	4.67
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	1253	1547	2020	267	7.41
72133-26		222	275	359	65	1.81
72133-TC		0	0	0	202	5.6

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1495	1846	2411	224	6.22
72141-26		300	370	484	76	2.12
72141-TC		0	0	0	148	4.1
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1661	2052	2680	325	9.03
72142-26		359	444	579	92	2.55
72142-TC		0	0	0	234	6.48
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	1508	1862	2433	225	6.23
72146-26		290	359	468	76	2.12
72146-TC		0	0	0	148	4.11
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	1602	1979	2585	324	8.98
72147-26		369	455	595	92	2.54
72147-TC		0	0	0	232	6.44
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	1506	1860	2429	225	6.23
72148-26		276	341	446	76	2.12
72148-TC		0	0	0	148	4.11
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	1615	1994	2604	321	8.92
72149-26		345	426	556	92	2.55
72149-TC		0	0	0	230	6.37
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	2274	2809	3668	379	10.52
72156-26		413	510	666	117	3.25
72156-TC		0	0	0	262	7.27

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	2226	2749	3591	380	10.55
72157-26		415	513	670	117	3.25
72157-TC		0	0	0	263	7.3
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	2448	3024	3949	378	10.5
72158-26		436	539	704	117	3.25
72158-TC		0	0	0	261	7.25
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	2100	2594	3388	412	11.43
72159-26		338	417	545	92	2.56
72159-TC		0	0	0	320	8.87
72170	Radiologic examination, pelvis; 1 or 2 views	123	151	198	34	0.93
72170-26		41	50	66	9	0.25
72170-TC		0	0	0	25	0.68
72190	Radiologic examination, pelvis; complete, minimum of 3 views	129	159	208	40	1.12
72190-26		43	53	69	11	0.31
72190-TC		0	0	0	29	0.81
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1282	1584	2068	294	8.16
72191-26		277	342	447	92	2.56
72191-TC		0	0	0	202	5.6
72192	Computed tomography, pelvis; without contrast material	706	872	1139	148	4.1
72192-26		183	226	295	56	1.55
72192-TC		0	0	0	92	2.55
72193	Computed tomography, pelvis; with contrast material(s)	828	1023	1336	237	6.59

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72193-26		206	255	333	60	1.66
72193-TC		0	0	0	178	4.93
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	1128	1393	1819	264	7.33
72194-26		243	300	392	62	1.73
72194-TC		0	0	0	202	5.6
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	1490	1840	2404	275	7.62
72195-26		260	322	420	75	2.08
72195-TC		0	0	0	200	5.54
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	1580	1952	2549	321	8.9
72196-26		304	375	490	89	2.47
72196-TC		0	0	0	232	6.43
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	2484	3067	4006	405	11.24
72197-26		421	520	679	113	3.13
72197-TC		0	0	0	292	8.11
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	1982	2447	3196	400	11.09
72198-26		323	399	521	91	2.53
72198-TC		0	0	0	308	8.56
72200	Radiologic examination, sacroiliac joints; less than 3 views	98	120	157	31	0.87
72200-26		37	45	59	9	0.25
72200-TC		0	0	0	22	0.62
72202	Radiologic examination, sacroiliac joints; 3 or more views	106	131	171	35	0.98
72202-26		35	43	56	10	0.27
72202-TC		0	0	0	26	0.71
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	93	115	151	31	0.86

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
72220-26		34	42	55	9	0.25
72220-IC		0	0	0	22	0.61
72240	Myelography, cervical, radiological supervision and interpretation	398	492	642	106	2.94
72240-26		162	200	261	46	1.29
72240-IC		0	0	0	59	1.65
72255	Myelography, thoracic, radiological supervision and interpretation	337	416	544	108	2.99
72255-26		0	0	0	49	1.35
72255-IC		0	0	0	59	1.64
72265	Myelography, lumbosacral, radiological supervision and interpretation	412	509	665	99	2.75
72265-26		235	291	379	42	1.16
72265-IC		0	0	0	57	1.59
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	543	670	875	138	3.82
72270-26		258	318	416	69	1.92
72270-IC		0	0	0	68	1.9
72275	Epidurography, radiological supervision and interpretation	360	445	581	125	3.48
72275-26		200	246	322	40	1.11
72275-IC		0	0	0	85	2.37
72285	Discography, cervical or thoracic, radiological supervision and interpretation	653	806	1053	120	3.32
72285-26		256	316	413	61	1.69
72285-IC		0	0	0	59	1.63
72295	Discography, lumbar, radiological supervision and interpretation	670	827	1080	105	2.9
72295-26		175	216	282	44	1.23
72295-IC		0	0	0	60	1.67
73000	Radiologic examination; clavicle, complete	87	110	152	30	0.82



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73000-26		30	38	53	9	0.24
73000-TC		0	0	0	21	0.58
73010	Radiologic examination; scapula, complete	94	119	164	32	0.9
73010-26		32	41	56	9	0.26
73010-TC		0	0	0	23	0.64
73020	Radiologic examination, shoulder; 1 view	71	89	123	24	0.67
73020-26		28	35	49	8	0.23
73020-TC		0	0	0	16	0.44
73030	Radiologic examination, shoulder; complete, minimum of 2 views	97	123	169	31	0.85
73030-26		36	45	62	10	0.27
73030-TC		0	0	0	21	0.58
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	320	404	555	112	3.12
73040-26		96	121	166	28	0.78
73040-TC		0	0	0	84	2.34
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	107	134	185	38	1.05
73050-26		36	46	63	11	0.3
73050-TC		0	0	0	27	0.75
73060	Radiologic examination; humerus, minimum of 2 views	87	109	150	31	0.85
73060-26		31	39	54	9	0.24
73060-TC		0	0	0	22	0.61
73070	Radiologic examination, elbow; 2 views	87	109	150	27	0.76
73070-26		30	38	53	8	0.23
73070-TC		0	0	0	19	0.53
73080	Radiologic examination, elbow; complete, minimum of 3 views	101	127	175	30	0.84
73080-26		33	42	58	9	0.25

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73080-IC		0	0	0	21	0.59
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	294	371	510	108	2.99
73085-26		104	131	180	30	0.82
73085-IC		0	0	0	78	2.17
73090	Radiologic examination; forearm, 2 views	83	104	143	28	0.79
73090-26		30	37	51	9	0.24
73090-IC		0	0	0	20	0.55
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	84	106	145	29	0.81
73092-26		28	35	48	8	0.23
73092-IC		0	0	0	21	0.58
73100	Radiologic examination, wrist; 2 views	81	103	141	32	0.9
73100-26		29	37	51	9	0.24
73100-IC		0	0	0	24	0.66
73110	Radiologic examination, wrist; complete, minimum of 3 views	104	131	180	37	1.03
73110-26		34	43	59	9	0.25
73110-IC		0	0	0	28	0.78
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	289	365	502	120	3.33
73115-26		92	116	159	29	0.81
73115-IC		0	0	0	91	2.52
73120	Radiologic examination, hand; 2 views	79	100	137	30	0.82
73120-26		29	36	49	9	0.24
73120-IC		0	0	0	21	0.58
73130	Radiologic examination, hand; minimum of 3 views	96	121	167	34	0.94
73130-26		33	42	58	9	0.25
73130-IC		0	0	0	25	0.69
73140	Radiologic examination, finger(s), minimum of 2 views	82	103	142	34	0.95

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73140-26		25	31	43	7	0.2
73140-TC		0	0	0	27	0.75
73200	Computed tomography, upper extremity; without contrast material	713	900	1238	164	4.55
73200-26		177	223	307	52	1.43
73200-TC		0	0	0	112	3.12
73201	Computed tomography, upper extremity; with contrast material(s)	832	1050	1445	226	6.28
73201-26		187	237	325	60	1.66
73201-TC		0	0	0	167	4.62
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	1103	1392	1915	265	7.34
73202-26		208	263	362	63	1.74
73202-TC		0	0	0	202	5.6
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1150	1451	1997	294	8.15
73206-26		279	352	484	92	2.55
73206-TC		0	0	0	202	5.6
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1375	1736	2388	300	8.33
73218-26		239	302	416	70	1.93
73218-TC		0	0	0	231	6.4
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	1541	1945	2675	400	11.11
73219-26		282	356	490	83	2.31
73219-TC		0	0	0	317	8.8
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	2245	2834	3899	496	13.75

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73220-26		371	468	644	110	3.05
73220-TC		0	0	0	386	10.7
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	1419	1791	2463	237	6.57
73221-26		247	312	429	70	1.94
73221-TC		0	0	0	167	4.63
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	1680	2120	2917	377	10.47
73222-26		287	362	498	84	2.32
73222-TC		0	0	0	294	8.15
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	2150	2714	3734	468	12.99
73223-26		348	439	604	110	3.06
73223-TC		0	0	0	358	9.93
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	1491	1883	2590	395	10.95
73225-26		322	406	559	87	2.41
73225-TC		0	0	0	308	8.54
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	77	97	133	31	0.87
73501-26		29	37	51	10	0.27
73501-TC		0	0	0	22	0.6
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	111	140	192	44	1.21
73502-26		37	47	65	12	0.32
73502-TC		0	0	0	32	0.89
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	139	175	241	54	1.51
73503-26		46	58	80	14	0.4
73503-TC		0	0	0	40	1.11

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	106	134	184	39	1.08
73521-26		37	47	64	12	0.32
73521-IC		0	0	0	27	0.76
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	137	172	236	51	1.41
73522-26		50	62	86	15	0.43
73522-IC		0	0	0	35	0.98
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	169	212	291	59	1.65
73523-26		55	69	95	17	0.46
73523-IC		0	0	0	43	1.19
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	305	384	527	115	3.18
73525-26		105	132	181	30	0.83
73525-IC		0	0	0	85	2.35
73551	Radiologic examination, femur; 1 view	72	91	125	29	0.8
73551-26		27	34	47	9	0.24
73551-IC		0	0	0	20	0.56
73552	Radiologic examination, femur; minimum 2 views	88	110	151	34	0.94
73552-26		30	38	53	9	0.26
73552-IC		0	0	0	25	0.68
73560	Radiologic examination, knee; 1 or 2 views	92	116	159	33	0.91
73560-26		34	43	59	9	0.24
73560-IC		0	0	0	24	0.67
73562	Radiologic examination, knee; 3 views	105	132	182	38	1.05
73562-26		35	44	60	10	0.27
73562-IC		0	0	0	28	0.78
73564	Radiologic examination, knee; complete, 4 or more views	122	154	211	42	1.17
73564-26		42	52	72	12	0.32

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73564-IC		0	0	0	31	0.85
73565	Radiologic examination, knee; both knees, standing, anteroposterior	89	112	154	38	1.05
73565-26		31	39	54	9	0.25
73565-IC		0	0	0	29	0.8
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	206	259	355	129	3.59
73580-26		95	120	164	30	0.82
73580-IC		0	0	0	100	2.77
73590	Radiologic examination; tibia and fibula, 2 views	82	104	142	30	0.83
73590-26		30	37	51	8	0.23
73590-IC		0	0	0	22	0.6
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	86	109	149	29	0.81
73592-26		28	35	48	8	0.23
73592-IC		0	0	0	21	0.58
73600	Radiologic examination, ankle; 2 views	83	104	143	31	0.87
73600-26		31	39	54	9	0.24
73600-IC		0	0	0	23	0.63
73610	Radiologic examination, ankle; complete, minimum of 3 views	96	121	166	34	0.94
73610-26		33	41	56	9	0.25
73610-IC		0	0	0	25	0.69
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	213	268	368	120	3.34
73615-26		98	123	169	30	0.83
73615-IC		0	0	0	90	2.51
73620	Radiologic examination, foot; 2 views	63	79	109	27	0.76
73620-26		25	31	43	8	0.22
73620-IC		0	0	0	19	0.54
73630	Radiologic examination, foot; complete, minimum of 3 views	94	119	163	32	0.88

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73630-26		34	43	59	9	0.24
73630-IC		0	0	0	23	0.64
73650	Radiologic examination; calcaneus, minimum of 2 views	73	92	126	27	0.76
73650-26		27	34	46	8	0.23
73650-IC		0	0	0	19	0.53
73660	Radiologic examination; toe(s), minimum of 2 views	73	92	127	29	0.81
73660-26		23	29	40	7	0.19
73660-IC		0	0	0	22	0.62
73700	Computed tomography, lower extremity; without contrast material	721	908	1119	164	4.55
73700-26		181	228	281	52	1.43
73700-IC		0	0	0	112	3.12
73701	Computed tomography, lower extremity; with contrast material(s)	827	1041	1284	229	6.36
73701-26		204	257	317	60	1.66
73701-IC		0	0	0	169	4.7
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	1125	1416	1746	264	7.33
73702-26		216	272	336	62	1.73
73702-IC		0	0	0	202	5.6
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1214	1528	1885	298	8.27
73706-26		294	370	456	97	2.68
73706-IC		0	0	0	201	5.59
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1413	1779	2194	266	7.39
73718-26		236	297	366	69	1.92
73718-IC		0	0	0	197	5.47

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	1546	1946	2400	315	8.74
73719-26		270	340	419	83	2.31
73719-IC		0	0	0	232	6.43
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	2170	2732	3369	404	11.21
73720-26		350	441	543	110	3.05
73720-IC		0	0	0	294	8.16
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1440	1812	2235	237	6.57
73721-26		251	316	389	70	1.94
73721-IC		0	0	0	167	4.63
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	1770	2228	2748	379	10.52
73722-26		300	378	466	84	2.32
73722-IC		0	0	0	296	8.2
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	2223	2798	3450	467	12.96
73723-26		361	454	560	110	3.05
73723-IC		0	0	0	357	9.91
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	1647	2074	2557	400	11.1
73725-26		310	391	482	92	2.55
73725-IC		0	0	0	308	8.55
74018	Radiologic examination, abdomen; 1 view	81	106	150	29	0.8
74018-26		34	44	62	9	0.26
74018-IC		0	0	0	19	0.54
74019	Radiologic examination, abdomen; 2 views	95	123	174	35	0.98



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74019-26		42	55	77	12	0.33
74019-TC		0	0	0	23	0.65
74021	Radiologic examination, abdomen; 3 or more views	115	150	212	41	1.13
74021-26		48	62	88	14	0.39
74021-TC		0	0	0	27	0.74
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	136	178	250	47	1.31
74022-26		58	76	106	17	0.46
74022-TC		0	0	0	31	0.85
74150	Computed tomography, abdomen; without contrast material	763	995	1401	152	4.22
74150-26		219	286	402	61	1.7
74150-TC		0	0	0	91	2.52
74160	Computed tomography, abdomen; with contrast material(s)	957	1248	1758	242	6.72
74160-26		227	296	417	65	1.81
74160-TC		0	0	0	177	4.91
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1129	1473	2075	274	7.59
74170-26		257	335	472	72	1.99
74170-TC		0	0	0	202	5.6
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1550	2022	2848	402	11.16
74174-26		369	481	678	112	3.1
74174-TC		0	0	0	290	8.06
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1211	1580	2225	294	8.17
74175-26		308	401	565	93	2.57

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74175-IC		0	0	0	202	5.6
74176	Computed tomography, abdomen and pelvis; without contrast material	857	1118	1574	204	5.65
74176-26		317	413	582	89	2.48
74176-IC		0	0	0	114	3.17
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1288	1680	2367	324	8.99
74177-26		337	440	619	94	2.6
74177-IC		0	0	0	230	6.39
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	1372	1789	2520	366	10.15
74178-26		391	509	718	103	2.85
74178-IC		0	0	0	263	7.3
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	1417	1847	2602	248	6.88
74181-26		279	364	513	75	2.08
74181-IC		0	0	0	173	4.8
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	1610	2100	2959	364	10.11
74182-26		315	410	578	89	2.47
74182-IC		0	0	0	275	7.64
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	2390	3117	4391	405	11.25
74183-26		412	537	757	113	3.13
74183-IC		0	0	0	293	8.12
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	1670	2178	3069	401	11.13
74185-26		328	428	602	92	2.54
74185-IC		0	0	0	310	8.59

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	200	261	368	0	0
74190-26		71	92	130	24	0.66
74190-TC		0	0	0	0	0
74210	Radiologic examination; pharynx and/or cervical esophagus	166	212	298	90	2.49
74210-26		75	95	134	30	0.84
74210-TC		0	0	0	59	1.65
74220	Radiologic examination; esophagus	243	310	436	98	2.73
74220-26		80	102	143	35	0.96
74220-TC		0	0	0	64	1.77
74230	Swallowing function, with cineradiography/videoradiography	232	296	416	129	3.59
74230-26		94	120	169	27	0.76
74230-TC		0	0	0	102	2.83
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	141	180	253	0	0
74235-26		0	0	0	61	1.7
74235-TC		0	0	0	0	0
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without kub	299	382	537	124	3.45
74240-26		121	154	216	36	0.99
74240-TC		0	0	0	89	2.46
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with kub	338	431	607	129	3.59
74241-26		125	159	224	35	0.98
74241-TC		0	0	0	94	2.61
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	459	586	824	189	5.24

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74245-26		158	201	283	46	1.29
74245-TC		0	0	0	142	3.95
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without kub	306	390	548	138	3.84
74246-26		95	122	171	35	0.98
74246-TC		0	0	0	103	2.86
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with kub	439	559	787	156	4.32
74247-26		122	155	218	35	0.98
74247-TC		0	0	0	120	3.34
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	483	616	866	203	5.62
74249-26		157	200	282	46	1.29
74249-TC		0	0	0	156	4.33
74250	Radiologic examination, small intestine, includes multiple serial images;	266	340	478	115	3.18
74250-26		84	107	151	24	0.67
74250-TC		0	0	0	90	2.51
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube	522	665	936	438	12.16
74251-26		266	340	478	35	0.98
74251-TC		0	0	0	403	11.18
74260	Duodenography, hypotonic	795	1014	1427	358	9.92
74260-26		0	0	0	26	0.72
74260-TC		0	0	0	332	9.2

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	1130	1441	2027	236	6.55
74261-26		367	468	658	123	3.42
74261-TC		0	0	0	113	3.13
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-Contrast images, if performed	1130	1441	2027	330	9.16
74262-26		426	543	764	128	3.56
74262-TC		0	0	0	202	5.6
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	1437	1833	2579	768	21.3
74263-26		389	496	698	116	3.22
74263-TC		0	0	0	652	18.08
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without kub	416	530	746	164	4.54
74270-26		123	157	221	35	0.98
74270-TC		0	0	0	128	3.56
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	496	633	890	231	6.41
74280-26		165	211	296	51	1.41
74280-TC		0	0	0	180	5
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	457	583	820	238	6.61
74283-26		328	418	588	106	2.94
74283-TC		0	0	0	132	3.67
74290	Cholecystography, oral contrast	172	220	309	77	2.15
74290-26		0	0	0	17	0.46
74290-TC		0	0	0	61	1.69
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	298	380	534	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74300-26		67	85	119	19	0.52
74300-IC		0	0	0	0	0
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (list separately in addition to code for primary procedure)	38	49	68	0	0
74301-26		0	0	0	11	0.3
74301-IC		0	0	0	0	0
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	481	613	862	0	0
74328-26		126	161	227	36	1.01
74328-IC		0	0	0	0	0
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	204	261	367	0	0
74329-26		122	155	218	36	1.01
74329-IC		0	0	0	0	0
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	274	349	491	0	0
74330-26		159	202	285	46	1.29
74330-IC		0	0	0	0	0
74340	Introduction of long gastrointestinal tube (eg, miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	331	422	594	0	0
74340-26		87	110	155	28	0.77
74340-IC		0	0	0	0	0
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	115	147	207	0	0
74355-26		0	0	0	39	1.08
74355-IC		0	0	0	0	0
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	238	303	427	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74360-26		120	153	215	29	0.8
74360-TC		0	0	0	0	0
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	142	181	255	0	0
74363-26		0	0	0	44	1.22
74363-TC		0	0	0	0	0
74400	Urography (pyelography), intravenous, with or without kub, with or without tomography	290	470	1120	121	3.36
74400-26		90	145	346	25	0.7
74400-TC		0	0	0	96	2.66
74410	Urography, infusion, drip technique and/or bolus technique;	258	419	997	123	3.41
74410-26		98	159	379	25	0.69
74410-TC		0	0	0	98	2.72
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	278	450	1072	147	4.07
74415-26		37	60	144	25	0.7
74415-TC		0	0	0	121	3.37
74420	Urography, retrograde, with or without kub	410	665	1584	73	2.02
74420-26		65	105	249	26	0.73
74420-TC		0	0	0	46	1.29
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	213	346	824	0	0
74425-26		70	113	270	18	0.5
74425-TC		0	0	0	0	0
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	160	259	617	40	1.11
74430-26		60	97	231	17	0.46
74430-TC		0	0	0	23	0.65
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	266	430	1025	88	2.44

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74440-26		0	0	0	19	0.52
74440-IC		0	0	0	69	1.92
74445	Corpora cavernosography, radiological supervision and interpretation	172	278	663	0	0
74445-26		0	0	0	57	1.57
74445-IC		0	0	0	0	0
74450	Urethrocytography, retrograde, radiological supervision and interpretation	300	487	1159	0	0
74450-26		60	98	233	17	0.47
74450-IC		0	0	0	0	0
74455	Urethrocytography, voiding, radiological supervision and interpretation	301	488	1162	92	2.55
74455-26		69	112	267	17	0.47
74455-IC		0	0	0	75	2.08
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	82	132	315	0	0
74470-26		0	0	0	27	0.75
74470-IC		0	0	0	0	0
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	294	477	1136	109	3.02
74485-26		90	146	347	41	1.14
74485-IC		0	0	0	68	1.88
74710	Pelvimetry, with or without placental localization	118	191	454	39	1.08
74710-26		0	0	0	18	0.49
74710-IC		0	0	0	21	0.59
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	1598	2589	6168	384	10.66
74712-26		597	967	2304	154	4.27
74712-IC		0	0	0	230	6.39



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	729	1181	2814	238	6.6
74713-26		0	0	0	96	2.65
74713-IC		0	0	0	142	3.95
74740	Hysterosalpingography, radiological supervision and interpretation	222	360	858	84	2.32
74740-26		90	146	348	19	0.54
74740-IC		0	0	0	64	1.78
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	407	660	1571	0	0
74742-26		111	180	429	32	0.88
74742-IC		0	0	0	0	0
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	97	157	374	0	0
74775-26		0	0	0	32	0.89
74775-IC		0	0	0	0	0
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	1383	1897	3054	330	9.16
75557-26		439	602	969	119	3.29
75557-IC		0	0	0	212	5.87
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	1316	1805	2906	460	12.77
75559-26		417	572	922	146	4.05
75559-IC		0	0	0	314	8.72
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	2060	2826	4550	434	12.03
75561-26		401	550	886	131	3.63
75561-IC		0	0	0	303	8.4

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	2110	2895	4661	514	14.26
75563-26		478	656	1057	150	4.16
75563-IC		0	0	0	364	10.1
75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	486	667	1073	54	1.51
75565-26		43	59	95	13	0.35
75565-IC		0	0	0	42	1.16
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	202	277	446	92	2.55
75571-26		90	124	199	30	0.82
75571-IC		0	0	0	62	1.73
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	820	1125	1811	271	7.52
75572-26		244	335	540	89	2.47
75572-IC		0	0	0	182	5.05
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of lv cardiac function, rv structure and function and evaluation of venous structures, if performed)	1223	1678	2701	331	9.19
75573-26		373	512	824	129	3.59
75573-IC		0	0	0	202	5.6
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	1128	1547	2491	323	8.96

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75574-26		353	484	779	121	3.36
75574-IC		0	0	0	202	5.6
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	432	593	955	203	5.63
75600-26		210	288	464	25	0.69
75600-IC		0	0	0	178	4.94
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	424	581	936	136	3.78
75605-26		174	239	385	57	1.58
75605-IC		0	0	0	79	2.2
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	666	914	1471	134	3.73
75625-26		163	223	359	57	1.58
75625-IC		0	0	0	77	2.15
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	636	872	1404	169	4.68
75630-26		235	323	520	90	2.49
75630-IC		0	0	0	79	2.19
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1325	1819	2928	323	8.97
75635-26		376	515	830	121	3.37
75635-IC		0	0	0	202	5.6
75705	Angiography, spinal, selective, radiological supervision and interpretation	576	790	1271	257	7.13
75705-26		381	523	842	120	3.32
75705-IC		0	0	0	137	3.81
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	677	929	1496	170	4.73
75710-26		165	226	364	88	2.45

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75710-IC		0	0	0	82	2.28
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	889	1220	1964	182	5.04
75716-26		188	259	416	98	2.73
75716-IC		0	0	0	83	2.31
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	559	767	1235	147	4.08
75726-26		188	257	414	56	1.56
75726-IC		0	0	0	91	2.52
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	598	820	1321	170	4.73
75731-26		0	0	0	59	1.63
75731-IC		0	0	0	112	3.1
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	643	883	1421	183	5.09
75733-26		0	0	0	65	1.81
75733-IC		0	0	0	118	3.28
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	650	892	1437	158	4.38
75736-26		193	265	426	56	1.56
75736-IC		0	0	0	102	2.82
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	567	778	1253	149	4.13
75741-26		247	339	546	65	1.8
75741-IC		0	0	0	84	2.33
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	604	828	1334	167	4.64
75743-26		263	361	582	82	2.28
75743-IC		0	0	0	85	2.36
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	501	688	1107	150	4.16

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75746-26		146	201	323	57	1.58
75746-IC		0	0	0	93	2.58
75756	Angiography, internal mammary, radiological supervision and interpretation	729	1000	1610	173	4.79
75756-26		189	259	417	58	1.62
75756-IC		0	0	0	114	3.17
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (list separately in addition to code for primary procedure)	359	493	794	84	2.33
75774-26		64	88	142	18	0.49
75774-IC		0	0	0	66	1.84
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	154	224	340	0	0
75801-26		0	0	0	46	1.27
75801-IC		0	0	0	0	0
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	204	296	449	0	0
75803-26		0	0	0	61	1.68
75803-IC		0	0	0	0	0
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	155	226	343	0	0
75805-26		0	0	0	42	1.16
75805-IC		0	0	0	0	0
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	194	282	428	0	0
75807-26		0	0	0	58	1.6
75807-IC		0	0	0	0	0
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	328	478	724	97	2.69

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75809-26		90	131	199	25	0.68
75809-IC		0	0	0	72	2.01
75810	Splenoportography, radiological supervision and interpretation	305	443	671	0	0
75810-26		0	0	0	50	1.4
75810-IC		0	0	0	0	0
75820	Venography, extremity, unilateral, radiological supervision and interpretation	388	565	856	114	3.15
75820-26		111	161	245	36	0.99
75820-IC		0	0	0	78	2.16
75822	Venography, extremity, bilateral, radiological supervision and interpretation	308	447	678	133	3.68
75822-26		126	184	279	53	1.47
75822-IC		0	0	0	80	2.21
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	523	761	1154	133	3.68
75825-26		188	273	414	57	1.58
75825-IC		0	0	0	76	2.1
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	518	753	1142	138	3.82
75827-26		203	295	447	58	1.6
75827-IC		0	0	0	80	2.22
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	314	457	693	138	3.84
75831-26		174	253	384	56	1.56
75831-IC		0	0	0	82	2.28
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	607	883	1338	164	4.55
75833-26		323	469	711	75	2.07
75833-IC		0	0	0	89	2.48
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	495	720	1091	147	4.08

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75840-26		0	0	0	59	1.63
75840-TC		0	0	0	88	2.45
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	600	873	1324	178	4.95
75842-26		0	0	0	77	2.13
75842-TC		0	0	0	102	2.82
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	507	738	1118	144	3.99
75860-26		164	238	361	58	1.6
75860-TC		0	0	0	86	2.39
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	643	935	1417	191	5.3
75870-26		157	228	346	66	1.83
75870-TC		0	0	0	125	3.47
75872	Venography, epidural, radiological supervision and interpretation	563	819	1241	147	4.08
75872-26		0	0	0	59	1.63
75872-TC		0	0	0	88	2.45
75880	Venography, orbital, radiological supervision and interpretation	417	607	920	124	3.44
75880-26		0	0	0	36	1
75880-TC		0	0	0	88	2.44
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	571	831	1259	155	4.29
75885-26		256	372	563	69	1.92
75885-TC		0	0	0	85	2.37
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	525	763	1157	155	4.31
75887-26		235	342	518	70	1.93
75887-TC		0	0	0	86	2.38

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	1330	1933	2930	142	3.93
75889-26		194	283	428	56	1.55
75889-IC		0	0	0	86	2.38
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	594	864	1310	143	3.98
75891-26		98	142	215	57	1.57
75891-IC		0	0	0	87	2.41
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	332	482	731	120	3.32
75893-26		97	141	214	28	0.77
75893-IC		0	0	0	92	2.55
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	236	312	505	0	0
75894-26		0	0	0	74	2.06
75894-IC		0	0	0	0	0
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	570	755	1221	0	0
75898-26		281	373	603	93	2.57
75898-IC		0	0	0	0	0
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	467	619	1001	203	5.62
75901-26		81	107	173	24	0.67
75901-IC		0	0	0	178	4.95
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	213	283	457	80	2.22



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75902-26		55	74	119	19	0.54
75902-IC		0	0	0	61	1.68
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	1077	1427	2307	0	0
75956-26		0	0	0	354	9.82
75956-IC		0	0	0	0	0
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	875	1160	1875	0	0
75957-26		0	0	0	304	8.43
75957-IC		0	0	0	0	0
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	503	666	1077	0	0
75958-26		0	0	0	202	5.6
75958-IC		0	0	0	0	0
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	502	665	1076	0	0
75959-26		0	0	0	176	4.88
75959-IC		0	0	0	0	0
75970	Transcatheter biopsy, radiological supervision and interpretation	1546	2049	3313	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
75970-26		155	205	332	41	1.13
75970-TC		0	0	0	0	0
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	317	420	679	104	2.89
75984-26		133	177	285	36	0.99
75984-TC		0	0	0	68	1.9
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	300	398	643	123	3.42
75989-26		202	267	432	59	1.65
75989-TC		0	0	0	64	1.77
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	260	381	610	48	1.33
76000-26		88	129	207	16	0.44
76000-TC		0	0	0	32	0.89
76010	Radiologic examination from nose to rectum for foreign body, single view, child	95	140	223	28	0.77
76010-26		37	54	87	9	0.26
76010-TC		0	0	0	18	0.51
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	181	265	424	58	1.61
76080-26		94	138	220	27	0.74
76080-TC		0	0	0	31	0.87
76098	Radiological examination, surgical specimen	96	140	224	17	0.47
76098-26		32	48	76	8	0.23
76098-TC		0	0	0	9	0.24
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	180	264	423	96	2.67

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76100-26		82	121	193	32	0.89
76100-TC		0	0	0	64	1.78
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	474	696	1113	96	2.65
76101-26		0	0	0	29	0.8
76101-TC		0	0	0	67	1.85
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	398	583	933	176	4.88
76102-26		90	133	212	35	0.96
76102-TC		0	0	0	141	3.92
76120	Cineradiography/videoradiography, except where specifically included	421	617	987	103	2.87
76120-26		210	308	493	19	0.52
76120-TC		0	0	0	85	2.35
76125	Cineradiography/videoradiography to complement routine examination (list separately in addition to code for primary procedure)	133	194	311	0	0
76125-26		42	62	100	14	0.4
76125-TC		0	0	0	0	0
76140	Consultation on x-ray examination made elsewhere, written report	95	139	223	0	0
76376	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	295	433	692	23	0.65
76376-26		44	64	102	10	0.28
76376-TC		0	0	0	13	0.37
76377	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under	325	476	762	72	2.01

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	concurrent supervision; requiring image postprocessing on an independent workstation					
76377-26		118	172	276	41	1.13
76377-IC		0	0	0	32	0.88
76380	Computed tomography, limited or localized follow-up study	421	617	988	147	4.07
76380-26		172	252	403	50	1.38
76380-IC		0	0	0	97	2.69
76390	Magnetic resonance spectroscopy	1807	2651	4240	444	12.31
76390-26		292	428	684	71	1.98
76390-IC		0	0	0	372	10.33
76391	Magnetic resonance (eg, vibration) elastography	934	1371	2192	240	6.66
76391-26		0	0	0	57	1.58
76391-IC		0	0	0	183	5.08
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	0	0	0	0	0
76496-26		0	0	0	0	0
76496-IC		0	0	0	0	0
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	0	0	0	0	0
76497-26		0	0	0	0	0
76497-IC		0	0	0	0	0
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	0	0	0	0	0
76498-26		0	0	0	0	0
76498-IC		0	0	0	0	0
76499	Unlisted diagnostic radiographic procedure	0	0	0	0	0
76499-26		0	0	0	0	0
76499-IC		0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>DIAGNOSTIC ULTRASOUND</b>						
76506	Echoencephalography, 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	315	424	617	117	3.26
76506-26		125	169	245	33	0.91
76506-TC		0	0	0	85	2.35
76510	Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed during the same patient encounter	380	511	744	114	3.15
76510-26		183	246	358	59	1.65
76510-TC		0	0	0	54	1.5
76511	Ophthalmic ultrasound, diagnostic; quantitative a-scan only	170	229	333	70	1.93
76511-26		129	174	253	37	1.03
76511-TC		0	0	0	32	0.9
76512	Ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed non-quantitative a-scan)	200	269	392	62	1.73
76512-26		159	214	311	36	0.99
76512-TC		0	0	0	27	0.74
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) b-scan or high resolution biomicroscopy	175	236	344	100	2.78
76513-26		115	154	225	37	1.02
76513-TC		0	0	0	63	1.76
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	40	54	79	13	0.36
76514-26		26	35	52	8	0.23
76514-TC		0	0	0	5	0.13
76516	Ophthalmic biometry by ultrasound echography, a-scan;	180	242	352	55	1.53

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76516-26		137	185	269	23	0.65
76516-TC		0	0	0	32	0.88
76519	Ophthalmic biometry by ultrasound echography, a-scan; with intraocular lens power calculation	180	243	353	67	1.87
76519-26		107	144	209	32	0.89
76519-TC		0	0	0	35	0.98
76529	Ophthalmic ultrasonic foreign body localization	225	303	440	84	2.33
76529-26		0	0	0	34	0.94
76529-TC		0	0	0	50	1.39
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	289	389	566	117	3.25
76536-26		102	137	199	29	0.8
76536-TC		0	0	0	88	2.45
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	240	301	397	90	2.51
76604-26		105	132	174	28	0.77
76604-TC		0	0	0	63	1.74
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	273	342	452	109	3.02
76641-26		115	144	190	37	1.04
76641-TC		0	0	0	71	1.98
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	268	336	444	89	2.47
76642-26		112	140	186	35	0.97
76642-TC		0	0	0	54	1.5
76700	Ultrasound, abdominal, real time with image documentation; complete	363	454	601	124	3.43
76700-26		144	180	238	41	1.15
76700-TC		0	0	0	82	2.28

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	271	339	448	92	2.56
76705-26		106	133	176	30	0.83
76705-IC		0	0	0	62	1.73
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (aaa)	264	330	436	115	3.2
76706-26		94	117	155	28	0.78
76706-IC		0	0	0	87	2.42
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	329	411	544	115	3.18
76770-26		131	164	217	38	1.05
76770-IC		0	0	0	77	2.13
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	258	323	427	59	1.65
76775-26		104	130	172	30	0.82
76775-IC		0	0	0	30	0.83
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	386	483	639	158	4.38
76776-26		122	153	202	39	1.08
76776-IC		0	0	0	119	3.3
76800	Ultrasound, spinal canal and contents	541	737	1116	146	4.04
76800-26		201	274	415	61	1.68
76800-IC		0	0	0	85	2.36
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	360	490	742	125	3.46
76801-26		162	221	335	51	1.42
76801-IC		0	0	0	74	2.04

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)	209	285	432	65	1.81
76802-26		123	167	253	43	1.2
76802-TC		0	0	0	22	0.61
76805	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	352	480	726	143	3.97
76805-26		148	202	306	52	1.43
76805-TC		0	0	0	92	2.54
76810	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)	316	430	651	95	2.63
76810-26		168	229	347	52	1.43
76810-TC		0	0	0	43	1.2
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	600	818	1239	185	5.12
76811-26		295	403	610	100	2.77
76811-TC		0	0	0	85	2.35
76812	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)	575	784	1187	206	5.72
76812-26		267	364	551	94	2.62
76812-TC		0	0	0	112	3.1
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement,	354	483	731	124	3.45



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	transabdominal or transvaginal approach; single or first gestation					
<b>76813-26</b>		183	249	377	62	1.73
<b>76813-TC</b>		0	0	0	62	1.72
<b>76814</b>	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (list separately in addition to code for primary procedure)	255	348	527	82	2.27
<b>76814-26</b>		154	210	318	53	1.46
<b>76814-TC</b>		0	0	0	29	0.81
<b>76815</b>	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	263	358	542	86	2.38
<b>76815-26</b>		121	165	250	34	0.93
<b>76815-TC</b>		0	0	0	52	1.45
<b>76816</b>	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 previous scan), transabdominal approach, per fetus	297	405	613	116	3.23
<b>76816-26</b>		130	177	268	45	1.24
<b>76816-TC</b>		0	0	0	72	1.99
<b>76817</b>	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	309	421	638	98	2.73
<b>76817-26</b>		134	183	276	39	1.08
<b>76817-TC</b>		0	0	0	59	1.65
<b>76818</b>	Fetal biophysical profile; with non-stress testing	362	494	748	124	3.44
<b>76818-26</b>		171	233	353	56	1.54
<b>76818-TC</b>		0	0	0	68	1.9
<b>76819</b>	Fetal biophysical profile; without non-stress testing	300	409	619	91	2.52

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76819-26		132	179	272	40	1.12
76819-TC		0	0	0	50	1.4
76820	Doppler velocimetry, fetal; umbilical artery	203	277	419	49	1.35
76820-26		86	117	177	26	0.73
76820-TC		0	0	0	22	0.62
76821	Doppler velocimetry, fetal; middle cerebral artery	290	396	599	94	2.61
76821-26		129	176	266	37	1.03
76821-TC		0	0	0	57	1.58
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2d), with or without m-mode recording;	679	926	1401	281	7.79
76825-26		284	388	587	86	2.38
76825-TC		0	0	0	195	5.41
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2d), with or without m-mode recording; follow-up or repeat study	319	434	658	167	4.62
76826-26		147	200	303	42	1.17
76826-TC		0	0	0	124	3.45
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	321	438	663	76	2.11
76827-26		124	170	257	30	0.82
76827-TC		0	0	0	46	1.29
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	156	212	321	54	1.51
76828-26		82	112	170	29	0.81
76828-TC		0	0	0	25	0.7
76830	Ultrasound, transvaginal	297	404	612	124	3.44
76830-26		116	158	239	36	0.99
76830-TC		0	0	0	88	2.45

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76831	Saline infusion sonohysterography (sis), including color flow Doppler, when performed	283	386	584	121	3.35
76831-26		127	173	263	37	1.04
76831-TC		0	0	0	83	2.31
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	326	445	674	111	3.09
76856-26		126	172	260	35	0.98
76856-TC		0	0	0	76	2.11
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	203	277	419	50	1.38
76857-26		76	104	157	26	0.71
76857-TC		0	0	0	24	0.67
76870	Ultrasound, scrotum and contents	319	433	637	107	2.97
76870-26		124	168	248	33	0.91
76870-TC		0	0	0	74	2.06
76872	Ultrasound, transrectal;	305	413	609	130	3.62
76872-26		166	224	330	34	0.95
76872-TC		0	0	0	96	2.67
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	389	527	776	177	4.91
76873-26		269	364	535	80	2.22
76873-TC		0	0	0	97	2.69
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	274	371	546	90	2.51
76881-26		92	125	183	32	0.9
76881-TC		0	0	0	58	1.61
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	103	140	206	58	1.62

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76882-26		67	91	134	25	0.7
76882-TC		0	0	0	33	0.92
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	387	524	771	146	4.05
76885-26		137	186	274	38	1.06
76885-TC		0	0	0	108	2.99
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	331	448	660	107	2.97
76886-26		124	168	247	32	0.89
76886-TC		0	0	0	75	2.08
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	159	214	297	0	0
76930-26		93	125	174	34	0.94
76930-TC		0	0	0	0	0
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	118	159	221	0	0
76932-26		0	0	0	34	0.94
76932-TC		0	0	0	0	0
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	490	658	913	274	7.6
76936-26		315	423	587	100	2.77
76936-TC		0	0	0	174	4.83
76937	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)	115	154	214	35	0.96
76937-26		59	80	111	15	0.41

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76937-TC		0	0	0	20	0.55
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	333	447	620	0	0
76940-26		0	0	0	106	2.93
76940-TC		0	0	0	0	0
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	239	321	446	0	0
76941-26		0	0	0	71	1.97
76941-TC		0	0	0	0	0
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	309	415	576	58	1.61
76942-26		141	189	263	33	0.91
76942-TC		0	0	0	25	0.7
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	340	456	633	0	0
76945-26		143	192	266	36	0.99
76945-TC		0	0	0	0	0
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	226	304	421	33	0.92
76946-26		108	145	201	20	0.55
76946-TC		0	0	0	13	0.37
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	267	359	497	76	2.12
76948-26		174	234	325	36	0.99
76948-TC		0	0	0	41	1.13
76965	Ultrasonic guidance for interstitial radioelement application	529	711	986	94	2.62
76965-26		264	354	492	69	1.92
76965-TC		0	0	0	25	0.7
76970	Ultrasound study follow-up (specify)	220	296	410	92	2.54

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76970-26		126	169	234	20	0.55
76970-IC		0	0	0	72	1.99
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	182	244	339	0	0
76975-26		0	0	0	43	1.2
76975-IC		0	0	0	0	0
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	39	52	72	8	0.21
76977-26		8	11	15	3	0.08
76977-IC		0	0	0	5	0.13
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-Cardiac); initial lesion	961	1292	1792	331	9.18
76978-26		0	0	0	83	2.3
76978-IC		0	0	0	248	6.88
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-Cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	652	877	1216	225	6.23
76979-26		0	0	0	44	1.21
76979-IC		0	0	0	181	5.02
76981	Ultrasound, elastography; parenchyma (eg, organ)	318	428	593	110	3.04
76981-26		0	0	0	31	0.85
76981-IC		0	0	0	79	2.19
76982	Ultrasound, elastography; first target lesion	285	383	531	98	2.72
76982-26		0	0	0	31	0.85
76982-IC		0	0	0	67	1.87
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	175	235	326	60	1.67
76983-26		0	0	0	26	0.72
76983-IC		0	0	0	34	0.95

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
76998	Ultrasonic guidance, intraoperative	339	455	632	0	0
76998-26		164	220	305	65	1.81
76998-TC		0	0	0	0	0
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	0	0	0	0	0
76999-26		0	0	0	0	0
76999-TC		0	0	0	0	0

## RADIOLOGIC GUIDANCE

77001	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)	268	361	500	92	2.55
77001-26		66	89	123	19	0.53
77001-TC		0	0	0	73	2.02
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (list separately in addition to code for primary procedure)	218	293	406	103	2.86
77002-26		90	120	167	28	0.79
77002-TC		0	0	0	75	2.07
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (list separately in addition to code for primary procedure)	222	298	413	100	2.77
77003-26		106	142	197	31	0.86
77003-TC		0	0	0	69	1.91
77011	Computed tomography guidance for stereotactic localization	873	1173	1628	233	6.47
77011-26		125	169	234	65	1.79
77011-TC		0	0	0	169	4.68

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	655	880	1220	154	4.27
77012-26		205	276	382	76	2.1
77012-IC		0	0	0	78	2.17
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	649	872	1209	0	0
77013-26		0	0	0	197	5.46
77013-IC		0	0	0	0	0
77014	Computed tomography guidance for placement of radiation therapy fields	505	679	942	123	3.41
77014-26		144	193	268	46	1.27
77014-IC		0	0	0	77	2.14
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	981	1318	1828	484	13.44
77021-26		223	300	416	75	2.08
77021-IC		0	0	0	409	11.36
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	644	865	1200	0	0
77022-26		0	0	0	222	6.15
77022-IC		0	0	0	0	0
<b>BREAST, MAMMOGRAPHY</b>						
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	735	988	1370	253	7.02
77046-26		0	0	0	74	2.06
77046-IC		0	0	0	179	4.96
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	755	1014	1407	260	7.21
77047-26		0	0	0	82	2.28
77047-IC		0	0	0	178	4.93



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>77048</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	1167	1569	2177	402	11.15
<b>77048-26</b>		0	0	0	107	2.98
<b>77048-IC</b>		0	0	0	294	8.17
<b>77049</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1193	1603	2223	410	11.39
<b>77049-26</b>		0	0	0	117	3.26
<b>77049-IC</b>		0	0	0	293	8.13
<b>77053</b>	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	286	384	532	58	1.62
<b>77053-26</b>		57	77	107	18	0.51
<b>77053-IC</b>		0	0	0	40	1.11
<b>77054</b>	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	222	298	414	76	2.12
<b>77054-26</b>		0	0	0	23	0.65
<b>77054-IC</b>		0	0	0	53	1.47
<b>77061</b>	Digital breast tomosynthesis; unilateral	142	191	265	0	0
<b>77061-26</b>		77	104	144	0	0
<b>77061-IC</b>		0	0	0	0	0
<b>77062</b>	Digital breast tomosynthesis; bilateral	158	213	295	0	0
<b>77062-26</b>		87	117	163	0	0
<b>77062-IC</b>		0	0	0	0	0
<b>77063</b>	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	154	206	286	56	1.55
<b>77063-26</b>		95	128	177	31	0.85

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77063-IC		0	0	0	25	0.7
77065	Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral	354	476	660	136	3.77
77065-26		121	162	225	42	1.16
77065-IC		0	0	0	94	2.61
77066	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral	388	522	724	172	4.77
77066-26		140	188	261	52	1.43
77066-IC		0	0	0	120	3.34
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed	385	517	717	138	3.84
77067-26		123	166	230	39	1.08
77067-IC		0	0	0	99	2.76

**BONE/JOINT STUDIES**

77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	118	158	219	52	1.43
77072	Bone age studies	90	122	169	25	0.68
77072-26		32	43	59	10	0.27
77072-IC		0	0	0	15	0.41
77073	Bone length studies (orthoroentgenogram, scanogram)	126	169	235	38	1.06
77073-26		49	66	92	15	0.41
77073-IC		0	0	0	23	0.65
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	188	253	351	69	1.91
77074-26		88	118	164	23	0.65
77074-IC		0	0	0	45	1.26
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	289	389	539	94	2.6

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77075-26		96	129	178	28	0.77
77075-IC		0	0	0	66	1.83
77076	Radiologic examination, osseous survey, infant	248	333	462	103	2.85
77076-26		101	135	188	36	1
77076-IC		0	0	0	67	1.85
77077	Joint survey, single view, 2 or more joints (specify)	116	156	216	39	1.09
77077-26		48	64	89	17	0.46
77077-IC		0	0	0	23	0.63
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	331	445	617	117	3.24
77078-26		50	67	92	13	0.35
77078-IC		0	0	0	104	2.89
77080	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	241	324	450	41	1.13
77080-26		44	60	83	10	0.28
77080-IC		0	0	0	31	0.85
77081	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	91	122	169	34	0.94
77081-26		37	50	69	10	0.29
77081-IC		0	0	0	23	0.65
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	1464	1967	2729	386	10.72
77084-26		172	231	321	83	2.29
77084-IC		0	0	0	304	8.43
77085	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	169	227	315	56	1.54
77085-26		50	68	94	15	0.43

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77085-IC		0	0	0	40	1.11
77086	Vertebral fracture assessment via dual-energy x-ray absorptiometry (DXA)	88	118	163	36	0.99
77086-26		28	38	52	9	0.24
77086-IC		0	0	0	27	0.75

## RADIATION ONCOLOGY

77261	Therapeutic radiology treatment planning; simple	239	353	507	73	2.03
77262	Therapeutic radiology treatment planning; intermediate	333	492	707	110	3.06
77263	Therapeutic radiology treatment planning; complex	568	837	1204	172	4.78
77280	Therapeutic radiology simulation-aided field setting; simple	657	969	1393	283	7.84
77280-26		124	183	263	38	1.06
77280-IC		0	0	0	244	6.78
77285	Therapeutic radiology simulation-aided field setting; intermediate	849	1252	1801	467	12.97
77285-26		172	254	365	58	1.61
77285-IC		0	0	0	409	11.36
77290	Therapeutic radiology simulation-aided field setting; complex	1309	1931	2777	520	14.43
77290-26		265	392	563	84	2.33
77290-IC		0	0	0	436	12.1
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	1386	2045	2941	471	13.06
77293-26		332	490	705	108	2.99
77293-IC		0	0	0	363	10.07
77295	3-dimensional radiotherapy plan, including dose-volume histograms	2984	4401	6330	502	13.94
77295-26		726	1071	1541	231	6.4
77295-IC		0	0	0	272	7.54

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	0	0	0	0	0
77299-26		0	0	0	0	0
77299-IC		0	0	0	0	0
77300	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	327	399	549	68	1.89
77300-26		129	158	217	34	0.93
77300-IC		0	0	0	35	0.96
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	6064	7406	10187	1984	55.05
77301-26		1249	1526	2099	430	11.92
77301-IC		0	0	0	1554	43.13
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	533	651	895	153	4.25
77306-26		225	275	378	75	2.09
77306-IC		0	0	0	78	2.16
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	942	1150	1582	296	8.22
77307-26		424	518	712	156	4.32
77307-IC		0	0	0	141	3.9
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	696	850	1169	208	5.78
77316-26		222	271	372	76	2.1
77316-IC		0	0	0	133	3.68

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	911	1112	1530	273	7.57
77317-26		290	355	488	98	2.73
77317-IC		0	0	0	174	4.84
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	1034	1263	1737	392	10.88
77318-26		402	491	675	156	4.32
77318-IC		0	0	0	236	6.56
77321	Special teletherapy port plan, particles, hemibody, total body	679	829	1141	96	2.66
77321-26		176	215	296	51	1.42
77321-IC		0	0	0	45	1.24
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	228	278	383	66	1.84
77331-26		138	169	232	47	1.3
77331-IC		0	0	0	19	0.54
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	263	321	441	54	1.49
77332-26		87	107	147	25	0.68
77332-IC		0	0	0	29	0.81
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	300	366	504	112	3.1
77333-26		131	160	220	40	1.12
77333-IC		0	0	0	71	1.98
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	581	710	976	131	3.64
77334-26		206	251	345	62	1.72

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77334-IC		0	0	0	69	1.92
77336	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	289	353	485	81	2.26
77338	Multi-leaf collimator (mL) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1661	2028	2790	510	14.16
77338-26		703	859	1182	231	6.4
77338-IC		0	0	0	280	7.76
77370	Special medical radiation physics consultation	378	461	634	127	3.52
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	8223	10043	13814	0	0
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	4085	4988	6862	1090	30.24
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	5130	6265	8617	1319	36.61
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	1736	2120	2915	0	0
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	2595	3170	4360	0	0
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	359	438	602	0	0
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	0	0	0	0	0
77399-26		0	0	0	0	0
77399-IC		0	0	0	0	0
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	38	54	61	25	0.7

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77402	Radiation treatment delivery, >=1 mev; simple	401	575	653	0	0
77407	Radiation treatment delivery, >=1 mev; intermediate	469	674	765	0	0
77412	Radiation treatment delivery, >=1 mev; complex	548	786	893	0	0
77417	Therapeutic radiology port image(s)	82	118	134	12	0.32
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-Coplanar geometry with blocking and/or wedge, and/or compensator(s)	0	0	0	0	0
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	0	0	0	0	0
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	0	0	0	0	0
77427	Radiation treatment management, 5 treatments	637	953	1083	194	5.37
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	315	472	536	107	2.96
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	1434	2145	2439	434	12.05
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	2151	3218	3658	655	18.17
77469	Intraoperative radiation treatment management	1057	1581	1798	324	9
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	1406	2103	2390	135	3.75
77470-26		357	534	607	109	3.03
77470-IC		0	0	0	26	0.72
77499	Unlisted procedure, therapeutic radiology treatment management	0	0	0	0	0
77499-26		0	0	0	0	0
77499-IC		0	0	0	0	0
77520	Proton treatment delivery; simple, without compensation	3358	5023	5711	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77522	Proton treatment delivery; simple, with compensation	5801	8678	9865	0	0
77523	Proton treatment delivery; intermediate	5948	8898	10116	0	0
77525	Proton treatment delivery; complex	7685	11497	13070	0	0
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	462	691	785	460	12.76
77600-26		319	477	543	73	2.02
77600-IC		0	0	0	387	10.74
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	2249	3364	3825	795	22.05
77605-26		560	839	953	105	2.92
77605-IC		0	0	0	689	19.13
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	2524	3776	4292	706	19.6
77610-26		0	0	0	70	1.94
77610-IC		0	0	0	636	17.66
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	3563	5331	6061	1084	30.09
77615-26		0	0	0	98	2.73
77615-IC		0	0	0	986	27.36
77620	Hyperthermia generated by intracavitary probe(s)	1737	2599	2955	529	14.67
77620-26		0	0	0	89	2.46
77620-IC		0	0	0	440	12.21
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	1112	1210	1799	389	10.79
77750-26		799	869	1293	268	7.45
77750-IC		0	0	0	120	3.34
77761	Intracavitary radiation source application; simple	1435	1561	2321	408	11.33
77761-26		0	0	0	207	5.75
77761-IC		0	0	0	201	5.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77762	Intracavitary radiation source application; intermediate	1899	2066	3073	541	15
77762-26		0	0	0	310	8.61
77762-IC		0	0	0	230	6.39
77763	Intracavitary radiation source application; complex	2704	2942	4376	770	21.36
77763-26		0	0	0	467	12.96
77763-IC		0	0	0	303	8.4
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	906	986	1467	238	6.6
77767-26		171	186	276	57	1.57
77767-IC		0	0	0	181	5.03
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	394	429	638	365	10.14
77768-26		226	246	366	76	2.1
77768-IC		0	0	0	290	8.04
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	1297	1411	2098	337	9.36
77770-26		374	407	605	105	2.9
77770-IC		0	0	0	233	6.46
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	2419	2631	3913	616	17.08
77771-26		767	834	1241	205	5.68
77771-IC		0	0	0	411	11.4
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	3749	4079	6065	933	25.88

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
77772-26		818	890	1323	290	8.04
77772-IC		0	0	0	643	17.84
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	2699	2936	4366	867	24.07
77778-26		1847	2009	2988	471	13.07
77778-IC		0	0	0	396	11
77789	Surface application of low dose rate radionuclide source	152	165	245	126	3.49
77789-26		0	0	0	62	1.71
77789-IC		0	0	0	64	1.78
77790	Supervision, handling, loading of radiation source	224	244	363	15	0.43
77799	Unlisted procedure, clinical brachytherapy	0	0	0	0	0
77799-26		0	0	0	0	0
77799-IC		0	0	0	0	0

## NUCLEAR MEDICINE

78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	205	265	368	84	2.34
78012-26		33	43	60	10	0.27
78012-IC		0	0	0	75	2.07
78013	Thyroid imaging (including vascular flow, when performed);	413	534	741	200	5.54
78013-26		53	69	96	19	0.52
78013-IC		0	0	0	181	5.02
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	589	763	1058	250	6.95
78014-26		84	108	150	25	0.7
78014-IC		0	0	0	225	6.25
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	405	524	726	233	6.47

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78015-26		116	150	208	34	0.95
78015-TC		0	0	0	199	5.52
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	717	929	1288	293	8.12
78016-26		0	0	0	35	0.97
78016-TC		0	0	0	258	7.15
78018	Thyroid carcinoma metastases imaging; whole body	715	926	1284	325	9.03
78018-26		163	211	293	42	1.17
78018-TC		0	0	0	283	7.86
78020	Thyroid carcinoma metastases uptake (list separately in addition to code for primary procedure)	202	262	363	87	2.41
78020-26		96	125	173	28	0.79
78020-TC		0	0	0	58	1.62
78070	Parathyroid planar imaging (including subtraction, when performed);	534	691	958	310	8.61
78070-26		137	177	246	40	1.11
78070-TC		0	0	0	270	7.5
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	922	1194	1656	370	10.27
78071-26		186	241	335	60	1.67
78071-TC		0	0	0	310	8.6
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (ct) for anatomical localization	1821	2358	3270	404	11.21
78072-26		268	347	482	79	2.19
78072-TC		0	0	0	325	9.02
78075	Adrenal imaging, cortex and/or medulla	1141	1477	2048	469	13
78075-26		93	120	167	38	1.06
78075-TC		0	0	0	430	11.94

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	0	0	0	0	0
78099-26		0	0	0	0	0
78099-TC		0	0	0	0	0
78102	Bone marrow imaging; limited area	282	372	551	176	4.89
78102-26		104	137	203	27	0.75
78102-TC		0	0	0	149	4.14
78103	Bone marrow imaging; multiple areas	510	672	995	226	6.27
78103-26		0	0	0	36	1
78103-TC		0	0	0	190	5.27
78104	Bone marrow imaging; whole body	905	1192	1766	258	7.15
78104-26		139	183	272	40	1.1
78104-TC		0	0	0	218	6.05
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	194	256	379	72	1.99
78110-26		0	0	0	8	0.23
78110-TC		0	0	0	63	1.76
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	185	243	360	76	2.11
78111-26		0	0	0	10	0.27
78111-TC		0	0	0	66	1.84
78120	Red cell volume determination (separate procedure); single sampling	182	240	355	74	2.04
78120-26		0	0	0	10	0.28
78120-TC		0	0	0	63	1.76
78121	Red cell volume determination (separate procedure); multiple samplings	202	266	394	80	2.23
78121-26		0	0	0	14	0.39
78121-TC		0	0	0	66	1.84
78122	Whole blood volume determination, including separate measurement of plasma volume and	382	504	746	98	2.73

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	red cell volume (radiopharmaceutical volume-dilution technique)					
78122-26		84	111	164	22	0.6
78122-TC		0	0	0	77	2.13
78130	Red cell survival study;	325	428	634	128	3.56
78130-26		0	0	0	26	0.72
78130-TC		0	0	0	102	2.84
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	685	903	1337	289	8.02
78135-26		0	0	0	27	0.76
78135-TC		0	0	0	262	7.26
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	269	354	524	113	3.14
78140-26		0	0	0	26	0.72
78140-TC		0	0	0	87	2.42
78185	Spleen imaging only, with or without vascular flow	411	541	801	176	4.87
78185-26		0	0	0	17	0.48
78185-TC		0	0	0	158	4.39
78191	Platelet survival study	325	428	634	128	3.56
78191-26		0	0	0	26	0.72
78191-TC		0	0	0	102	2.84
78195	Lymphatics and lymph nodes imaging	833	1097	1625	370	10.27
78195-26		204	269	398	60	1.67
78195-TC		0	0	0	310	8.6
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	0	0	0	0	0
78199-26		0	0	0	0	0
78199-TC		0	0	0	0	0
78201	Liver imaging; static only	686	851	1161	198	5.49

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78201-26		75	93	127	22	0.6
78201-TC		0	0	0	176	4.89
78202	Liver imaging; with vascular flow	879	1091	1489	210	5.82
78202-26		88	110	150	24	0.67
78202-TC		0	0	0	186	5.15
78205	Liver imaging (SPECT);	552	685	934	219	6.08
78205-26		127	157	214	34	0.95
78205-TC		0	0	0	185	5.13
78206	Liver imaging (SPECT); with vascular flow	527	654	893	352	9.78
78206-26		211	262	357	48	1.32
78206-TC		0	0	0	305	8.46
78215	Liver and spleen imaging; static only	448	555	758	202	5.61
78215-26		113	141	192	25	0.69
78215-TC		0	0	0	177	4.92
78216	Liver and spleen imaging; with vascular flow	555	688	940	133	3.68
78216-26		118	146	200	28	0.78
78216-TC		0	0	0	105	2.9
78226	Hepatobiliary system imaging, including gallbladder when present;	806	1000	1365	343	9.52
78226-26		124	154	210	37	1.04
78226-TC		0	0	0	306	8.48
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	1002	1243	1696	464	12.87
78227-26		144	178	243	46	1.27
78227-TC		0	0	0	418	11.6
78230	Salivary gland imaging;	397	492	672	181	5.03
78230-26		0	0	0	23	0.65
78230-TC		0	0	0	158	4.38
78231	Salivary gland imaging; with serial images	245	305	416	107	2.98

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78231-26		0	0	0	22	0.62
78231-TC		0	0	0	85	2.36
78232	Salivary gland function study	230	286	390	105	2.92
78232-26		0	0	0	20	0.56
78232-TC		0	0	0	85	2.36
78258	Esophageal motility	626	776	1059	227	6.31
78258-26		146	181	246	37	1.02
78258-TC		0	0	0	191	5.29
78261	Gastric mucosa imaging	469	582	794	210	5.83
78261-26		0	0	0	30	0.82
78261-TC		0	0	0	181	5.01
78262	Gastroesophageal reflux study	736	913	1246	250	6.95
78262-26		310	385	525	34	0.94
78262-TC		0	0	0	217	6.01
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	695	863	1178	348	9.65
78264-26		139	173	236	40	1.1
78264-TC		0	0	0	308	8.55
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	1213	1504	2053	413	11.45
78265-26		167	208	284	49	1.37
78265-TC		0	0	0	363	10.08
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	1071	1329	1813	489	13.58
78266-26		0	0	0	54	1.51
78266-TC		0	0	0	435	12.07
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	35	43	59	0	0
78268	Urea breath test, C-14 (isotopic); analysis	175	217	296	0	0
78278	Acute gastrointestinal blood loss imaging	647	802	1095	363	10.06



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78278-26		178	221	302	50	1.39
78278-TC		0	0	0	312	8.67
78282	Gastrointestinal protein loss	39	48	65	0	0
78282-26		0	0	0	17	0.46
78282-TC		0	0	0	0	0
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	547	679	927	343	9.53
78290-26		116	144	197	34	0.95
78290-TC		0	0	0	309	8.58
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	583	723	987	266	7.39
78291-26		0	0	0	44	1.21
78291-TC		0	0	0	223	6.18
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	0	0	0	0	0
78299-26		0	0	0	0	0
78299-TC		0	0	0	0	0
78300	Bone and/or joint imaging; limited area	396	481	631	239	6.63
78300-26		110	133	175	32	0.88
78300-TC		0	0	0	207	5.75
78305	Bone and/or joint imaging; multiple areas	508	616	809	291	8.08
78305-26		154	187	245	42	1.17
78305-TC		0	0	0	249	6.91
78306	Bone and/or joint imaging; whole body	628	762	1000	314	8.71
78306-26		158	192	252	43	1.2
78306-TC		0	0	0	271	7.51
78315	Bone and/or joint imaging; 3 phase study	741	898	1179	360	9.98
78315-26		176	213	280	51	1.42
78315-TC		0	0	0	308	8.56
78320	Bone and/or joint imaging; tomographic (SPECT)	753	914	1200	237	6.59

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78320-26		205	249	326	52	1.44
78320-TC		0	0	0	186	5.15
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	70	85	112	34	0.93
78350-26		0	0	0	12	0.32
78350-TC		0	0	0	22	0.61
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	56	68	89	16	0.44
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	0	0	0	0	0
78399-26		0	0	0	0	0
78399-TC		0	0	0	0	0
78414	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	78	105	151	0	0
78414-26		0	0	0	23	0.63
78414-TC		0	0	0	0	0
78428	Cardiac shunt detection	460	620	892	191	5.29
78428-26		0	0	0	39	1.07
78428-TC		0	0	0	152	4.22
78445	Non-Cardiac vascular flow imaging (ie, angiography, venography)	666	897	1290	194	5.38
78445-26		88	118	170	26	0.71
78445-TC		0	0	0	168	4.67
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	792	1067	1535	352	9.77
78451-26		219	294	424	69	1.91
78451-TC		0	0	0	283	7.86

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	1218	1641	2360	490	13.6
78452-26		252	339	488	81	2.24
78452-TC		0	0	0	409	11.36
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	427	575	827	316	8.78
78453-26		173	233	335	51	1.41
78453-TC		0	0	0	266	7.37
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	536	722	1038	453	12.56
78454-26		235	317	455	68	1.89
78454-TC		0	0	0	385	10.67
78456	Acute venous thrombosis imaging, peptide	777	1047	1506	322	8.93
78456-26		0	0	0	50	1.38
78456-TC		0	0	0	272	7.55
78457	Venous thrombosis imaging, venogram; unilateral	480	647	931	199	5.52
78457-26		0	0	0	40	1.11
78457-TC		0	0	0	159	4.41
78458	Venous thrombosis imaging, venogram; bilateral	515	694	999	213	5.92
78458-26		0	0	0	46	1.28
78458-TC		0	0	0	167	4.64

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	1155	1557	2239	0	0
78459-26		0	0	0	72	2.01
78459-IC		0	0	0	0	0
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	493	665	956	204	5.67
78466-26		0	0	0	36	0.99
78466-IC		0	0	0	169	4.68
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	332	448	644	212	5.88
78468-26		166	223	321	40	1.12
78468-IC		0	0	0	172	4.76
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	762	1027	1477	234	6.5
78469-26		211	284	408	46	1.29
78469-IC		0	0	0	188	5.21
78472	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	611	823	1184	237	6.59
78472-26		159	215	309	49	1.37
78472-IC		0	0	0	188	5.22
78473	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	878	1183	1702	300	8.32
78473-26		208	280	403	73	2.02
78473-IC		0	0	0	227	6.3
78481	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	262	353	507	182	5.06
78481-26		149	200	288	49	1.37

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78481-TC		0	0	0	133	3.69
78483	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	662	892	1283	246	6.83
78483-26		195	262	377	72	2.01
78483-TC		0	0	0	174	4.82
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	330	445	640	0	0
78491-26		0	0	0	73	2.02
78491-TC		0	0	0	0	0
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	2682	3613	5197	0	0
78492-26		205	277	398	92	2.55
78492-TC		0	0	0	0	0
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	521	703	1011	235	6.51
78494-26		251	338	486	59	1.65
78494-TC		0	0	0	175	4.86
78496	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)	332	447	644	45	1.25
78496-26		80	108	156	25	0.69
78496-TC		0	0	0	20	0.56
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	0	0	0	0	0
78499-26		0	0	0	0	0
78499-TC		0	0	0	0	0
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	625	842	1211	193	5.36

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78579-26		79	107	154	25	0.68
78579-TC		0	0	0	169	4.68
78580	Pulmonary perfusion imaging (eg, particulate)	641	864	1242	248	6.87
78580-26		121	164	235	37	1.04
78580-TC		0	0	0	210	5.83
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	858	1156	1663	347	9.64
78582-26		166	223	321	54	1.5
78582-TC		0	0	0	293	8.14
78597	Quantitative differential pulmonary perfusion, including imaging when performed	475	641	922	209	5.79
78597-26		126	170	244	36	1.01
78597-TC		0	0	0	172	4.78
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	830	1118	1608	317	8.8
78598-26		136	183	264	42	1.17
78598-TC		0	0	0	275	7.63
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	0	0	0	0	0
78599-26		0	0	0	0	0
78599-TC		0	0	0	0	0
78600	Brain imaging, less than 4 static views;	494	636	803	192	5.32
78600-26		0	0	0	23	0.63
78600-TC		0	0	0	169	4.69
78601	Brain imaging, less than 4 static views; with vascular flow	402	518	653	225	6.25
78601-26		202	260	328	26	0.72
78601-TC		0	0	0	199	5.53
78605	Brain imaging, minimum 4 static views;	533	687	866	207	5.74
78605-26		0	0	0	27	0.76
78605-TC		0	0	0	179	4.98

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78606	Brain imaging, minimum 4 static views; with vascular flow	752	969	1223	342	9.5
78606-26		149	192	242	32	0.89
78606-IC		0	0	0	310	8.61
78607	Brain imaging, tomographic (SPECT)	949	1223	1544	360	9.99
78607-26		207	267	337	61	1.68
78607-IC		0	0	0	299	8.31
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	3512	4526	5711	0	0
78608-26		279	360	454	74	2.04
78608-IC		0	0	0	0	0
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	495	638	805	76	2.12
78609-26		0	0	0	76	2.12
78609-IC		0	0	0	0	0
78610	Brain imaging, vascular flow only	730	940	1186	182	5.04
78610-26		62	80	101	15	0.43
78610-IC		0	0	0	166	4.61
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	842	1085	1369	351	9.74
78630-26		127	164	207	35	0.96
78630-IC		0	0	0	316	8.78
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	907	1169	1474	352	9.77
78635-26		0	0	0	32	0.88
78635-IC		0	0	0	320	8.89
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	674	868	1096	338	9.37
78645-26		112	144	182	28	0.79
78645-IC		0	0	0	309	8.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	931	1200	1514	361	10.03
78647-26		0	0	0	46	1.28
78647-IC		0	0	0	315	8.75
78650	Cerebrospinal fluid leakage detection and localization	732	944	1191	284	7.89
78650-26		0	0	0	26	0.72
78650-IC		0	0	0	258	7.17
78660	Radiopharmaceutical dacryocystography	483	623	786	190	5.26
78660-26		0	0	0	27	0.75
78660-IC		0	0	0	163	4.51
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	0	0	0	0	0
78699-26		0	0	0	0	0
78699-IC		0	0	0	0	0
78700	Kidney imaging morphology;	405	505	706	177	4.92
78700-26		94	117	163	22	0.62
78700-IC		0	0	0	155	4.3
78701	Kidney imaging morphology; with vascular flow	585	729	1020	226	6.26
78701-26		113	141	197	25	0.69
78701-IC		0	0	0	201	5.57
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	669	834	1167	241	6.69
78707-26		163	204	285	48	1.32
78707-IC		0	0	0	194	5.37
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	687	857	1199	183	5.09
78708-26		206	257	360	61	1.68



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78708-IC		0	0	0	123	3.41
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	944	1177	1647	382	10.6
78709-26		240	299	418	70	1.94
78709-IC		0	0	0	312	8.66
78710	Kidney imaging morphology; tomographic (SPECT)	1055	1315	1840	184	5.11
78710-26		161	201	281	28	0.78
78710-IC		0	0	0	156	4.33
78725	Kidney function study, non-imaging radioisotopic study	500	624	873	112	3.11
78725-26		99	124	173	19	0.52
78725-IC		0	0	0	93	2.59
78730	Urinary bladder residual study (list separately in addition to code for primary procedure)	275	342	479	80	2.22
78730-26		0	0	0	8	0.23
78730-IC		0	0	0	72	1.99
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	747	931	1303	227	6.29
78740-26		197	246	344	28	0.78
78740-IC		0	0	0	199	5.51
78761	Testicular imaging with vascular flow	752	938	1312	219	6.08
78761-26		0	0	0	36	1.01
78761-IC		0	0	0	183	5.07
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	0	0	0	0	0
78799-26		0	0	0	0	0
78799-IC		0	0	0	0	0
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	446	565	722	202	5.61

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78800-26		112	142	181	35	0.96
78800-TC		0	0	0	168	4.65
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	392	496	634	267	7.42
78801-26		41	52	67	40	1.12
78801-TC		0	0	0	227	6.3
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	3923	4968	6344	335	9.29
78802-26		157	199	255	43	1.18
78802-TC		0	0	0	292	8.11
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	936	1186	1514	354	9.81
78803-26		191	242	309	53	1.48
78803-TC		0	0	0	300	8.33
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	1313	1663	2124	590	16.38
78804-26		176	222	284	53	1.48
78804-TC		0	0	0	537	14.9
78805	Radiopharmaceutical localization of inflammatory process; limited area	427	540	690	191	5.3
78805-26		128	162	207	37	1.02
78805-TC		0	0	0	154	4.28
78806	Radiopharmaceutical localization of inflammatory process; whole body	788	998	1275	346	9.59
78806-26		161	204	261	43	1.19
78806-TC		0	0	0	303	8.4
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	959	1215	1552	354	9.81
78807-26		193	244	312	53	1.48
78807-TC		0	0	0	300	8.33

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	109	138	176	40	1.12
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	3455	4375	5587	0	0
78811-26		268	340	434	77	2.14
78811-TC		0	0	0	0	0
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	4131	5232	6680	0	0
78812-26		360	455	581	95	2.63
78812-TC		0	0	0	0	0
78813	Positron emission tomography (PET) imaging; whole body	3907	4949	6319	0	0
78813-26		309	391	499	98	2.72
78813-TC		0	0	0	0	0
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	4061	5143	6567	0	0
78814-26		392	497	634	109	3.02
78814-TC		0	0	0	0	0
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	4392	5563	7103	0	0
78815-26		402	509	650	122	3.38
78815-TC		0	0	0	0	0
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	4130	5232	6680	0	0
78816-26		381	483	617	123	3.42
78816-TC		0	0	0	0	0
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	0	0	0	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
78999-26		0	0	0	0	0
78999-IC		0	0	0	0	0
79005	Radiopharmaceutical therapy, by oral admin	494	637	894	141	3.91
79005-26		303	391	549	90	2.5
79005-IC		0	0	0	51	1.41
79101	Radiopharmaceutical therapy, by intravenous admin	543	700	983	151	4.18
79101-26		334	430	604	100	2.78
79101-IC		0	0	0	50	1.4
79200	Radiopharmaceutical therapy, by intracavitary admin	308	398	558	138	3.83
79200-26		0	0	0	85	2.36
79200-IC		0	0	0	53	1.47
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid admin	169	218	306	0	0
79300-26		0	0	0	69	1.91
79300-IC		0	0	0	0	0
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	438	565	793	196	5.44
79403-26		0	0	0	112	3.11
79403-IC		0	0	0	84	2.33
79440	Radiopharmaceutical therapy, by intra-articular admin	280	362	507	124	3.45
79440-26		0	0	0	85	2.36
79440-IC		0	0	0	39	1.09
79445	Radiopharmaceutical therapy, by intra-arterial particulate admin	405	523	734	0	0
79445-26		0	0	0	117	3.26
79445-IC		0	0	0	0	0
79999	Radiopharmaceutical therapy, unlisted procedure	0	0	0	0	0
79999-26		0	0	0	0	0
79999-IC		0	0	0	0	0

# PATHOLOGY AND LABORATORY

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>80047</b>	Basic metabolic panel (calcium, ionized) this panel must include the following: calcium, ionized (82330) carbon dioxide (bicarbonate) (82374) chloride (82435) creatinine (82565) glucose (82947) potassium (84132) sodium (84295) urea nitrogen (bun) (84520)	45	64	90	0	0
<b>80048</b>	Basic metabolic panel (calcium, total) this panel must include the following: calcium, total (82310) carbon dioxide (bicarbonate) (82374) chloride (82435) creatinine (82565) glucose (82947) potassium (84132) sodium (84295) urea nitrogen (bun) (84520)	37	52	73	0	0
<b>80050</b>	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)	176	248	347	0	0
<b>80051</b>	Electrolyte panel this panel must include the following: carbon dioxide (bicarbonate) (82374) chloride (82435) potassium (84132) sodium (84295)	37	52	73	0	0
<b>80053</b>	Comprehensive metabolic panel this panel must include the following: albumin (82040) bilirubin, total (82247) calcium, total (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)	52	73	103	0	0
<b>80055</b>	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	217	306	428	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	(85007 or 85009) hepatitis b surface antigen (HBsAg) (87340) antibody, rubella (86762) syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, art) (86592) antibody screen, rbc, each serum technique (86850) blood typing, ABO (86900) and blood typing, Rh (d) (86901)					
<b>80061</b>	Lipid panel this panel must include the following: cholesterol, serum, total (82465) lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) triglycerides (84478)	79	111	155	0	0
<b>80069</b>	Renal function panel this panel must include the following: albumin (82040) calcium, total (82310) carbon dioxide (bicarbonate) (82374) chloride (82435) creatinine (82565) glucose (82947) phosphorus inorganic (phosphate) (84100) potassium (84132) sodium (84295) urea nitrogen (bun) (84520)	42	59	82	0	0
<b>80074</b>	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)	368	519	727	0	0
<b>80076</b>	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)	40	57	79	0	0
<b>80081</b>	Obstetric panel (includes HIV testing) this panel must include the following: blood count, complete (CBC), 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) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) antibody, rubella (86762) syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, art) (86592) antibody screen, rbc, each serum technique (86850) blood typing, ABO (86900) and blood typing, Rh (d) (86901)	477	674	944	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>THERAPEUTIC DRUG ASSAYS</b>						
80150	Amikacin	79	111	156	0	0
80155	Caffeine	45	64	89	0	0
80156	Carbamazepine; total	82	115	162	0	0
80157	Carbamazepine; free	73	104	145	0	0
80158	Cyclosporine	175	247	345	0	0
80159	Clozapine	93	131	184	0	0
80162	Digoxin; total	73	104	145	0	0
80163	Digoxin; free	63	89	124	0	0
80164	Valproic acid (dipropylacetic acid); total	77	108	151	0	0
80165	Valproic acid (dipropylacetic acid); free	116	163	228	0	0
80168	Ethosuximide	123	173	243	0	0
80169	Everolimus	104	146	205	0	0
80170	Gentamicin	73	104	145	0	0
80171	Gabapentin, whole blood, serum, or plasma	78	110	154	0	0
80173	Haloperidol	82	115	161	0	0
80175	Lamotrigine	139	196	274	0	0
80176	Lidocaine	31	44	62	0	0
80177	Levetiracetam	89	126	176	0	0
80178	Lithium	62	88	123	0	0
80180	Mycophenolate (mycophenolic acid)	169	239	334	0	0
80183	Oxcarbazepine	116	164	230	0	0
80184	Phenobarbital	80	112	157	0	0
80185	Phenytoin; total	75	106	148	0	0
80186	Phenytoin; free	97	137	191	0	0
80188	Primidone	74	104	146	0	0
80190	Procainamide;	86	122	170	0	0
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	79	112	157	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
80194	Quinidine	88	124	174	0	0
80195	Sirolimus	128	180	252	0	0
80197	Tacrolimus	182	257	360	0	0
80198	Theophylline	74	104	146	0	0
80199	Tiagabine	74	105	147	0	0
80200	Tobramycin	103	146	205	0	0
80201	Topiramate	66	94	131	0	0
80202	Vancomycin	123	173	242	0	0
80203	Zonisamide	152	214	299	0	0
80299	Quantitation of therapeutic drug, not elsewhere specified	58	81	114	0	0

**DRUG ASSAY**

80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	41	58	82	0	0
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	52	73	102	0	0
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, Elisa, emit, fpia, ia, kims, RIA]), chromatography (eg, gc, HPLC), and mass spectrometry either with or without chromatography, (eg, dart, desi, gC-ms, gC-ms/ms, IC-ms, IC-ms/ms, ldt, MALDI, TOF) includes sample validation when performed, per date of service	248	350	490	0	0
80320	Alcohols	52	73	102	0	0
80321	Alcohol biomarkers; 1 or 2	72	102	143	0	0
80322	Alcohol biomarkers; 3 or more	31	44	62	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
80323	Alkaloids, not otherwise specified	63	90	125	0	0
80324	Amphetamines; 1 or 2	62	88	123	0	0
80325	Amphetamines; 3 or 4	124	175	244	0	0
80326	Amphetamines; 5 or more	18	26	36	0	0
80327	Anabolic steroids; 1 or 2	227	320	448	0	0
80328	Anabolic steroids; 3 or more	0	0	0	0	0
80329	Analgesics, non-opioid; 1 or 2	32	45	63	0	0
80330	Analgesics, non-opioid; 3-5	78	110	154	0	0
80331	Analgesics, non-opioid; 6 or more	10	14	20	0	0
80332	Antidepressants, serotonergic class; 1 or 2	64	90	126	0	0
80333	Antidepressants, serotonergic class; 3-5	62	87	122	0	0
80334	Antidepressants, serotonergic class; 6 or more	93	132	184	0	0
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	52	73	102	0	0
80336	Antidepressants, tricyclic and other cyclicals; 3-5	79	112	157	0	0
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	155	219	306	0	0
80338	Antidepressants, not otherwise specified	52	73	102	0	0
80339	Antiepileptics, not otherwise specified; 1-3	78	110	153	0	0
80340	Antiepileptics, not otherwise specified; 4-6	124	175	245	0	0
80341	Antiepileptics, not otherwise specified; 7 or more	10	14	20	0	0
80342	Antipsychotics, not otherwise specified; 1-3	78	110	153	0	0
80343	Antipsychotics, not otherwise specified; 4-6	190	268	375	0	0
80344	Antipsychotics, not otherwise specified; 7 or more	155	218	306	0	0
80345	Barbiturates	52	74	103	0	0
80346	Benzodiazepines; 1-12	65	92	129	0	0
80347	Benzodiazepines; 13 or more	52	73	102	0	0
80348	Buprenorphine	68	97	135	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
80349	Cannabinoids, natural	64	91	127	0	0
80350	Cannabinoids, synthetic; 1-3	52	73	102	0	0
80351	Cannabinoids, synthetic; 4-6	176	248	347	0	0
80352	Cannabinoids, synthetic; 7 or more	77	108	151	0	0
80353	Cocaine	53	75	105	0	0
80354	Fentanyl	68	96	135	0	0
80355	Gabapentin, non-blood	63	89	125	0	0
80356	Heroin metabolite	69	97	136	0	0
80357	Ketamine and norketamine	60	85	119	0	0
80358	Methadone	58	82	114	0	0
80359	Methylenedioxyamphetamines (MDA, meda, mama)	62	87	122	0	0
80360	Methylphenidate	52	74	103	0	0
80361	Opiates, 1 or more	69	97	136	0	0
80362	Opioids and opiate analogs; 1 or 2	82	116	162	0	0
80363	Opioids and opiate analogs; 3 or 4	63	89	125	0	0
80364	Opioids and opiate analogs; 5 or more	62	88	122	0	0
80365	Oxycodone	68	96	134	0	0
80366	Pregabalin	63	89	125	0	0
80367	Propoxyphene	57	80	112	0	0
80368	Sedative hypnotics (non-benzodiazepines)	63	89	125	0	0
80369	Skeletal muscle relaxants; 1 or 2	75	106	149	0	0
80370	Skeletal muscle relaxants; 3 or more	62	87	122	0	0
80371	Stimulants, synthetic	62	88	123	0	0
80372	Tapentadol	63	89	125	0	0
80373	Tramadol	63	90	125	0	0
80374	Stereoisomer (enantiomer) analysis, single drug class	71	101	141	0	0
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	52	74	103	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	88	124	174	0	0
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	104	146	205	0	0

**EVOCATIVE/SUPPRESSION TESTING**

80400	ACTH stimulation panel; for adrenal insufficiency this panel must include the following: cortisol (82533 x 2)	175	248	347	0	0
80402	ACTH stimulation panel; for 21 hydroxylase deficiency this panel must include the following: cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	411	581	813	0	0
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency this panel must include the following: cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	370	523	731	0	0
80408	Aldosterone suppression evaluation panel (eg, saline infusion) this panel must include the following: aldosterone (82088 x 2) renin (84244 x 2)	593	838	1173	0	0
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) this panel must include the following: calcitonin (82308 x 3)	127	179	250	0	0
80412	Corticotrophic releasing hormone (CRH) stimulation panel this panel must include the following: cortisol (82533 x 6) adrenocorticotrophic hormone (ACTH) (82024 x 6)	3412	4819	6742	0	0
80414	Chorionic gonadotropin stimulation panel; testosterone response this panel must include the following: testosterone (84403 x 2 on 3 pooled blood samples)	114	161	225	0	0
80415	Chorionic gonadotropin stimulation panel; estradiol response this panel must include the following: estradiol (82670 x 2 on 3 pooled blood samples)	155	219	307	0	0
80416	Renal vein renin stimulation panel (eg, captopril) this panel must include the following: renin (84244 x 6)	891	1258	1760	0	0
80417	Peripheral vein renin stimulation panel (eg, captopril) this panel must include the following: renin (84244 x 2)	208	294	411	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
80418	Combined rapid anterior pituitary evaluation panel this panel must include the following: adrenocorticotrophic 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)	813	1148	1606	0	0
80420	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)	689	973	1361	0	0
80422	Glucagon tolerance panel; for insulinoma this panel must include the following: glucose (82947 x 3) insulin (83525 x 3)	169	239	334	0	0
80424	Glucagon tolerance panel; for pheochromocytoma this panel must include the following: catecholamines, fractionated (82384 x 2)	239	337	472	0	0
80426	Gonadotropin releasing hormone stimulation panel this panel must include the following: follicle stimulating hormone (FSH) (83001 x 4) luteinizing hormone (lh) (83002 x 4)	702	991	1387	0	0
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa admin) this panel must include the following: human growth hormone (HGH) (83003 x 4)	255	360	504	0	0
80430	Growth hormone suppression panel (glucose admin) this panel must include the following: glucose (82947 x 3) human growth hormone (HGH) (83003 x 4)	550	778	1088	0	0
80432	Insulin-induced C-peptide suppression panel this panel must include the following: insulin (83525) C-peptide (84681 x 5) glucose (82947 x 5)	705	996	1393	0	0
80434	Insulin tolerance panel; for ACTH insufficiency this panel must include the following: cortisol (82533 x 5) glucose (82947 x 5)	1213	1714	2397	0	0
80435	Insulin tolerance panel; for growth hormone deficiency this panel must include the following: glucose (82947 x 5) human growth hormone (HGH) (83003 x 5)	487	688	963	0	0
80436	Metyrapone panel this panel must include the following: cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	431	609	852	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
80438	Thyrotropin releasing hormone (trh) stimulation panel; 1 hour this panel must include the following: thyroid stimulating hormone (TSH) (84443 x 3)	238	337	471	0	0
80439	Thyrotropin releasing hormone (trh) stimulation panel; 2 hour this panel must include the following: thyroid stimulating hormone (TSH) (84443 x 4)	318	449	628	0	0

### CONSULTATIONS (CLINICAL PATHOLOGY)

80500	Clinical pathology consultation; limited, without review of patient's history and medical records	100	104	179	23	0.65
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	168	176	302	76	2.1

### URINALYSIS

81000	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	16	25	33	0	0
81001	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	26	39	52	0	0
81002	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	13	20	27	0	0
81003	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	14	22	29	0	0
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	10	16	21	0	0
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	34	51	68	0	0
81015	Urinalysis; microscopic only	18	27	36	0	0
81020	Urinalysis; 2 or 3 glass test	30	45	60	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81025	Urine pregnancy test, by visual color comparison methods	26	39	52	0	0
81050	Volume measurement for timed collection, each	16	24	31	0	0
81099	Unlisted urinalysis procedure	0	0	0	0	0

### MOLECULAR PATHOLOGY

81105	Human platelet antigen 1 genotyping (hpa-1), itgb3 (integrin, beta 3 [platelet glycoprotein iii <sub>a</sub> ], antigen cd61 [gpiii <sub>a</sub> ]) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant, hpa-1a/b (l33p)	156	226	303	0	0
81106	Human platelet antigen 2 genotyping (hpa-2), gp1ba (glycoprotein ib [platelet], alpha polypeptide [gpiba]) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant, hpa-2a/b (t145m)	475	687	923	0	0
81107	Human platelet antigen 3 genotyping (hpa-3), itga2b (integrin, alpha 2b [platelet glycoprotein iib of iib/iii <sub>a</sub> complex], antigen cd41 [gpiib]) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant, hpa-3a/b (i843s)	475	687	923	0	0
81108	Human platelet antigen 4 genotyping (hpa-4), itgb3 (integrin, beta 3 [platelet glycoprotein iii <sub>a</sub> ], antigen cd61 [gpiii <sub>a</sub> ]) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant, hpa-4a/b (r143q)	475	687	923	0	0
81109	Human platelet antigen 5 genotyping (hpa-5), itga2 (integrin, alpha 2 [cd49b, alpha 2 subunit of vla-2 receptor] [gpi <sub>a</sub> ]) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant (eg, hpa-5a/b (k505c))	475	687	923	0	0
81110	Human platelet antigen 6 genotyping (hpa-6w), itgb3 (integrin, beta 3 [platelet glycoprotein iii <sub>a</sub> , antigen cd61] [gpiii <sub>a</sub> ]) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant, hpa-6a/b (r489q)	229	330	444	0	0
81111	Human platelet antigen 9 genotyping (hpa-9w), itga2b (integrin, alpha 2b [platelet glycoprotein iib of iib/iii <sub>a</sub> complex, antigen cd41] [gpiib]) (eg, neonatal alloimmune thrombocytopenia	475	687	923	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	[nait], post-transfusion purpura), gene analysis, common variant, hpa-9a/b (v837m)					
81112	Human platelet antigen 15 genotyping (hpa-15), cd109 (cd109 molecule) (eg, neonatal alloimmune thrombocytopenia [nait], post-transfusion purpura), gene analysis, common variant, hpa-15a/b (s682y)	475	687	923	0	0
81120	Idh1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	252	364	489	0	0
81121	Idh2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	326	471	634	0	0
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	308	445	598	0	0
81162	Bra1 (brca1, DNA repair associated), bra2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	3564	5148	6921	0	0
81163	Bra1 (brca1, DNA repair associated), bra2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1638	2367	3182	0	0
81164	Bra1 (brca1, DNA repair associated), bra2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	2045	2954	3972	0	0
81165	Bra1 (brca1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	990	1430	1923	0	0
81166	Bra1 (brca1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1055	1524	2049	0	0
81167	Bra2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	990	1430	1923	0	0
81170	Abl1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine	406	586	788	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	kinase inhibitor resistance), gene analysis, variants in the kinase domain					
81171	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	962	1390	1868	0	0
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	1055	1524	2049	0	0
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, x chromosome inactivation) gene analysis; known familial variant	648	937	1259	0	0
81175	Asx11 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	1069	1544	2076	0	0
81176	Asx11 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	296	428	576	0	0
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidolusian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	2963	4279	5753	0	0
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	648	937	1259	0	0
81187	Cnbp (cchC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81188	Cstb (cystatin b) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81189	Cstb (cystatin b) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	962	1390	1868	0	0
81190	Cstb (cystatin b) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	648	937	1259	0	0
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, e285a, y231x)	142	206	276	0	0
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	860	1243	1671	0	0
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	406	586	788	0	0
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	604	872	1172	0	0
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, x	480	693	931	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)					
81205	BCKDHB (branched-Chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, r183p, g278s, e422x)	339	489	658	0	0
81206	BCR/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	283	408	549	0	0
81207	BCR/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	253	365	491	0	0
81208	BCR/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	425	614	826	0	0
81209	BLM (bloom syndrome, RecQ helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	111	160	215	0	0
81210	BRAF (b-raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, v600 variant(s)	226	327	439	0	0
81212	Brca1 (brca1, DNA repair associated), brca2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	583	842	1133	0	0
81215	Brca1 (brca1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	482	696	936	0	0
81216	Brca2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	402	580	780	0	0
81217	Brca2 (brca2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	484	699	939	0	0
81218	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	596	861	1158	0	0
81219	Calr (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	342	494	665	0	0
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene	1006	1454	1954	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	analysis; common variants (eg, ACMG/ACOG guidelines)					
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	340	492	661	0	0
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	507	733	985	0	0
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	502	725	975	0	0
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-t analysis (eg, male infertility)	252	364	489	0	0
81225	Cyp2C19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	686	991	1332	0	0
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1xn, *2xn, *4xn)	1222	1765	2373	0	0
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	476	687	924	0	0
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	3010	4347	5844	0	0
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosomal abnormalities	3026	4371	5876	0	0
81230	Cyp3a4 (cytochrome p450 family 3 subfamily a member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	352	509	684	0	0
81231	Cyp3a5 (cytochrome p450 family 3 subfamily a member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	252	364	490	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81232	Dpyd (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-fu and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2a, *4, *5, *6)	182	263	353	0	0
81233	Btk (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	614	887	1192	0	0
81234	DMPK (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	480	693	931	0	0
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, 1858r, t790m, g719a, g719s, 1861q)	449	648	871	0	0
81236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	990	1430	1923	0	0
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-Cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	614	887	1192	0	0
81238	F9 (coagulation factor ix) (eg, hemophilia b), full gene sequence	662	956	1285	0	0
81239	DMPK (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	962	1390	1868	0	0
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	154	223	299	0	0
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	201	291	391	0	0
81242	FANCC (Fanconi anemia, complementation group c) (eg, Fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	136	196	264	0	0
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	505	730	981	0	0
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	81	117	157	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81245	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	177	255	343	0	0
81246	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (tkd) variants (eg, d835, i836)	304	438	589	0	0
81247	G6pd (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, a, a-)	353	510	686	0	0
81248	G6pd (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	1314	1898	2551	0	0
81249	G6pd (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	785	1135	1525	0	0
81250	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, r83c, q347x)	241	348	468	0	0
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	212	307	412	0	0
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	151	218	293	0	0
81253	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	600	866	1164	0	0
81254	Gjb6 (gap junction protein, beta 6, 30kda, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(gjb6-d13s1830)] and 232kb [del(gjb6-d13s1854)])	0	0	0	0	0
81255	HEXA (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg, 1278instatc, 1421+1g>c, g269s)	205	296	398	0	0
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	444	641	861	0	0
81257	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, HB Bart hydrops fetalis syndrome, hbh disease), gene analysis; common	206	297	399	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	deletions or variant (eg, southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, constant spring)					
81258	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, HB Bart hydrops fetalis syndrome, hbh disease), gene analysis; known familial variant	1314	1898	2551	0	0
81259	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, HB Bart hydrops fetalis syndrome, hbh disease), gene analysis; full gene sequence	787	1136	1527	0	0
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in b-Cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6t>c, r696p)	126	181	244	0	0
81261	IGH@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-Cell), gene rearrange analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	356	515	692	0	0
81262	IGH@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-Cell), gene rearrange analysis to detect abnormal clonal population(s); direct probe methodology (eg, southern blot)	240	347	466	0	0
81263	IGH@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-Cell), variable region somatic mutation analysis	509	736	989	0	0
81264	IGK@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-Cell), gene rearrange analysis, evaluation to detect abnormal clonal population(s)	353	510	685	0	0
81265	Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	517	747	1004	0	0
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (list	1782	2573	3460	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	separately in addition to code for primary procedure)					
<b>81267</b>	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	812	1173	1576	0	0
<b>81268</b>	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, cd3, cd33), each cell type	751	1085	1458	0	0
<b>81269</b>	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, HB Bart hydrops fetalis syndrome, hbh disease), gene analysis; duplication/deletion variants	709	1024	1376	0	0
<b>81270</b>	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	294	425	571	0	0
<b>81271</b>	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
<b>81272</b>	Kit (v-kit hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	1199	1732	2328	0	0
<b>81273</b>	Kit (v-kit hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	285	412	553	0	0
<b>81274</b>	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	962	1390	1868	0	0
<b>81275</b>	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	293	423	569	0	0
<b>81276</b>	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	437	632	849	0	0
<b>81283</b>	Ifnl3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	152	220	296	0	0
<b>81284</b>	Fxn (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	480	693	931	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81285	Fxn (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	962	1390	1868	0	0
81286	Fxn (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	962	1390	1868	0	0
81287	Mgmt (o-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	455	657	883	0	0
81288	Mlh1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; promoter methylation analysis	366	528	710	0	0
81289	Fxn (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	648	937	1259	0	0
81290	Mcoln1 (mucolipin 1) (eg, mucopolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)	151	218	292	0	0
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	242	349	469	0	0
81292	Mlh1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	808	1167	1569	0	0
81293	Mlh1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	379	547	736	0	0
81294	Mlh1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	503	726	976	0	0
81295	Msh2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	599	866	1164	0	0
81296	Msh2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	373	538	723	0	0
81297	Msh2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-	0	0	0	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants					
<b>81298</b>	Msh6 (mutS homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	708	1023	1375	0	0
<b>81299</b>	Msh6 (mutS homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	340	491	660	0	0
<b>81300</b>	Msh6 (mutS homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	0	0	0	0	0
<b>81301</b>	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes comparison of neoplastic and normal tissue, if performed	1189	1717	2309	0	0
<b>81302</b>	Mecp2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	1058	1528	2055	0	0
<b>81303</b>	Mecp2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	420	607	816	0	0
<b>81304</b>	Mecp2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	729	1052	1415	0	0
<b>81305</b>	Myd88 (myeloid differentiation primary response 88) (eg, Waldenström's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (I265p) variant	614	887	1192	0	0
<b>81306</b>	Nudt15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	1020	1473	1981	0	0
<b>81310</b>	Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	252	364	490	0	0
<b>81311</b>	NRAS (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	606	876	1177	0	0
<b>81312</b>	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81313	Pca3/klk3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	580	838	1127	0	0
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	1531	2211	2973	0	0
81315	PML/RAR-alpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	287	415	558	0	0
81316	PML/RAR-alpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	1616	2334	3137	0	0
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	903	1304	1753	0	0
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	332	480	646	0	0
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	275	397	534	0	0
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	1020	1473	1981	0	0
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	665	960	1291	0	0
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	101	146	196	0	0
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	404	584	785	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81324	Pmp22 (peripheral myelin protein 22) (eg, Charcot-Marie-tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	1030	1488	2000	0	0
81325	Pmp22 (peripheral myelin protein 22) (eg, Charcot-Marie-tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	1029	1487	1999	0	0
81326	Pmp22 (peripheral myelin protein 22) (eg, Charcot-Marie-tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	167	241	323	0	0
81327	Sept9 (septin9) (eg, colorectal cancer) promoter methylation analysis	411	593	797	0	0
81328	Slco1b1 (solute carrier organic anion transporter family, member 1b1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	248	358	482	0	0
81329	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes smn2 (survival of motor neuron 2, centromeric) analysis, if performed	480	693	931	0	0
81330	Smpd1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	146	211	284	0	0
81331	SNRPN/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	525	759	1020	0	0
81332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and *z)	182	262	352	0	0
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	480	693	931	0	0
81334	Runx1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	2307	3333	4480	0	0
81335	TPMT (thiopurine s-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	182	263	353	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81336	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	1055	1524	2049	0	0
81337	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	648	937	1259	0	0
81340	TRB@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrange analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	568	820	1102	0	0
81341	TRB@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrange analysis to detect abnormal clonal population(s); using direct probe methodology (eg, southern blot)	253	366	492	0	0
81342	TRG@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrange analysis, evaluation to detect abnormal clonal population(s)	363	524	705	0	0
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81344	TBP (Tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	480	693	931	0	0
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	648	937	1259	0	0
81346	Tyms (thymidylate synthetase) (eg, 5-fluorouracil/5-fu drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	612	884	1188	0	0
81350	Ugt1a1 (UDP glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	301	435	585	0	0
81355	VkorC1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639g>a, c.173+1000c>t)	214	309	415	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HBs, HBc, HBe)	198	285	384	0	0
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	1314	1898	2551	0	0
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	709	1024	1376	0	0
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	504	727	978	0	0

### HUMAN LEUKOCYTE ANTIGEN (HLA) TYPING

81370	HLA class i and ii typing, low resolution (eg, antigen equivalents); HLA-a, -b, -C, -drb1/3/4/5, and -dqb1	1321	1908	2565	0	0
81371	HLA class i and ii typing, low resolution (eg, antigen equivalents); HLA-a, -b, and -drb1 (eg, verification typing)	1416	2046	2750	0	0
81372	HLA class i typing, low resolution (eg, antigen equivalents); complete (ie, HLA-a, -b, and -C)	640	925	1243	0	0
81373	HLA class i typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-a, -b, or -C), each	456	659	886	0	0
81374	HLA class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	207	299	402	0	0
81375	HLA class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	604	873	1173	0	0
81376	HLA class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	223	322	433	0	0
81377	HLA class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	376	544	731	0	0
81378	HLA class i and ii typing, high resolution (ie, alleles or allele groups), HLA-a, -b, -C, and -drb1	1603	2316	3113	0	0
81379	HLA class i typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-a, -b, and -C)	1714	2475	3327	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81380	HLA class i typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-a, -b, or -C), each	458	662	890	0	0
81381	HLA class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	586	846	1137	0	0
81382	HLA class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	433	625	840	0	0
81383	HLA class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	325	469	630	0	0
81400	Molecular pathology procedure, level 1	251	363	488	0	0
81401	Molecular pathology procedure, level 2	328	474	637	0	0
81402	Molecular pathology procedure, level 3	225	325	437	0	0
81403	Molecular pathology procedure, level 4	346	499	671	0	0
81404	Molecular pathology procedure, level 5	283	408	549	0	0
81405	Molecular pathology procedure, level 6	303	438	589	0	0
81406	Molecular pathology procedure, level 7	304	440	591	0	0
81407	Molecular pathology procedure, level 8	891	1287	1730	0	0
81408	Molecular pathology procedure, level 9	2206	3187	4284	0	0

**GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS**

81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type iv, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including fbn1, tgfb1, tgfb2, col3a1, myh11, acta2, slc2a10, smad3, and mylk	6715	9700	13040	0	0
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type iv, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for tgfb1, tgfb2, myh11, and col3a1	3252	4697	6315	0	0
81412	Ashkenazi Jewish associated disorders (eg, bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group c, Gaucher disease, tay-sachs disease),	19132	27635	37151	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, mcoln1, and smpd1					
<b>81413</b>	Cardiac ion channelopathies (eg, Brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ank2, casq2, cav3, kcne1, kcene2, kcnh2, kcnj2, kcnq1, ryr2, and scn5a	3716	5367	7215	0	0
<b>81414</b>	Cardiac ion channelopathies (eg, Brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including kcnh2 and kcnq1	2213	3197	4298	0	0
<b>81415</b>	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	15126	21848	29371	0	0
<b>81416</b>	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (list separately in addition to code for primary procedure)	13238	19120	25704	0	0
<b>81417</b>	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	1120	1618	2175	0	0
<b>81420</b>	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy x) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	2785	4023	5408	0	0
<b>81422</b>	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, cri-du-Chat syndrome), circulating cell-free fetal DNA in maternal blood	1613	2330	3133	0	0
<b>81425</b>	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	17614	25442	34203	0	0
<b>81426</b>	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (list separately in addition to code for primary procedure)	9487	13704	18423	0	0

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	8184	11821	15892	0	0
81430	Hearing loss (eg, nonsyndromic hearing loss, usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including <i>cdh23</i> , <i>clrn1</i> , <i>gjb2</i> , <i>gpr98</i> , <i>mtrnr1</i> , <i>myo7a</i> , <i>myo15a</i> , <i>pedh15</i> , <i>otof</i> , <i>slc26a4</i> , <i>tmC1</i> , <i>tmprss3</i> , <i>ush1c</i> , <i>ush1g</i> , <i>ush2a</i> , and <i>wfs1</i>	5689	8217	11047	0	0
81431	Hearing loss (eg, nonsyndromic hearing loss, usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for <i>strc</i> and <i>dfnb1</i> deletions in <i>gjb2</i> and <i>gjb6</i> genes	856	1236	1662	0	0
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including <i>brca1</i> , <i>brca2</i> , <i>cdh1</i> , <i>mlh1</i> , <i>msh2</i> , <i>msh6</i> , <i>palb2</i> , <i>PTEN</i> , <i>stk11</i> , and <i>tp53</i>	1271	1835	2467	0	0
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for <i>brca1</i> , <i>brca2</i> , <i>mlh1</i> , <i>msh2</i> , and <i>stk11</i>	1586	2291	3080	0	0
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including <i>abca4</i> , <i>cnga1</i> , <i>crb1</i> , <i>eys</i> , <i>pde6a</i> , <i>pde6b</i> , <i>prpf31</i> , <i>prph2</i> , <i>rdh12</i> , <i>rho</i> , <i>rp1</i> , <i>rp2</i> , <i>rpe65</i> , <i>rpgr</i> , and <i>ush2a</i>	2243	3239	4355	0	0
81435	Hereditary colon cancer disorders (eg, lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including <i>APC</i> , <i>bmpr1a</i> , <i>cdh1</i> , <i>mlh1</i> , <i>msh2</i> , <i>msh6</i> , <i>mtyh</i> , <i>PTEN</i> , <i>smad4</i> , and <i>stk11</i>	753	1088	1463	0	0
81436	Hereditary colon cancer disorders (eg, lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including <i>mlh1</i> , <i>msh2</i> , <i>epcam</i> , <i>smad4</i> , and <i>stk11</i>	808	1168	1570	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including max, SDHB, sdhc, SDHD, tmem127, and VHL	3421	4942	6644	0	0
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, sdhc, SDHD, and VHL	1707	2466	3315	0	0
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, ds2, mybpc3, myh7, pcp2, ttn)	3497	5051	6790	0	0
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including bcs11, C10orf2, coq2, cox10, dguok, mpv17, opa1, pdss2, POLG, polg2, rrm2b, sco1, sco2, slc25a4, sucla2, suclg1, taz, tk2, and tymp	11637	16809	22597	0	0
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, leopard syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, cbl, hras, KRAS, map2k1, map2k2, NRAS, ptpn11, raf1, rit1, shoc2, and sos1	2624	3791	5096	0	0
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, bloom syndrome, Canavan disease, Fanconi anemia type c, mucopolidosis type vi, Gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, ASPA, atp7b, BCKDHB, BCKDHB, BLM, CFTR, dhcr7, FANCC, g6pc, gaa, GALT, GBA, gbe1, HBB, HEXA, IKBKAP, mcoln1, PAH)	8572	12382	16646	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, cdkn2a, EGFR, erbb2, kit, KRAS, NRAS, met, PDGFRA, PDGF-b, PGR, pik3ca, PTEN, ret), interrogation for sequence variants and copy number variants or rearranges, if performed	1814	2620	3522	0	0
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bscl2, gjb1, mfn2, MPZ, reep1, spast, spgl1, sptlC1)	2275	3286	4418	0	0
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, KRAS, kit, mll, NRAS, npm1, notch1), interrogation for sequence variants, and copy number variants or rearranges, or isoform expression or mrna expression levels, if performed	2535	3662	4923	0	0
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, cdkn2a, cebpa, dnmt3a, EGFR, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, KRAS, mll, npm1, NRAS, met, notch1, PDGFRA, PDGF-b, PGR, pik3ca, PTEN, ret), interrogation for sequence variants and copy number variants or rearranges, if performed	4036	5830	7838	0	0
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [melas], myoclonic epilepsy with ragged-red fibers [merff], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [lhon]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	2018	2915	3919	0	0
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	2401	3468	4662	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81470	X-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); genomic sequence analysis panel, must include sequencing of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocr1, rps6ka3, and slC16a2	3200	4622	6213	0	0
81471	X-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); duplication/deletion gene analysis, must include analysis of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocr1, rps6ka3, and slC16a2	3200	4622	6213	0	0
81479	Unlisted molecular pathology procedure	0	0	0	0	0

### MULTIANALYTE ASSAYS WITH ALGORITHMIC ANALYSES

81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	996	1439	1934	0	0
81493	Coronary artery disease, mrna, gene expression profiling by real-time rt-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	1254	1812	2436	0	0
81500	Oncology (ovarian), biochemical assays of two proteins (ca-125 and he4), utilizing serum, with menopausal status, algorithm reported as a risk score	550	794	1067	0	0
81503	Oncology (ovarian), biochemical assays of five proteins (ca-125, apolipoprotein a1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	1509	2179	2929	0	0
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	1820	2630	3535	0	0
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, hba1c, insulin, hs-Crp, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	261	378	508	0	0
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	2508	3623	4871	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-a, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	223	323	434	0	0
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-a, hcg [any form], dia), utilizing maternal serum, algorithm reported as a risk score	1511	2182	2933	0	0
81510	Fetal congenital abnormalities, biochemical assays of three analytes (afp, ue3, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	194	281	378	0	0
81511	Fetal congenital abnormalities, biochemical assays of four analytes (afp, ue3, hcg [any form], dia) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	344	496	667	0	0
81512	Fetal congenital abnormalities, biochemical assays of five analytes (afp, ue3, total hcg, hyperglycosylated hcg, dia) utilizing maternal serum, algorithm reported as a risk score	1011	1460	1962	0	0
81518	Oncology (breast), mrna, gene expression profiling by real-time rt-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	13559	19585	26329	0	0
81519	Oncology (breast), mrna, gene expression profiling by real-time rt-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	4652	6720	9034	0	0
81520	Oncology (breast), mrna gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	9765	14104	18961	0	0
81521	Oncology (breast), mrna, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	13559	19585	26329	0	0
81525	Oncology (colon), mrna, gene expression profiling by real-time rt-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-	4448	6425	8637	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	fixed paraffin-embedded tissue, algorithm reported as a recurrence score					
<b>81528</b>	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of ndr4 and bmp3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	654	944	1269	0	0
<b>81535</b>	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	1885	2723	3661	0	0
<b>81536</b>	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (list separately in addition to code for primary procedure)	622	898	1207	0	0
<b>81538</b>	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	3506	5064	6808	0	0
<b>81539</b>	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total PSA, free PSA, intact PSA, and human kallikrein-2 [hk2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	767	1108	1490	0	0
<b>81540</b>	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	7547	10901	14655	0	0
<b>81541</b>	Oncology (prostate), mrna gene expression profiling by real-time rt-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	13559	19585	26329	0	0
<b>81545</b>	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	6416	9268	12459	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (gstp1, APC, rassf1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	3328	4807	6462	0	0
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	3625	5236	7039	0	0
81596	Infectious disease, chronic hepatitis c virus (HCV) infection, six biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	253	365	491	0	0
81599	Unlisted multianalyte assay with algorithmic analysis	0	0	0	0	0

**CHEMISTRY**

82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	20	29	38	0	0
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	73	105	141	0	0
82013	Acetylcholinesterase	96	139	186	0	0
82016	Acylcarnitines; qualitative, each specimen	39	56	76	0	0
82017	Acylcarnitines; quantitative, each specimen	25	36	48	0	0
82024	Adrenocorticotrophic hormone (ACTH)	163	236	317	0	0
82030	Adenosine, 5-monophosphate, cyclic (cyclic amp)	53	77	104	0	0
82040	Albumin; serum, plasma or whole blood	20	29	39	0	0
82042	Albumin; other source, quantitative, each specimen	20	29	39	0	0
82043	Albumin; urine (eg, microalbumin), quantitative	65	94	126	0	0
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	17	25	33	0	0
82045	Albumin; ischemia modified	124	179	240	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82075	Alcohol (ethanol), breath	40	58	78	0	0
82085	Aldolase	78	113	152	0	0
82088	Aldosterone	156	225	303	0	0
82103	Alpha-1-antitrypsin; total	91	131	176	0	0
82104	Alpha-1-antitrypsin; phenotype	109	158	212	0	0
82105	Alpha-fetoprotein (afp); serum	81	117	158	0	0
82106	Alpha-fetoprotein (afp); amniotic fluid	77	111	149	0	0
82107	Alpha-fetoprotein (afp); afp-l3 fraction isoform and total afp (including ratio)	202	291	392	0	0
82108	Aluminum	222	321	431	0	0
82120	Amines, vaginal fluid, qualitative	10	14	19	0	0
82127	Amino acids; single, qualitative, each specimen	51	74	100	0	0
82128	Amino acids; multiple, qualitative, each specimen	39	56	76	0	0
82131	Amino acids; single, quantitative, each specimen	68	98	132	0	0
82135	Aminolevulinic acid, delta (ala)	107	154	207	0	0
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	135	196	263	0	0
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	49	70	94	0	0
82140	Ammonia	83	120	162	0	0
82143	Amniotic fluid scan (spectrophotometric)	50	72	97	0	0
82150	Amylase	37	54	72	0	0
82154	Androstanediol glucuronide	186	268	361	0	0
82157	Androstenedione	73	105	141	0	0
82160	Androsterone	77	112	150	0	0
82163	Angiotensin ii	149	215	289	0	0
82164	Angiotensin i - converting enzyme (ace)	101	146	196	0	0
82172	Apolipoprotein, each	72	104	140	0	0
82175	Arsenic	81	116	156	0	0
82180	Ascorbic acid (vitamin c), blood	47	68	92	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82190	Atomic absorption spectroscopy, each analyte	58	84	113	0	0
82232	Beta-2 microglobulin	100	145	195	0	0
82239	Bile acids; total	84	121	162	0	0
82240	Bile acids; cholyglycine	57	82	110	0	0
82247	Bilirubin; total	25	35	48	0	0
82248	Bilirubin; direct	16	22	30	0	0
82252	Bilirubin; feces, qualitative	20	29	39	0	0
82261	Biotinidase, each specimen	25	36	48	0	0
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	15	22	29	0	0
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	12	17	23	0	0
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	16	23	31	0	0
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	51	73	98	0	0
82286	Bradykinin	35	51	68	0	0
82300	Cadmium	67	96	129	0	0
82306	Vitamin d; 25 hydroxy, includes fraction(s), if performed	193	278	374	0	0
82308	Calcitonin	151	218	292	0	0
82310	Calcium; total	27	39	53	0	0
82330	Calcium; ionized	58	84	113	0	0
82331	Calcium; after calcium infusion test	31	45	60	0	0
82340	Calcium; urine quantitative, timed specimen	29	42	57	0	0
82355	Calculus; qualitative analysis	48	69	93	0	0
82360	Calculus; quantitative analysis, chemical	71	103	138	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82365	Calculus; infrared spectroscopy	78	112	151	0	0
82370	Calculus; x-ray diffraction	132	191	257	0	0
82373	Carbohydrate deficient transferrin	166	240	323	0	0
82374	Carbon dioxide (bicarbonate)	26	37	50	0	0
82375	Carboxyhemoglobin; quantitative	64	92	123	0	0
82376	Carboxyhemoglobin; qualitative	16	22	30	0	0
82378	Carcinoembryonic antigen (CEA)	100	144	194	0	0
82379	Carnitine (total and free), quantitative, each specimen	77	112	150	0	0
82380	Carotene	76	109	147	0	0
82382	Catecholamines; total urine	132	191	257	0	0
82383	Catecholamines; blood	128	185	249	0	0
82384	Catecholamines; fractionated	184	266	358	0	0
82387	Cathepsin-d	80	116	156	0	0
82390	Ceruloplasmin	79	115	154	0	0
82397	Chemiluminescent assay	55	79	106	0	0
82415	Chloramphenicol	70	101	135	0	0
82435	Chloride; blood	18	26	36	0	0
82436	Chloride; urine	20	29	39	0	0
82438	Chloride; other source	58	83	112	0	0
82441	Chlorinated hydrocarbons, screen	43	62	83	0	0
82465	Cholesterol, serum or whole blood, total	22	31	42	0	0
82480	Cholinesterase; serum	88	127	171	0	0
82482	Cholinesterase; rbc	63	90	121	0	0
82485	Chondroitin b sulfate, quantitative	106	152	205	0	0
82495	Chromium	85	123	165	0	0
82507	Citrate	80	116	156	0	0
82523	Collagen cross links, any method	182	263	354	0	0
82525	Copper	84	121	163	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82528	Corticosterone	162	234	315	0	0
82530	Cortisol; free	66	95	128	0	0
82533	Cortisol; total	103	149	200	0	0
82540	Creatine	15	22	30	0	0
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, lc, lc/ms, lc/ms-ms, gc, gc/ms-ms, gc/ms, HPLC/ms), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	105	151	203	0	0
82550	Creatine kinase (ck), (CPK); total	34	49	66	0	0
82552	Creatine kinase (ck), (CPK); isoenzymes	51	74	100	0	0
82553	Creatine kinase (ck), (CPK); mb fraction only	60	87	117	0	0
82554	Creatine kinase (ck), (CPK); isoforms	61	88	118	0	0
82565	Creatinine; blood	21	31	41	0	0
82570	Creatinine; other source	33	48	65	0	0
82575	Creatinine; clearance	51	74	99	0	0
82585	Cryofibrinogen	72	104	140	0	0
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	68	98	132	0	0
82600	Cyanide	93	134	180	0	0
82607	Cyanocobalamin (vitamin b-12);	95	137	185	0	0
82608	Cyanocobalamin (vitamin b-12); unsaturated binding capacity	82	119	160	0	0
82610	Cystatin c	74	106	143	0	0
82615	Cystine and homocystine, urine, qualitative	39	57	76	0	0
82626	Dehydroepiandrosterone (DHEA)	116	147	199	0	0
82627	Dehydroepiandrosterone-sulfate (DHEA-s)	129	162	220	0	0
82633	Desoxycorticosterone, 11-	131	165	224	0	0
82634	Deoxycortisol, 11-	93	117	159	0	0
82638	Dibucaine number	69	87	117	0	0
82642	Dihydrotestosterone (DHT)	128	162	220	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82652	Vitamin d; 1, 25 dihydroxy, includes fraction(s), if performed	271	342	464	0	0
82656	Elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative	79	100	136	0	0
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	80	101	137	0	0
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	118	149	203	0	0
82664	Electrophoretic technique, not elsewhere specified	127	160	217	0	0
82668	Erythropoietin	123	155	211	0	0
82670	Estradiol	131	165	224	0	0
82671	Estrogens; fractionated	116	147	199	0	0
82672	Estrogens; total	163	206	280	0	0
82677	Estriol	105	133	180	0	0
82679	Estrone	102	129	175	0	0
82693	Ethylene glycol	43	55	74	0	0
82696	Etiocolanolone	75	94	128	0	0
82705	Fat or lipids, feces; qualitative	99	125	170	0	0
82710	Fat or lipids, feces; quantitative	134	169	229	0	0
82715	Fat differential, feces, quantitative	61	77	105	0	0
82725	Fatty acids, nonesterified	54	69	93	0	0
82726	Very long chain fatty acids	53	67	91	0	0
82728	Ferritin	81	103	139	0	0
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	362	457	620	0	0
82735	Fluoride	27	34	46	0	0
82746	Folic acid; serum	93	118	160	0	0
82747	Folic acid; rbc	96	121	164	0	0
82757	Fructose, semen	69	87	118	0	0
82759	Galactokinase, rbc	120	152	206	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82760	Galactose	27	34	46	0	0
82775	Galactose-1-phosphate uridyl transferase; quantitative	30	37	51	0	0
82776	Galactose-1-phosphate uridyl transferase; screen	53	67	90	0	0
82777	Galectin-3	61	77	105	0	0
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	60	76	103	0	0
82785	Gammaglobulin (immunoglobulin); IgE	93	117	159	0	0
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, igg1, 2, 3, or 4), each	72	91	123	0	0
82800	Gases, blood, ph only	25	31	43	0	0
82803	Gases, blood, any combination of ph, pco2, po2, co2, hco3 (including calculated o2 saturation);	68	85	116	0	0
82805	Gases, blood, any combination of ph, pco2, po2, co2, hco3 (including calculated o2 saturation); with o2 saturation, by direct measurement, except pulse oximetry	105	133	181	0	0
82810	Gases, blood, o2 saturation only, by direct measurement, except pulse oximetry	41	52	71	0	0
82820	Hemoglobin-oxygen affinity (po2 for 50% hemoglobin saturation with oxygen)	26	32	44	0	0
82930	Gastric acid analysis, includes ph if performed, each specimen	21	26	35	0	0
82938	Gastrin after secretin stimulation	99	125	170	0	0
82941	Gastrin	100	126	171	0	0
82943	Glucagon	160	202	273	0	0
82945	Glucose, body fluid, other than blood	60	76	103	0	0
82946	Glucagon tolerance test	24	30	40	0	0
82947	Glucose; quantitative, blood (except reagent strip)	21	26	35	0	0
82948	Glucose; blood, reagent strip	14	18	25	0	0
82950	Glucose; post glucose dose (includes glucose)	34	43	58	0	0
82951	Glucose; tolerance test (gtt), 3 specimens (includes glucose)	65	82	111	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
82952	Glucose; tolerance test, each additional beyond 3 specimens (list separately in addition to code for primary procedure)	22	27	37	0	0
82955	Glucose-6-phosphate dehydrogenase (g6pd); quantitative	84	106	144	0	0
82960	Glucose-6-phosphate dehydrogenase (g6pd); screen	10	13	18	0	0
82962	Glucose, blood by glucose monitoring device(s) cleared by the Fda specifically for home use	14	17	23	0	0
82963	Glucosidase, beta	120	152	206	0	0
82965	Glutamate dehydrogenase	81	103	139	0	0
82977	Glutamyltransferase, gamma (GGT)	30	37	51	0	0
82978	Glutathione	44	55	75	0	0
82979	Glutathione reductase, rbc	73	93	125	0	0
82985	Glycated protein	69	87	118	0	0
83001	Gonadotropin; follicle stimulating hormone (FSH)	107	135	183	0	0
83002	Gonadotropin; luteinizing hormone (LH)	103	130	177	0	0
83003	Growth hormone, human (HGH) (somatotropin)	96	121	164	0	0
83006	Growth stimulation expressed gene 2 (st2, interleukin 1 receptor like-1)	355	448	608	0	0
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	126	159	215	0	0
83010	Haptoglobin; quantitative	76	96	130	0	0
83012	Haptoglobin; phenotypes	106	134	182	0	0
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	234	295	400	0	0
83014	Helicobacter pylori; drug admin	37	47	64	0	0
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	55	70	95	0	0
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	94	119	161	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c, and/or f)	113	143	193	0	0
83020-26		42	52	71	19	0.52
83021	Hemoglobin fractionation and quantitation; chromatography (eg, a2, s, c, and/or f)	122	154	209	0	0
83026	Hemoglobin; by copper sulfate method, non-automated	12	16	21	0	0
83030	Hemoglobin; f (fetal), chemical	46	58	79	0	0
83033	Hemoglobin; f (fetal), qualitative	73	92	124	0	0
83036	Hemoglobin; glycosylated (a1c)	66	83	113	0	0
83037	Hemoglobin; glycosylated (a1c) by device cleared by Fda for home use	31	39	53	0	0
83045	Hemoglobin; methemoglobin, qualitative	15	19	26	0	0
83050	Hemoglobin; methemoglobin, quantitative	31	39	53	0	0
83051	Hemoglobin; plasma	21	26	36	0	0
83060	Hemoglobin; sulfhemoglobin, quantitative	36	45	62	0	0
83065	Hemoglobin; thermolabile	39	49	66	0	0
83068	Hemoglobin; unstable, screen	37	47	64	0	0
83069	Hemoglobin; urine	38	48	65	0	0
83070	Hemosiderin, qualitative	54	68	92	0	0
83080	B-hexosaminidase, each assay	74	94	127	0	0
83088	Histamine	206	260	352	0	0
83090	Homocysteine	139	175	238	0	0
83150	Homovanillic acid (HVA)	57	72	98	0	0
83491	Hydroxycorticosteroids, 17- (17-ohcs)	55	70	95	0	0
83497	Hydroxyindolacetic acid, 5-(HIAA)	38	48	65	0	0
83498	Hydroxyprogesterone, 17-d	41	51	70	0	0
83500	Hydroxyproline; free	127	160	217	0	0
83505	Hydroxyproline; total	136	172	233	0	0
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	91	137	193	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	24	37	52	0	0
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	146	221	310	0	0
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	162	244	342	0	0
83525	Insulin; total	63	96	134	0	0
83527	Insulin; free	120	181	254	0	0
83528	Intrinsic factor	84	127	178	0	0
83540	Iron	33	50	70	0	0
83550	Iron binding capacity	42	64	90	0	0
83570	Isocitric dehydrogenase (IDH)	42	63	88	0	0
83582	Ketogenic steroids, fractionation	67	101	141	0	0
83586	Ketosteroids, 17- (17-ks); total	86	129	181	0	0
83593	Ketosteroids, 17- (17-ks); fractionation	82	123	173	0	0
83605	Lactate (lactic acid)	43	65	92	0	0
83615	Lactate dehydrogenase (ld), (LDH);	30	46	64	0	0
83625	Lactate dehydrogenase (ld), (LDH); isoenzymes, separation and quantitation	77	116	162	0	0
83630	Lactoferrin, fecal; qualitative	74	112	157	0	0
83631	Lactoferrin, fecal; quantitative	44	66	92	0	0
83632	Lactogen, human placental (hPL) human chorionic somatomammotropin	95	144	202	0	0
83633	Lactose, urine, qualitative	29	44	61	0	0
83655	Lead	42	63	88	0	0
83661	Fetal lung maturity assessment; lecithin sphingomyelin (l/s) ratio	104	156	219	0	0
83662	Fetal lung maturity assessment; foam stability test	89	134	188	0	0
83663	Fetal lung maturity assessment; fluorescence polarization	89	134	188	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
83664	Fetal lung maturity assessment; lamellar body density	89	134	188	0	0
83670	Leucine aminopeptidase (lap)	43	65	91	0	0
83690	Lipase	43	65	91	0	0
83695	Lipoprotein (a)	78	117	164	0	0
83698	Lipoprotein-associated phospholipase a2 (lp-pla2)	185	279	391	0	0
83700	Lipoprotein, blood; electrophoretic separation and quantitation	25	38	54	0	0
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	185	279	392	0	0
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	145	218	306	0	0
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	34	52	73	0	0
83719	Lipoprotein, direct measurement; VLDL cholesterol	33	50	70	0	0
83721	Lipoprotein, direct measurement; LDL cholesterol	36	54	75	0	0
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	149	224	314	0	0
83727	Luteinizing releasing factor (LRH)	294	444	622	0	0
83735	Magnesium	36	55	77	0	0
83775	Malate dehydrogenase	35	52	73	0	0
83785	Manganese	72	109	153	0	0
83789	Mass spectrometry and tandem mass spectrometry (eg, ms, ms/ms, MALDI, ms-TOF, qtof), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	100	151	212	0	0
83825	Mercury, quantitative	109	164	230	0	0
83835	Metanephrines	142	214	300	0	0
83857	Methemalbumin	51	76	107	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	45	68	96	0	0
83864	Mucopolysaccharides, acid, quantitative	134	202	283	0	0
83872	Mucin, synovial fluid (ropes test)	42	64	90	0	0
83873	Myelin basic protein, cerebrospinal fluid	132	199	279	0	0
83874	Myoglobin	78	118	166	0	0
83876	Myeloperoxidase (MPO)	158	239	335	0	0
83880	Natriuretic peptide	158	238	334	0	0
83883	Nephelometry, each analyte not elsewhere specified	99	149	210	0	0
83885	Nickel	39	58	81	0	0
83915	Nucleotidase 5'-	52	77	111	0	0
83916	Oligoclonal immune (oligoclonal bands)	147	215	310	0	0
83918	Organic acids; total, quantitative, each specimen	25	37	53	0	0
83919	Organic acids; qualitative, each specimen	253	371	536	0	0
83921	Organic acid, single, quantitative	48	70	102	0	0
83930	Osmolality; blood	63	92	133	0	0
83935	Osmolality; urine	67	98	141	0	0
83937	Osteocalcin (bone gla protein)	187	274	396	0	0
83945	Oxalate	52	76	110	0	0
83950	Oncoprotein; her-2/neu	297	435	627	0	0
83951	Oncoprotein; des-gamma-Carboxy-prothrombin (DCP)	373	547	789	0	0
83970	Parathormone (parathyroid hormone)	195	285	412	0	0
83986	Ph; body fluid, not otherwise specified	15	22	32	0	0
83987	Ph; exhaled breath condensate	68	100	144	0	0
83992	Phencyclidine (pcp)	51	75	108	0	0
83993	Calprotectin, fecal	89	130	188	0	0
84030	Phenylalanine (PKU), blood	30	44	63	0	0
84035	Phenylketones, qualitative	108	158	228	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
84060	Phosphatase, acid; total	30	45	64	0	0
84066	Phosphatase, acid; prostatic	36	53	76	0	0
84075	Phosphatase, alkaline;	20	30	43	0	0
84078	Phosphatase, alkaline; heat stable (total not included)	26	38	54	0	0
84080	Phosphatase, alkaline; isoenzymes	75	110	159	0	0
84081	Phosphatidylglycerol	76	111	161	0	0
84085	Phosphogluconate, 6-, dehydrogenase, rbc	34	50	72	0	0
84087	Phosphohexose isomerase	48	70	101	0	0
84100	Phosphorus inorganic (phosphate);	21	30	44	0	0
84105	Phosphorus inorganic (phosphate); urine	21	31	45	0	0
84106	Porphobilinogen, urine; qualitative	22	32	46	0	0
84110	Porphobilinogen, urine; quantitative	83	122	177	0	0
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [pamg-1], placental protein 12 [pp12], alpha-fetoprotein), qualitative, each specimen	204	298	430	0	0
84119	Porphyrins, urine; qualitative	43	63	92	0	0
84120	Porphyrins, urine; quantitation and fractionation	124	182	263	0	0
84126	Porphyrins, feces, quantitative	157	231	333	0	0
84132	Potassium; serum, plasma or whole blood	20	30	43	0	0
84133	Potassium; urine	17	26	37	0	0
84134	Prealbumin	68	99	143	0	0
84135	Pregnanediol	60	87	126	0	0
84138	Pregnanetriol	59	87	125	0	0
84140	Pregnenolone	101	149	215	0	0
84143	17-hydroxypregnenolone	169	248	358	0	0
84144	Progesterone	96	140	203	0	0
84145	Procalcitonin (pct)	94	137	198	0	0
84146	Prolactin	135	197	285	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
84150	Prostaglandin, each	132	194	280	0	0
84152	Prostate specific antigen (PSA); complexed (direct measurement)	67	98	141	0	0
84153	Prostate specific antigen (PSA); total	97	143	206	0	0
84154	Prostate specific antigen (PSA); free	92	134	194	0	0
84155	Protein, total, except by refractometry; serum, plasma or whole blood	20	30	43	0	0
84156	Protein, total, except by refractometry; urine	38	55	80	0	0
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	40	58	84	0	0
84160	Protein, total, by refractometry, any source	18	27	39	0	0
84163	Pregnancy-associated plasma protein-a (PAPP-a)	81	119	172	0	0
84165	Protein; electrophoretic fractionation and quantitation, serum	67	98	142	0	0
84165-26		36	53	76	19	0.52
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, csf)	110	161	232	0	0
84166-26		44	64	93	19	0.52
84181	Protein; western blot, with interpretation and report, blood or other body fluid	39	56	81	0	0
84181-26		0	0	0	19	0.52
84182	Protein; western blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	113	166	239	0	0
84182-26		64	94	136	19	0.52
84202	Protoporphyrin, rbc; quantitative	73	107	155	0	0
84203	Protoporphyrin, rbc; screen	25	37	54	0	0
84206	Proinsulin	83	122	176	0	0
84207	Pyridoxal phosphate (vitamin b-6)	78	115	166	0	0
84210	Pyruvate	32	46	67	0	0
84220	Pyruvate kinase	175	256	369	0	0
84228	Quinine	70	103	148	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
84233	Receptor assay; estrogen	98	143	207	0	0
84234	Receptor assay; progesterone	91	134	193	0	0
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	186	273	394	0	0
84238	Receptor assay; non-endocrine (specify receptor)	151	221	320	0	0
84244	Renin	131	191	276	0	0
84252	Riboflavin (vitamin b-2)	66	96	139	0	0
84255	Selenium	84	120	160	0	0
84260	Serotonin	260	372	498	0	0
84270	Sex hormone binding globulin (SHBG)	106	152	203	0	0
84275	Sialic acid	79	113	151	0	0
84285	Silica	120	172	230	0	0
84295	Sodium; serum, plasma or whole blood	25	36	48	0	0
84300	Sodium; urine	23	33	44	0	0
84302	Sodium; other source	55	79	105	0	0
84305	Somatomedin	151	217	290	0	0
84307	Somatostatin	152	217	290	0	0
84311	Spectrophotometry, analyte not elsewhere specified	26	37	49	0	0
84315	Specific gravity (except urine)	36	51	68	0	0
84375	Sugars, chromatographic, tlc or paper chromatography	114	164	219	0	0
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	95	136	182	0	0
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	41	59	78	0	0
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	38	55	73	0	0
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	59	84	113	0	0
84392	Sulfate, urine	19	27	37	0	0
84402	Testosterone; free	142	203	271	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
84403	Testosterone; total	127	182	244	0	0
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	154	220	295	0	0
84425	Thiamine (vitamin b-1)	89	127	170	0	0
84430	Thiocyanate	48	69	92	0	0
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	72	103	138	0	0
84432	Thyroglobulin	95	135	181	0	0
84436	Thyroxine; total	44	63	84	0	0
84437	Thyroxine; requiring elution (eg, neonatal)	10	14	19	0	0
84439	Thyroxine; free	73	105	140	0	0
84442	Thyroxine binding globulin (TBG)	43	62	83	0	0
84443	Thyroid stimulating hormone (TSH)	92	131	175	0	0
84445	Thyroid stimulating immune globulins (TSI)	325	465	622	0	0
84446	Tocopherol alpha (vitamin e)	79	113	151	0	0
84449	Transcortin (cortisol binding globulin)	76	108	145	0	0
84450	Transferase; aspartate amino (ast) (SGOT)	20	29	39	0	0
84460	Transferase; alanine amino (alt) (SGPT)	23	34	45	0	0
84466	Transferrin	64	91	122	0	0
84478	Triglycerides	30	43	58	0	0
84479	Thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (THBR)	45	64	86	0	0
84480	Triiodothyronine t3; total (tt-3)	99	141	189	0	0
84481	Triiodothyronine t3; free	139	199	266	0	0
84482	Triiodothyronine t3; reverse	102	147	196	0	0
84484	Troponin, quantitative	131	187	251	0	0
84485	Trypsin; duodenal fluid	37	54	72	0	0
84488	Trypsin; feces, qualitative	37	53	71	0	0
84490	Trypsin; feces, quantitative, 24-hour collection	15	22	29	0	0
84510	Tyrosine	103	148	198	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
84512	Troponin, qualitative	38	54	72	0	0
84520	Urea nitrogen; quantitative	20	29	39	0	0
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	22	31	42	0	0
84540	Urea nitrogen, urine	23	33	44	0	0
84545	Urea nitrogen, clearance	27	39	52	0	0
84550	Uric acid; blood	29	41	55	0	0
84560	Uric acid; other source	19	28	37	0	0
84577	Urobilinogen, feces, quantitative	73	104	139	0	0
84578	Urobilinogen, urine; qualitative	19	27	36	0	0
84580	Urobilinogen, urine; quantitative, timed specimen	41	59	79	0	0
84583	Urobilinogen, urine; semiquantitative	28	40	53	0	0
84585	Vanillylmandelic acid (VMA), urine	45	64	86	0	0
84586	Vasoactive intestinal peptide (vip)	323	463	620	0	0
84588	Vasopressin (antidiuretic hormone, ADH)	283	405	542	0	0
84590	Vitamin a	72	103	138	0	0
84591	Vitamin, not otherwise specified	55	79	105	0	0
84597	Vitamin k	49	69	93	0	0
84600	Volatiles (eg, acetic anhydride, diethyl ether)	25	35	47	0	0
84620	Xylose absorption test, blood and/or urine	60	86	116	0	0
84630	Zinc	58	84	112	0	0
84681	C-peptide	96	138	185	0	0
84702	Gonadotropin, chorionic (hcg); quantitative	86	123	164	0	0
84703	Gonadotropin, chorionic (hcg); qualitative	43	61	82	0	0
84704	Gonadotropin, chorionic (hcg); free beta chain	81	115	154	0	0
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	25	36	48	0	0
84999	Unlisted chemistry procedure	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>HEMATOLOGY AND COAGULATION</b>						
85002	Bleeding time	35	44	63	0	0
85004	Blood count; automated differential wbc count	22	27	39	0	0
85007	Blood count; blood smear, microscopic examination with manual differential wbc count	17	21	30	0	0
85008	Blood count; blood smear, microscopic examination without manual differential wbc count	8	11	15	0	0
85009	Blood count; manual differential wbc count, buffy coat	12	16	22	0	0
85013	Blood count; spun microhematocrit	12	16	22	0	0
85014	Blood count; hematocrit (HCT)	16	20	28	0	0
85018	Blood count; hemoglobin (hgb)	15	20	28	0	0
85025	Blood count; complete (CBC), automated (hgb, HCT, rbc, wbc and platelet count) and automated differential wbc count	36	46	65	0	0
85027	Blood count; complete (CBC), automated (hgb, HCT, rbc, wbc and platelet count)	32	41	58	0	0
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	15	20	28	0	0
85041	Blood count; red blood cell (rbc), automated	12	15	22	0	0
85044	Blood count; reticulocyte, manual	30	38	54	0	0
85045	Blood count; reticulocyte, automated	38	48	69	0	0
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [chr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	27	34	48	0	0
85048	Blood count; leukocyte (wbc), automated	10	13	19	0	0
85049	Blood count; platelet, automated	16	21	29	0	0
85055	Reticulated platelet assay	94	119	170	0	0
85060	Blood smear, peripheral, interpretation by physician with written report	73	92	131	25	0.7
85097	Bone marrow, smear interpretation	222	281	400	76	2.11
85130	Chromogenic substrate assay	145	206	300	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
85170	Clot retraction	21	30	44	0	0
85175	Clot lysis time, whole blood dilution	22	32	46	0	0
85210	Clotting; factor ii, prothrombin, specific	51	72	105	0	0
85220	Clotting; factor v (AcG or proaccelerin), labile factor	224	318	463	0	0
85230	Clotting; factor vii (proconvertin, stable factor)	175	249	363	0	0
85240	Clotting; factor viii (AHG), 1-stage	175	249	362	0	0
85244	Clotting; factor viii related antigen	191	271	394	0	0
85245	Clotting; factor viii, vw factor, ristocetin cofactor	192	273	397	0	0
85246	Clotting; factor viii, vw factor antigen	202	287	417	0	0
85247	Clotting; factor viii, von Willebrand factor, multimeric analysis	296	421	612	0	0
85250	Clotting; factor ix (PTC or Christmas)	177	251	365	0	0
85260	Clotting; factor x (Stuart-Prower)	218	309	450	0	0
85270	Clotting; factor xi (pta)	175	249	362	0	0
85280	Clotting; factor xii (Hageman)	176	250	364	0	0
85290	Clotting; factor xiii (fibrin stabilizing)	178	253	368	0	0
85291	Clotting; factor xiii (fibrin stabilizing), screen solubility	88	125	182	0	0
85292	Clotting; prekallikrein assay (fletcher factor assay)	94	134	195	0	0
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	94	134	195	0	0
85300	Clotting inhibitors or anticoagulants; antithrombin iii, activity	132	188	274	0	0
85301	Clotting inhibitors or anticoagulants; antithrombin iii, antigen assay	178	253	368	0	0
85302	Clotting inhibitors or anticoagulants; protein c, antigen	185	263	383	0	0
85303	Clotting inhibitors or anticoagulants; protein c, activity	180	255	371	0	0
85305	Clotting inhibitors or anticoagulants; protein s, total	179	255	371	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
85306	Clotting inhibitors or anticoagulants; protein s, free	196	279	405	0	0
85307	Activated protein c (APC) resistance assay	140	199	290	0	0
85335	Factor inhibitor test	196	279	406	0	0
85337	Thrombomodulin	54	76	111	0	0
85345	Coagulation time; lee and white	19	27	39	0	0
85347	Coagulation time; activated	17	23	34	0	0
85348	Coagulation time; other methods	38	54	79	0	0
85360	Euglobulin lysis	42	60	88	0	0
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	105	149	217	0	0
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	91	129	187	0	0
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	60	86	125	0	0
85378	Fibrin degradation products, d-dimer; qualitative or semiquantitative	58	82	120	0	0
85379	Fibrin degradation products, d-dimer; quantitative	67	96	139	0	0
85380	Fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	30	43	62	0	0
85384	Fibrinogen; activity	66	94	136	0	0
85385	Fibrinogen; antigen	40	56	82	0	0
85390	Fibrinolytins or coagulopathy screen, interpretation and report	191	271	394	0	0
85390-26		75	107	156	38	1.06
85396	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	75	107	156	21	0.58
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, adamts-13), each analyte	133	189	274	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
85400	Fibrinolytic factors and inhibitors; plasmin	44	63	91	0	0
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	148	210	306	0	0
85415	Fibrinolytic factors and inhibitors; plasminogen activator	169	240	350	0	0
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	116	164	239	0	0
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	51	72	105	0	0
85441	Heinz bodies; direct	24	33	44	0	0
85445	Heinz bodies; induced, acetyl phenylhydrazine	39	54	71	0	0
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	105	146	192	0	0
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	106	147	194	0	0
85475	Hemolysin, acid	50	70	92	0	0
85520	Heparin assay	81	112	147	0	0
85525	Heparin neutralization	171	237	312	0	0
85530	Heparin-protamine tolerance test	53	74	97	0	0
85536	Iron stain, peripheral blood	56	78	102	0	0
85540	Leukocyte alkaline phosphatase with count	50	70	92	0	0
85547	Mechanical fragility, rbc	49	68	89	0	0
85549	Muramidase	73	102	134	0	0
85555	Osmotic fragility, rbc; unincubated	38	53	70	0	0
85557	Osmotic fragility, rbc; incubated	76	105	139	0	0
85576	Platelet, aggregation (in vitro), each agent	60	83	109	0	0
85576-26		14	20	26	19	0.52
85597	Phospholipid neutralization; platelet	138	192	253	0	0
85598	Phospholipid neutralization; hexagonal phospholipid	146	202	266	0	0
85610	Prothrombin time;	22	31	40	0	0
85611	Prothrombin time; substitution, plasma fractions, each	24	34	45	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
85612	Russell viper venom time (includes venom); undiluted	231	321	422	0	0
85613	Russell viper venom time (includes venom); diluted	99	137	180	0	0
85635	Reptilase test	95	132	174	0	0
85651	Sedimentation rate, erythrocyte; non-automated	23	32	41	0	0
85652	Sedimentation rate, erythrocyte; automated	35	49	64	0	0
85660	Sickling of rbc, reduction	52	72	95	0	0
85670	Thrombin time; plasma	54	74	98	0	0
85675	Thrombin time; titer	39	54	71	0	0
85705	Thromboplastin inhibition, tissue	157	218	286	0	0
85730	Thromboplastin time, partial (ptt); plasma or whole blood	45	63	82	0	0
85732	Thromboplastin time, partial (ptt); substitution, plasma fractions, each	97	134	176	0	0
85810	Viscosity	94	131	172	0	0
85999	Unlisted hematology and coagulation procedure	0	0	0	0	0

## IMMUNOLOGY

86000	Agglutinins, febrile (eg, brucella, Francisella, murine typhus, q fever, rocky mountain spotted fever, scrub typhus), each antigen	45	58	79	0	0
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	13	17	23	0	0
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	31	40	54	0	0
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	38	48	65	0	0
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	33	42	57	0	0
86021	Antibody identification; leukocyte antibodies	144	183	249	0	0
86022	Antibody identification; platelet antibodies	149	190	258	0	0
86023	Antibody identification; platelet associated immunoglobulin assay	149	191	259	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86038	Antinuclear antibodies (ana);	82	105	143	0	0
86039	Antinuclear antibodies (ana); titer	49	62	85	0	0
86060	Antistreptolysin 0; titer	59	75	102	0	0
86063	Antistreptolysin 0; screen	25	32	44	0	0
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	167	214	290	57	1.57
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	163	209	283	57	1.57
86079	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	163	208	283	56	1.56
86140	C-reactive protein;	49	63	85	0	0
86141	C-reactive protein; high sensitivity (hsCRP)	70	89	121	0	0
86146	Beta 2 glycoprotein i antibody, each	70	90	122	0	0
86147	Cardiolipin (phospholipid) antibody, each iG class	90	115	156	0	0
86148	Anti-phosphatidylserine (phospholipid) antibody	36	45	62	0	0
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	676	863	1172	0	0
86153-26		0	0	0	35	0.98
86155	Chemotaxis assay, specify method	76	97	131	0	0
86156	Cold agglutinin; screen	16	21	28	0	0
86157	Cold agglutinin; titer	51	65	88	0	0
86160	Complement; antigen, each component	86	110	149	0	0
86161	Complement; functional activity, each component	61	77	105	0	0
86162	Complement; total hemolytic (ch50)	160	204	277	0	0
86171	Complement fixation tests, each antigen	16	21	28	0	0
86200	Cyclic citrullinated peptide (CCP), antibody	123	157	213	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86215	Deoxyribonuclease, antibody	133	170	231	0	0
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	84	107	145	0	0
86226	Deoxyribonucleic acid (DNA) antibody; single stranded	36	46	63	0	0
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, ss-a, ss-b, sm, rnp, sC170, j01), each antibody	82	105	142	0	0
86255	Fluorescent noninfectious agent antibody; screen, each antibody	105	134	181	0	0
86255-26		40	51	69	19	0.52
86256	Fluorescent noninfectious agent antibody; titer, each antibody	99	126	172	0	0
86256-26		38	48	65	19	0.52
86277	Growth hormone, human (HGH), antibody	75	95	129	0	0
86280	Hemagglutination inhibition test (hai)	22	28	38	0	0
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	49	63	85	0	0
86300	Immunoassay for tumor antigen, quantitative; ca 15-3 (27.29)	124	159	216	0	0
86301	Immunoassay for tumor antigen, quantitative; ca 19-9	130	166	225	0	0
86304	Immunoassay for tumor antigen, quantitative; ca 125	129	164	223	0	0
86305	Human epididymis protein 4 (he4)	214	273	371	0	0
86308	Heterophile antibodies; screening	25	32	44	0	0
86309	Heterophile antibodies; titer	50	64	86	0	0
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	33	42	57	0	0
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, ca 50, 72-4, 549), each	113	144	196	0	0
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	43	55	74	0	0
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	36	46	63	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86320	Immunoelectrophoresis; serum	108	138	188	0	0
86320-26		56	71	96	19	0.52
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	87	111	151	0	0
86325-26		62	79	108	19	0.52
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	108	137	186	0	0
86327-26		0	0	0	23	0.64
86329	Immunodiffusion; not elsewhere specified	55	71	96	0	0
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	18	23	31	0	0
86332	Immune complex assay	101	129	176	0	0
86334	Immunofixation electrophoresis; serum	156	199	271	0	0
86334-26		41	52	70	19	0.52
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, csf)	150	192	261	0	0
86335-26		51	65	88	19	0.52
86336	Inhibin a	91	116	157	0	0
86337	Insulin antibodies	210	268	364	0	0
86340	Intrinsic factor antibodies	140	179	243	0	0
86341	Islet cell antibody	107	136	185	0	0
86343	Leukocyte histamine release test (LHR)	208	265	360	0	0
86344	Leukocyte phagocytosis	38	48	66	0	0
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, atp)	263	336	456	0	0
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	107	137	186	0	0
86355	B cells, total count	82	105	142	0	0
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	73	93	126	0	0
86357	Natural killer (NK) cells, total count	82	105	142	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86359	T cells; total count	118	150	204	0	0
86360	T cells; absolute cd4 and cd8 count, including ratio	240	306	416	0	0
86361	T cells; absolute cd4 count	169	216	293	0	0
86367	Stem cells (ie, cd34), total count	239	305	414	0	0
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	100	127	173	0	0
86382	Neutralization test, viral	110	140	191	0	0
86384	Nitroblue tetrazolium dye test (NTD)	54	69	93	0	0
86386	Nuclear matrix protein 22 (nmp22), qualitative	51	64	88	0	0
86403	Particle agglutination; screen, each antibody	30	38	52	0	0
86406	Particle agglutination; titer, each antibody	98	125	170	0	0
86430	Rheumatoid factor; qualitative	45	58	78	0	0
86431	Rheumatoid factor; quantitative	46	59	80	0	0
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	232	296	401	0	0
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing t-Cells in cell suspension	297	379	515	0	0
86485	Skin test; candida	24	31	42	0	0
86486	Skin test; unlisted antigen, each	0	0	0	5	0.15
86490	Skin test; coccidioidomycosis	138	176	239	90	2.49
86510	Skin test; histoplasmosis	20	26	35	7	0.19
86580	Skin test; tuberculosis, intradermal	25	32	43	9	0.24
86590	Streptokinase, antibody	25	32	44	0	0
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, art)	37	47	64	0	0
86593	Syphilis test, non-treponemal antibody; quantitative	29	38	51	0	0
86602	Antibody; actinomyces	73	99	133	0	0
86603	Antibody; adenovirus	120	162	218	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86606	Antibody; aspergillus	58	78	105	0	0
86609	Antibody; bacterium, not elsewhere specified	23	31	42	0	0
86611	Antibody; Bartonella	70	95	128	0	0
86612	Antibody; Blastomyces	79	106	143	0	0
86615	Antibody; Bordetella	79	106	143	0	0
86617	Antibody; Borrelia burgdorferi (lyme disease) confirmatory test (eg, western blot or immunoblot)	113	152	206	0	0
86618	Antibody; Borrelia burgdorferi (lyme disease)	136	183	246	0	0
86619	Antibody; Borrelia (relapsing fever)	28	37	50	0	0
86622	Antibody; brucella	76	102	138	0	0
86625	Antibody; campylobacter	30	41	55	0	0
86628	Antibody; candida	83	112	152	0	0
86631	Antibody; chlamydia	50	67	90	0	0
86632	Antibody; chlamydia, IgM	60	81	109	0	0
86635	Antibody; coccidioides	47	64	86	0	0
86638	Antibody; Coxiella burnetii (q fever)	32	44	59	0	0
86641	Antibody; cryptococcus	65	88	119	0	0
86644	Antibody; cytomegalovirus (CMV)	112	151	204	0	0
86645	Antibody; cytomegalovirus (CMV), IgM	110	148	200	0	0
86648	Antibody; diphtheria	133	179	241	0	0
86651	Antibody; encephalitis, California (la Crosse)	88	118	160	0	0
86652	Antibody; encephalitis, eastern equine	98	132	178	0	0
86653	Antibody; encephalitis, st. Louis	91	123	166	0	0
86654	Antibody; encephalitis, western equine	91	123	166	0	0
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	38	52	70	0	0
86663	Antibody; Epstein-Barr (EB) virus, early antigen (ea)	100	135	182	0	0
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	90	121	164	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	103	139	188	0	0
86666	Antibody; ehrlichia	71	95	129	0	0
86668	Antibody; Francisella tularensis	86	116	157	0	0
86671	Antibody; fungus, not elsewhere specified	126	170	229	0	0
86674	Antibody; Giardia lamblia	111	149	201	0	0
86677	Antibody; helicobacter pylori	86	115	156	0	0
86682	Antibody; helminth, not elsewhere specified	121	163	219	0	0
86684	Antibody; haemophilus influenza	132	178	240	0	0
86687	Antibody; HTLV-i	60	81	110	0	0
86688	Antibody; HTLV-ii	137	184	249	0	0
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, western blot)	52	70	95	0	0
86692	Antibody; hepatitis, delta agent	129	174	235	0	0
86694	Antibody; herpes simplex, non-specific type test	100	135	183	0	0
86695	Antibody; herpes simplex, type 1	89	120	162	0	0
86696	Antibody; herpes simplex, type 2	115	155	209	0	0
86698	Antibody; histoplasma	72	96	130	0	0
86701	Antibody; HIV-1	30	41	55	0	0
86702	Antibody; HIV-2	66	89	121	0	0
86703	Antibody; HIV-1 and HIV-2, single result	57	77	103	0	0
86704	Hepatitis b core antibody (HBcAB); total	93	125	169	0	0
86705	Hepatitis b core antibody (HBcAB); IgM antibody	99	134	180	0	0
86706	Hepatitis b surface antibody (HBsAB)	76	102	138	0	0
86707	Hepatitis be antibody (HBeAb)	63	85	115	0	0
86708	Hepatitis a antibody (HAAb)	98	132	178	0	0
86709	Hepatitis a antibody (HAAb), IgM antibody	86	115	155	0	0
86710	Antibody; influenza virus	37	50	67	0	0
86711	Antibody; jc (john Cunningham) virus	1438	1936	2612	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86713	Antibody; legionella	63	85	115	0	0
86717	Antibody; leishmania	60	80	108	0	0
86720	Antibody; leptospira	124	168	226	0	0
86723	Antibody; listeria monocytogenes	64	86	117	0	0
86727	Antibody; lymphocytic choriomeningitis	63	84	114	0	0
86732	Antibody; mucormycosis	64	86	117	0	0
86735	Antibody; mumps	92	124	167	0	0
86738	Antibody; mycoplasma	54	73	99	0	0
86741	Antibody; neisseria meningitidis	100	134	181	0	0
86744	Antibody; nocardia	64	86	117	0	0
86747	Antibody; parvovirus	100	135	182	0	0
86750	Antibody; plasmodium (malaria)	55	74	100	0	0
86753	Antibody; protozoa, not elsewhere specified	70	95	128	0	0
86756	Antibody; respiratory syncytial virus	30	41	55	0	0
86757	Antibody; rickettsia	82	111	150	0	0
86759	Antibody; rotavirus	32	43	58	0	0
86762	Antibody; rubella	71	96	129	0	0
86765	Antibody; rubeola	92	123	166	0	0
86768	Antibody; salmonella	40	53	72	0	0
86771	Antibody; shigella	64	86	117	0	0
86774	Antibody; tetanus	127	171	231	0	0
86777	Antibody; toxoplasma	99	133	179	0	0
86778	Antibody; toxoplasma, IgM	88	119	160	0	0
86780	Antibody; treponema pallidum	50	67	90	0	0
86784	Antibody; trichinella	36	48	65	0	0
86787	Antibody; varicella-zoster	91	122	165	0	0
86788	Antibody; west Nile virus, IgM	70	95	128	0	0
86789	Antibody; west Nile virus	75	101	136	0	0
86790	Antibody; virus, not elsewhere specified	114	153	207	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86793	Antibody; yersinia	90	122	164	0	0
86794	Antibody; Zika virus, IgM	160	215	290	0	0
86800	Thyroglobulin antibody	96	129	174	0	0
86803	Hepatitis c antibody;	108	145	196	0	0
86804	Hepatitis c antibody; confirmatory test (eg, immunoblot)	465	626	845	0	0

## TISSUE TYPING

86805	Lymphocytotoxicity assay, visual crossmatch; with titration	304	409	552	0	0
86806	Lymphocytotoxicity assay, visual crossmatch; without titration	232	312	421	0	0
86807	Serum screening for cytotoxic percent reactive antibody (pra); standard method	225	303	410	0	0
86808	Serum screening for cytotoxic percent reactive antibody (pra); quick method	186	250	338	0	0
86812	HLA typing; a, b, or c (eg, a10, b7, b27), single antigen	184	247	334	0	0
86813	HLA typing; a, b, or c, multiple antigens	324	436	589	0	0
86816	HLA typing; dr/dq, single antigen	243	327	441	0	0
86817	HLA typing; dr/dq, multiple antigens	367	494	667	0	0
86821	HLA typing; lymphocyte culture, mixed (mlc)	275	370	500	0	0
86825	Human leukocyte antigen (HLA) crossmatch, non-Cytotoxic (eg, using flow cytometry); first serum sample or dilution	560	754	1018	0	0
86826	Human leukocyte antigen (HLA) crossmatch, non-Cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (list separately in addition to primary procedure)	155	208	281	0	0
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA class i and class ii HLA antigens	137	184	248	0	0
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA class i or class ii HLA antigens	284	382	516	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA class i	247	332	448	0	0
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA class ii	248	333	450	0	0
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA class i	494	665	898	0	0
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA class ii	549	740	998	0	0
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); semi-quantitative panel (eg, titer), HLA class i	1328	1788	2414	0	0
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); semi-quantitative panel (eg, titer), HLA class ii	1200	1615	2180	0	0
86849	Unlisted immunology procedure	0	0	0	0	0

**TRANSFUSION MEDICINE**

86850	Antibody screen, rbc, each serum technique	50	72	98	0	0
86860	Antibody elution (rbc), each elution	83	119	160	0	0
86870	Antibody identification, rbc antibodies, each panel for each serum technique	120	173	233	0	0
86880	Antihuman globulin test (coombs test); direct, each antiserum	48	69	92	0	0
86885	Antihuman globulin test (coombs test); indirect, qualitative, each reagent red cell	22	31	42	0	0
86886	Antihuman globulin test (coombs test); indirect, each antibody titer	71	102	138	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86890	Autologous blood or component, collection processing and storage; predeposited	324	466	629	0	0
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	635	914	1233	0	0
86900	Blood typing, serologic; ABO	31	45	61	0	0
86901	Blood typing, serologic; Rh (d)	34	49	66	0	0
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	59	85	115	0	0
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	32	46	62	0	0
86905	Blood typing, serologic; rbc antigens, other than ABO or Rh (d), each	69	99	133	0	0
86906	Blood typing, serologic; Rh phenotyping, complete	27	39	53	0	0
86910	Blood typing, for paternity testing, per individual; ABO, Rh and mn	0	0	0	0	0
86911	Blood typing, for paternity testing, per individual; each additional antigen system	0	0	0	0	0
86920	Compatibility test each unit; immediate spin technique	80	114	154	0	0
86921	Compatibility test each unit; incubation technique	49	70	95	0	0
86922	Compatibility test each unit; antiglobulin technique	95	137	185	0	0
86923	Compatibility test each unit; electronic	117	168	227	0	0
86927	Fresh frozen plasma, thawing, each unit	22	31	42	0	0
86930	Frozen blood, each unit; freezing (includes preparation)	0	0	0	0	0
86931	Frozen blood, each unit; thawing	0	0	0	0	0
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	0	0	0	0	0
86940	Hemolysins and agglutinins; auto, screen, each	81	116	157	0	0
86941	Hemolysins and agglutinins; incubated	131	188	254	0	0
86945	Irradiation of blood product, each unit	249	358	483	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
86950	Leukocyte transfusion	0	0	0	0	0
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	57	82	111	0	0
86965	Pooling of platelets or other blood products	275	395	533	0	0
86970	Pretreatment of RBCs for use in rbc antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	114	163	221	0	0
86971	Pretreatment of RBCs for use in rbc antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	88	126	171	0	0
86972	Pretreatment of RBCs for use in rbc antibody detection, identification, and/or compatibility testing; by density gradient separation	0	0	0	0	0
86975	Pretreatment of serum for use in rbc antibody identification; incubation with drugs, each	0	0	0	0	0
86976	Pretreatment of serum for use in rbc antibody identification; by dilution	0	0	0	0	0
86977	Pretreatment of serum for use in rbc antibody identification; incubation with inhibitors, each	0	0	0	0	0
86978	Pretreatment of serum for use in rbc antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	134	193	260	0	0
86985	Splitting of blood or blood products, each unit	91	131	177	0	0
86999	Unlisted transfusion medicine procedure	0	0	0	0	0

**MICROBIOLOGY**

87003	Animal inoculation, small animal, with observation and dissection	61	78	103	0	0
87015	Concentration (any type), for infectious agents	25	32	43	0	0
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	90	116	153	0	0
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), salmonella and shigella species	44	57	75	0	0
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	41	53	70	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	48	61	81	0	0
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	52	67	88	0	0
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	16	21	27	0	0
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	43	56	74	0	0
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	50	63	84	0	0
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	31	39	52	0	0
87081	Culture, presumptive, pathogenic organisms, screening only;	29	38	50	0	0
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	37	48	63	0	0
87086	Culture, bacterial; quantitative colony count, urine	52	67	88	0	0
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	32	41	54	0	0
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	50	64	85	0	0
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	40	52	68	0	0
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	78	100	132	0	0
87106	Culture, fungi, definitive identification, each organism; yeast	31	40	53	0	0
87107	Culture, fungi, definitive identification, each organism; mold	73	94	124	0	0
87109	Culture, mycoplasma, any source	81	103	137	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87110	Culture, chlamydia, any source	46	58	77	0	0
87116	Culture, tubercle or other acid-fast bacilli (eg, tb, afb, mycobacteria) any source, with isolation and presumptive identification of isolates	90	116	153	0	0
87118	Culture, mycobacterial, definitive identification, each isolate	65	84	110	0	0
87140	Culture, typing; immunofluorescent method, each antiserum	50	65	85	0	0
87143	Culture, typing; gas liquid chromatography (glc) or high pressure liquid chromatography (HPLC) method	53	68	89	0	0
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	32	40	53	0	0
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	62	80	106	0	0
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	48	61	81	0	0
87152	Culture, typing; identification by pulse field gel typing	22	28	37	0	0
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16s rRNA gene)	323	414	547	0	0
87158	Culture, typing; other methods	23	30	39	0	0
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	47	60	79	0	0
87164-26		35	45	60	21	0.57
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	41	52	69	0	0
87168	Macroscopic examination; arthropod	68	87	115	0	0
87169	Macroscopic examination; parasite	24	31	41	0	0
87172	Pinworm exam (eg, cellophane tape prep)	35	44	59	0	0
87176	Homogenization, tissue, for culture	51	65	87	0	0
87177	Ova and parasites, direct smears, concentration and identification	39	50	67	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	18	23	31	0	0
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	26	34	45	0	0
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	27	35	46	0	0
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [mic] or breakpoint), each multi-antimicrobial, per plate	40	51	68	0	0
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (mlc), each plate (list separately in addition to code for primary procedure)	43	55	73	0	0
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	57	73	96	0	0
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	22	28	37	0	0
87197	Serum bactericidal titer (Schlichter test)	54	69	92	0	0
87205	Smear, primary source with interpretation; gram or Giemsa stain for bacteria, fungi, or cell types	26	34	45	0	0
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	46	59	79	0	0
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	55	71	94	0	0
87207-26		11	14	19	19	0.52
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hematoxylin) for ova and parasites	63	80	106	0	0
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	20	26	34	0	0
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	24	31	41	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87230	Toxin or antitoxin assay, tissue culture (eg, clostridium difficile toxin)	37	47	63	0	0
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	95	122	161	0	0
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	135	173	228	0	0
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	69	88	117	0	0
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	78	100	132	0	0
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	104	134	177	0	0
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	39	49	65	0	0
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	43	55	72	0	0
87267	Infectious agent antigen detection by immunofluorescent technique; enterovirus, direct fluorescent antibody (DFA)	43	55	73	0	0
87269	Infectious agent antigen detection by immunofluorescent technique; Giardia	44	56	75	0	0
87270	Infectious agent antigen detection by immunofluorescent technique; chlamydia trachomatis	25	32	43	0	0
87271	Infectious agent antigen detection by immunofluorescent technique; cytomegalovirus, direct fluorescent antibody (DFA)	43	55	73	0	0
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	45	57	75	0	0
87273	Infectious agent antigen detection by immunofluorescent technique; herpes simplex virus type 2	46	59	78	0	0
87274	Infectious agent antigen detection by immunofluorescent technique; herpes simplex virus type 1	56	72	95	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87275	Infectious agent antigen detection by immunofluorescent technique; influenza b virus	30	39	51	0	0
87276	Infectious agent antigen detection by immunofluorescent technique; influenza a virus	30	39	51	0	0
87278	Infectious agent antigen detection by immunofluorescent technique; legionella pneumophila	114	145	192	0	0
87279	Infectious agent antigen detection by immunofluorescent technique; parainfluenza virus, each type	57	73	97	0	0
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	37	47	62	0	0
87281	Infectious agent antigen detection by immunofluorescent technique; pneumocystis carinii	25	32	42	0	0
87283	Infectious agent antigen detection by immunofluorescent technique; rubeola	67	86	114	0	0
87285	Infectious agent antigen detection by immunofluorescent technique; treponema pallidum	43	55	73	0	0
87290	Infectious agent antigen detection by immunofluorescent technique; varicella zoster virus	36	46	61	0	0
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	41	52	69	0	0
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	48	61	80	0	0
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41	25	32	43	0	0
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; aspergillus	67	85	113	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; chlamydia trachomatis	38	49	64	0	0
87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; clostridium difficile toxin(s)	112	144	190	0	0
87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; cryptococcus neoformans	57	73	96	0	0
87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; cryptosporidium	30	39	51	0	0
87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; Giardia	34	44	58	0	0
87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; cytomegalovirus	113	144	191	0	0
87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; Escherichia coli 0157	64	82	108	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; entamoeba histolytica dispar group	36	46	60	0	0
87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; entamoeba histolytica group	40	52	68	0	0
87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; helicobacter pylori, stool	151	194	257	0	0
87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; helicobacter pylori	30	38	50	0	0
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; hepatitis b surface antigen (HBsAg)	71	91	121	0	0
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; hepatitis b surface antigen (HBsAg) neutralization	46	59	78	0	0
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca])	65	83	110	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	qualitative or semiquantitative, multiple-step method; hepatitis be antigen (HBeAg)					
<b>87380</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	69	89	117	0	0
<b>87385</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; histoplasma capsulatum	140	180	238	0	0
<b>87389</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	109	139	184	0	0
<b>87390</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; HIV-1	62	79	104	0	0
<b>87391</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; HIV-2	25	32	42	0	0
<b>87400</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; influenza, a or b, each	33	42	56	0	0
<b>87420</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked	46	59	78	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; respiratory syncytial virus					
87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; rotavirus	118	151	200	0	0
87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; shiga-like toxin	76	98	129	0	0
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]) qualitative or semiquantitative, multiple-step method; streptococcus, group a	31	40	53	0	0
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]), qualitative or semiquantitative; multiple-step method, not otherwise specified, each organism	55	71	94	0	0
87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]), qualitative or semiquantitative; single step method, not otherwise specified, each organism	21	27	36	0	0
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [imca]), qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum	103	132	174	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	285	365	482	0	0
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	154	198	261	0	0
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	72	93	122	0	0
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	131	167	221	0	0
87480	Infectious agent detection by nucleic acid (DNA or RNA); candida species, direct probe technique	76	97	128	0	0
87481	Infectious agent detection by nucleic acid (DNA or RNA); candida species, amplified probe technique	123	157	208	0	0
87482	Infectious agent detection by nucleic acid (DNA or RNA); candida species, quantification	80	102	135	0	0
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, neisseria meningitidis, streptococcus pneumoniae, listeria, haemophilus influenzae, e. coli, streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	807	1034	1368	0	0
87485	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia pneumoniae, direct probe technique	72	93	122	0	0
87486	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia pneumoniae, amplified probe technique	75	97	128	0	0
87487	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia pneumoniae, quantification	52	67	88	0	0
87490	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, direct probe technique	50	64	85	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87491	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique	114	147	194	0	0
87492	Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, quantification	108	138	182	0	0
87493	Infectious agent detection by nucleic acid (DNA or RNA); clostridium difficile, toxin gene(s), amplified probe technique	136	174	230	0	0
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	85	108	143	0	0
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	131	168	222	0	0
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	385	494	653	0	0
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	131	167	221	0	0
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van a, van b), amplified probe technique	50	64	85	0	0
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	120	154	204	0	0
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	175	225	297	0	0
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (list separately in addition to code for primary procedure)	53	68	90	0	0
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg,	319	409	540	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	clostridium difficile, e. coli, salmonella, shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets					
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, clostridium difficile, e. coli, salmonella, shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	306	392	519	0	0
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, clostridium difficile, e. coli, salmonella, shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	2773	3553	4698	0	0
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	78	99	131	0	0
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	130	167	221	0	0
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	91	116	153	0	0
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis b virus, amplified probe technique	311	399	527	0	0
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis b virus, quantification	434	556	735	0	0
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis c, direct probe technique	85	108	143	0	0
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis c, amplified probe technique, includes reverse transcription when performed	314	402	531	0	0
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis c, quantification, includes reverse transcription when performed	470	602	796	0	0
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis g, direct probe technique	85	108	143	0	0
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis g, amplified probe technique	126	162	214	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis g, quantification	150	193	255	0	0
87528	Infectious agent detection by nucleic acid (DNA or RNA); herpes simplex virus, direct probe technique	67	86	113	0	0
87529	Infectious agent detection by nucleic acid (DNA or RNA); herpes simplex virus, amplified probe technique	131	168	222	0	0
87530	Infectious agent detection by nucleic acid (DNA or RNA); herpes simplex virus, quantification	174	223	295	0	0
87531	Infectious agent detection by nucleic acid (DNA or RNA); herpes virus-6, direct probe technique	85	108	143	0	0
87532	Infectious agent detection by nucleic acid (DNA or RNA); herpes virus-6, amplified probe technique	131	167	221	0	0
87533	Infectious agent detection by nucleic acid (DNA or RNA); herpes virus-6, quantification	327	419	554	0	0
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	81	103	136	0	0
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	399	511	675	0	0
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	409	524	693	0	0
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	72	93	122	0	0
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	171	219	290	0	0
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	177	226	299	0	0
87540	Infectious agent detection by nucleic acid (DNA or RNA); legionella pneumophila, direct probe technique	72	93	122	0	0
87541	Infectious agent detection by nucleic acid (DNA or RNA); legionella pneumophila, amplified probe technique	50	64	85	0	0
87542	Infectious agent detection by nucleic acid (DNA or RNA); legionella pneumophila, quantification	150	193	255	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87550	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria species, direct probe technique	72	93	122	0	0
87551	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria species, amplified probe technique	53	68	90	0	0
87552	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria species, quantification	154	198	261	0	0
87555	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria tuberculosis, direct probe technique	81	104	137	0	0
87556	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria tuberculosis, amplified probe technique	87	112	148	0	0
87557	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria tuberculosis, quantification	154	198	261	0	0
87560	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria avium-intracellulare, direct probe technique	82	105	139	0	0
87561	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria avium-intracellulare, amplified probe technique	151	193	256	0	0
87562	Infectious agent detection by nucleic acid (DNA or RNA); mycobacteria avium-intracellulare, quantification	154	198	261	0	0
87580	Infectious agent detection by nucleic acid (DNA or RNA); mycoplasma pneumoniae, direct probe technique	72	93	122	0	0
87581	Infectious agent detection by nucleic acid (DNA or RNA); mycoplasma pneumoniae, amplified probe technique	80	103	136	0	0
87582	Infectious agent detection by nucleic acid (DNA or RNA); mycoplasma pneumoniae, quantification	334	427	565	0	0
87590	Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, direct probe technique	40	52	68	0	0
87591	Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, amplified probe technique	114	146	193	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87592	Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, quantification	63	81	106	0	0
87623	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	171	219	289	0	0
87624	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	138	177	234	0	0
87625	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	134	171	227	0	0
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	251	321	425	0	0
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	366	468	619	0	0
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	754	966	1278	0	0
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	126	162	214	0	0
87640	Infectious agent detection by nucleic acid (DNA or RNA); staphylococcus aureus, amplified probe technique	131	168	222	0	0
87641	Infectious agent detection by nucleic acid (DNA or RNA); staphylococcus aureus, methicillin resistant, amplified probe technique	162	208	275	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87650	Infectious agent detection by nucleic acid (DNA or RNA); streptococcus, group a, direct probe technique	63	80	106	0	0
87651	Infectious agent detection by nucleic acid (DNA or RNA); streptococcus, group a, amplified probe technique	80	103	136	0	0
87652	Infectious agent detection by nucleic acid (DNA or RNA); streptococcus, group a, quantification	104	133	176	0	0
87653	Infectious agent detection by nucleic acid (DNA or RNA); streptococcus, group b, amplified probe technique	131	167	221	0	0
87660	Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, direct probe technique	77	99	131	0	0
87661	Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique	130	167	221	0	0
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	393	503	665	0	0
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	87	112	148	0	0
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	130	167	220	0	0
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	91	117	154	0	0
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	127	163	215	0	0
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	218	279	369	0	0
87802	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group b	30	39	51	0	0
87803	Infectious agent antigen detection by immunoassay with direct optical observation; clostridium difficile toxin a	33	43	57	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	35	45	59	0	0
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	67	86	114	0	0
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	35	45	60	0	0
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	28	36	47	0	0
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	35	45	59	0	0
87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis	50	64	85	0	0
87850	Infectious agent antigen detection by immunoassay with direct optical observation; neisseria gonorrhoeae	25	32	43	0	0
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group a	35	45	59	0	0
87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	41	53	69	0	0
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	249	319	422	0	0
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	556	712	941	0	0
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); hepatitis c virus	682	873	1155	0	0
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	835	1070	1414	0	0
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue	46	59	78	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	culture analysis, HIV 1; each additional drug tested (list separately in addition to code for primary procedure)					
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	39	50	67	0	0
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	302	387	511	0	0
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	927	1188	1570	0	0
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); hepatitis b virus	479	614	811	0	0
87999	Unlisted microbiology procedure	0	0	0	0	0

**ANATOMIC PATHOLOGY**

88000	Necropsy (autopsy), gross examination only; without cns	0	0	0	0	0
88005	Necropsy (autopsy), gross examination only; with brain	0	0	0	0	0
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	0	0	0	0	0
88012	Necropsy (autopsy), gross examination only; infant with brain	0	0	0	0	0
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	0	0	0	0	0
88016	Necropsy (autopsy), gross examination only; macerated stillborn	0	0	0	0	0
88020	Necropsy (autopsy), gross and microscopic; without cns	0	0	0	0	0
88025	Necropsy (autopsy), gross and microscopic; with brain	0	0	0	0	0
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	0	0	0	0	0
88028	Necropsy (autopsy), gross and microscopic; infant with brain	0	0	0	0	0
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	0	0	0	0	0
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	0	0	0	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	0	0	0	0	0
88040	Necropsy (autopsy); forensic examination	0	0	0	0	0
88045	Necropsy (autopsy); coroner's call	0	0	0	0	0
88099	Unlisted necropsy (autopsy) procedure	0	0	0	0	0
<b>CYTOPATHOLOGY</b>						
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	150	181	232	71	1.98
88104-26		88	106	136	30	0.82
88104-TC		0	0	0	42	1.16
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	236	285	365	65	1.81
88106-26		71	86	110	20	0.56
88106-TC		0	0	0	45	1.25
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	233	281	361	62	1.71
88108-26		98	118	152	23	0.65
88108-TC		0	0	0	38	1.06
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	238	287	367	68	1.9
88112-26		151	182	233	29	0.81
88112-TC		0	0	0	39	1.09
88120	Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	1631	1967	2520	609	16.89
88120-26		175	211	270	60	1.67
88120-TC		0	0	0	549	15.22
88121	Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	1147	1383	1773	488	13.55

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88121-26		223	269	345	51	1.42
88121-TC		0	0	0	437	12.13
88125	Cytopathology, forensic (eg, sperm)	84	101	130	27	0.75
88125-26		0	0	0	14	0.4
88125-TC		0	0	0	13	0.35
88130	Sex chromatin identification; Barr bodies	65	79	101	0	0
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	31	37	47	0	0
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	71	86	110	32	0.9
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	78	94	121	0	0
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	35	43	55	0	0
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	60	72	93	0	0
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	77	92	118	0	0
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	36	44	56	0	0
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	47	57	73	0	0
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	28	33	43	0	0
88155	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)	24	29	37	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>88160</b>	Cytopathology, smears, any other source; screening and interpretation	110	133	171	72	2.01
<b>88160-26</b>		76	91	117	27	0.75
<b>88160-TC</b>		0	0	0	45	1.26
<b>88161</b>	Cytopathology, smears, any other source; preparation, screening and interpretation	85	103	132	67	1.87
<b>88161-26</b>		63	76	98	26	0.73
<b>88161-TC</b>		0	0	0	41	1.14
<b>88162</b>	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	121	146	187	97	2.7
<b>88162-26</b>		106	128	164	40	1.11
<b>88162-TC</b>		0	0	0	57	1.59
<b>88164</b>	Cytopathology, slides, cervical or vaginal (the Bethesda system); manual screening under physician supervision	44	53	68	0	0
<b>88165</b>	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and rescreening under physician supervision	46	56	72	0	0
<b>88166</b>	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening under physician supervision	47	57	73	0	0
<b>88167</b>	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	47	57	73	0	0
<b>88172</b>	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	178	215	275	58	1.6
<b>88172-26</b>		128	154	198	38	1.05
<b>88172-TC</b>		0	0	0	20	0.55
<b>88173</b>	Cytopathology, evaluation of fine needle aspirate; interpretation and report	345	416	534	156	4.32
<b>88173-26</b>		213	257	330	74	2.05
<b>88173-TC</b>		0	0	0	82	2.27

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	137	165	212	0	0
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	92	111	142	0	0
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (list separately in addition to code for primary procedure)	97	117	150	30	0.84
88177-26		72	87	112	23	0.64
88177-TC		0	0	0	7	0.2
88182	Flow cytometry, cell cycle or DNA analysis	216	260	333	137	3.79
88182-26		92	111	142	40	1.12
88182-TC		0	0	0	96	2.67
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	236	284	365	68	1.88
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker)	103	124	159	25	0.69
88187	Flow cytometry, interpretation; 2 to 8 markers	201	242	310	39	1.08
88188	Flow cytometry, interpretation; 9 to 15 markers	266	321	412	66	1.83
88189	Flow cytometry, interpretation; 16 or more markers	314	379	486	88	2.45
88199	Unlisted cytopathology procedure	0	0	0	0	0
88199-26		0	0	0	0	0
88199-TC		0	0	0	0	0
<b>CYTOGENETIC STUDIES</b>						
88230	Tissue culture for non-neoplastic disorders; lymphocyte	370	446	572	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	489	589	756	0	0
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	383	461	591	0	0
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	372	448	574	0	0
88239	Tissue culture for neoplastic disorders; solid tumor	552	666	853	0	0
88240	Cryopreservation, freezing and storage of cells, each cell line	149	180	230	0	0
88241	Thawing and expansion of frozen cells, each aliquot	31	38	48	0	0
88245	Chromosome analysis for breakage syndromes; baseline sister chromatid exchange (sce), 20-25 cells	629	759	972	0	0
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile x)	662	799	1024	0	0
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin c, ionizing radiation, uv radiation)	662	799	1024	0	0
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	441	532	682	0	0
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	496	598	767	0	0
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	575	693	888	0	0
88264	Chromosome analysis; analyze 20-25 cells	458	553	709	0	0
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	551	665	852	0	0
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	483	582	747	0	0
88271	Molecular cytogenetics; DNA probe, each (eg, fish)	81	98	126	0	0
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	99	119	152	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	139	168	215	0	0
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	121	146	187	0	0
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	205	247	317	0	0
88280	Chromosome analysis; additional karyotypes, each study	109	131	168	0	0
88283	Chromosome analysis; additional specialized banding technique (eg, nor, C-banding)	216	260	333	0	0
88285	Chromosome analysis; additional cells counted, each study	83	100	128	0	0
88289	Chromosome analysis; additional high resolution study	114	138	177	0	0
88291	Cytogenetics and molecular cytogenetics, interpretation and report	78	94	121	34	0.94
88299	Unlisted cytogenetic study	0	0	0	0	0

**SURGICAL PATHOLOGY**

88300	Level i - surgical pathology, gross examination only	66	93	124	16	0.45
88300-26		41	58	77	5	0.13
88300-TC		0	0	0	12	0.32
88302	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	124	173	231	31	0.87
88302-26		76	106	141	7	0.2
88302-TC		0	0	0	24	0.67
88304	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	169	236	315	41	1.14

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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 vei					
<b>88304-26</b>		103	144	192	12	0.33
<b>88304-TC</b>		0	0	0	29	0.81
<b>88305</b>	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, biop	218	304	406	70	1.95
<b>88305-26</b>		144	201	268	40	1.1
<b>88305-TC</b>		0	0	0	31	0.85
<b>88307</b>	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	533	746	994	274	7.59

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	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 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					
<b>88307-26</b>		318	444	592	87	2.41
<b>88307-TC</b>		0	0	0	187	5.18
<b>88309</b>	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	750	1049	1397	416	11.53
<b>88309-26</b>		486	679	905	154	4.26
<b>88309-TC</b>		0	0	0	262	7.27
<b>88311</b>	Decalcification procedure (list separately in addition to code for surgical pathology examination)	64	90	120	22	0.61
<b>88311-26</b>		48	68	90	13	0.36
<b>88311-TC</b>		0	0	0	9	0.25
<b>88312</b>	Special stain including interpretation and report; group i for microorganisms (eg, acid fast, methenamine silver)	330	462	615	102	2.83



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88312-26		152	213	283	28	0.77
88312-TC		0	0	0	74	2.06
88313	Special stain including interpretation and report; group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	179	251	334	74	2.05
88313-26		68	95	126	13	0.35
88313-TC		0	0	0	61	1.7
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (list separately in addition to code for primary procedure)	148	207	276	94	2.6
88314-26		67	94	126	23	0.65
88314-TC		0	0	0	70	1.95
88319	Special stain including interpretation and report; group iii, for enzyme constituents	299	418	557	99	2.74
88319-26		97	136	181	28	0.77
88319-TC		0	0	0	71	1.97
88321	Consultation and report on referred slides prepared elsewhere	297	416	554	103	2.85
88323	Consultation and report on referred material requiring preparation of slides	334	467	622	118	3.28
88323-26		223	312	416	91	2.53
88323-TC		0	0	0	27	0.75
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	470	657	876	185	5.12
88329	Pathology consultation during surgery;	159	222	296	53	1.47
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	319	446	594	99	2.75
88331-26		232	324	432	66	1.82
88331-TC		0	0	0	34	0.93
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	191	268	357	54	1.51

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	(list separately in addition to code for primary procedure)					
88332-26		139	195	260	32	0.9
88332-TC		0	0	0	22	0.61
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	297	415	553	91	2.53
88333-26		208	291	388	66	1.82
88333-TC		0	0	0	26	0.71
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (list separately in addition to code for primary procedure)	151	211	281	57	1.58
88334-26		129	180	240	40	1.11
88334-TC		0	0	0	17	0.47
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	227	318	423	94	2.62
88341-26		104	145	194	30	0.83
88341-TC		0	0	0	65	1.79
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	244	342	455	108	3.01
88342-26		132	184	245	37	1.03
88342-TC		0	0	0	71	1.98
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	439	614	818	174	4.84
88344-26		142	198	264	40	1.12
88344-TC		0	0	0	134	3.72
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	163	227	303	112	3.11
88346-26		105	147	196	38	1.05
88346-TC		0	0	0	74	2.06

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88348	Electron microscopy, diagnostic	1137	1590	2118	366	10.15
88348-26		321	449	598	80	2.21
88348-TC		0	0	0	286	7.94
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	162	227	303	79	2.18
88350-26		86	120	161	30	0.83
88350-TC		0	0	0	49	1.35
88355	Morphometric analysis; skeletal muscle	398	556	741	135	3.75
88355-26		0	0	0	85	2.37
88355-TC		0	0	0	50	1.38
88356	Morphometric analysis; nerve	509	712	949	228	6.34
88356-26		400	559	744	131	3.63
88356-TC		0	0	0	98	2.71
88358	Morphometric analysis; tumor (eg, DNA ploidy)	315	440	586	130	3.61
88358-26		0	0	0	52	1.45
88358-TC		0	0	0	78	2.16
88360	Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	383	535	713	130	3.6
88360-26		197	275	366	44	1.23
88360-TC		0	0	0	85	2.37
88361	Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	358	501	667	134	3.72
88361-26		204	285	380	48	1.32
88361-TC		0	0	0	86	2.4
88362	Nerve teasing preparations	628	878	1170	213	5.92
88362-26		0	0	0	116	3.22

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88362-TC		0	0	0	97	2.7
88363	Examination and selection of retrieved archIVAL (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	86	121	161	24	0.67
88364	In situ hybridization (eg, fish), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	332	465	619	135	3.74
88364-26		116	162	216	36	1.01
88364-TC		0	0	0	98	2.73
88365	In situ hybridization (eg, fish), per specimen; initial single probe stain procedure	324	454	605	180	4.99
88365-26		151	211	282	46	1.27
88365-TC		0	0	0	134	3.72
88366	In situ hybridization (eg, fish), per specimen; each multiplex probe stain procedure	379	529	705	268	7.44
88366-26		224	314	418	65	1.8
88366-TC		0	0	0	203	5.64
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	464	649	865	111	3.08
88367-26		244	342	455	36	1
88367-TC		0	0	0	75	2.08
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	706	987	1315	129	3.59
88368-26		273	382	509	44	1.21
88368-TC		0	0	0	86	2.38
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	524	732	976	113	3.14
88369-26		93	129	173	34	0.94
88369-TC		0	0	0	79	2.2

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88371	Protein analysis of tissue by western blot, with interpretation and report;	83	116	155	0	0
88371-26		0	0	0	21	0.57
88372	Protein analysis of tissue by western blot, with interpretation and report; immunological probe for band identification, each	47	65	87	0	0
88372-26		0	0	0	19	0.52
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	674	943	1257	76	2.11
88373-26		154	215	287	28	0.78
88373-TC		0	0	0	48	1.33
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	679	949	1265	331	9.18
88374-26		177	248	330	46	1.28
88374-TC		0	0	0	285	7.9
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	151	211	281	51	1.42
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	1003	1404	1870	394	10.93
88377-26		244	342	455	67	1.86
88377-TC		0	0	0	327	9.07
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	216	303	403	136	3.78
88380-26		91	127	170	57	1.59
88380-TC		0	0	0	79	2.19
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	645	902	1202	156	4.34
88381-26		220	307	410	26	0.73

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
88381-TC		0	0	0	130	3.61
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	80	111	149	36	1
88387-26		50	70	93	29	0.81
88387-TC		0	0	0	7	0.19
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	106	148	198	36	1
88388-26		0	0	0	25	0.69
88388-TC		0	0	0	11	0.31
88399	Unlisted surgical pathology procedure	0	0	0	0	0
88399-26		0	0	0	0	0
88399-TC		0	0	0	0	0

**IN VIVO (EG. TRANSCUTANEOUS) LABORATORY PROCEDURES**

88720	Bilirubin, total, transcutaneous	23	32	42	0	0
88738	Hemoglobin (hgb), quantitative, transcutaneous	22	30	40	0	0
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	38	53	71	0	0
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	22	31	42	0	0
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	0	0	0	0	0

**OTHER PROCEDURES**

89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	794	1175	1832	254	7.06
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	20	30	46	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	49	72	112	0	0
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	60	88	138	0	0
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	56	83	129	0	0
89060-26		20	30	47	19	0.52
89125	Fat stain, feces, urine, or respiratory secretions	59	88	136	0	0
89160	Meat fibers, feces	19	27	43	0	0
89190	Nasal smear for eosinophils	18	26	40	0	0
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	51	75	117	17	0.46
89230	Sweat collection by iontophoresis	69	102	159	3	0.08
89240	Unlisted miscellaneous pathology test	0	0	0	0	0

## REPRODUCTIVE MEDICINE PROCEDURES

89250	Culture of oocyte(s)/embryo(s), less than 4 days;	1825	2699	4208	0	0
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-Culture of oocyte(s)/embryos	0	0	0	0	0
89253	Assisted embryo hatching, microtechniques (any method)	708	1047	1632	0	0
89254	Oocyte identification from follicular fluid	750	1109	1728	0	0
89255	Preparation of embryo for transfer (any method)	499	738	1150	0	0
89257	Sperm identification from aspiration (other than seminal fluid)	0	0	0	0	0
89258	Cryopreservation; embryo(s)	1020	1508	2351	0	0
89259	Cryopreservation; sperm	267	395	616	0	0
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	203	299	467	0	0
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	243	359	560	0	0
89264	Sperm identification from testis tissue, fresh or cryopreserved	503	744	1159	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
89268	Insemination of oocytes	618	914	1425	0	0
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	1331	1968	3068	0	0
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	2028	2999	4675	0	0
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	2316	3426	5340	0	0
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	2033	3006	4686	0	0
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	2212	3272	5100	0	0
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	64	95	148	0	0
89310	Semen analysis; motility and count (not including Huhner test)	57	84	131	0	0
89320	Semen analysis; volume, count, motility, and differential	152	224	350	0	0
89321	Semen analysis; sperm presence and motility of sperm, if performed	52	76	119	0	0
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	168	248	387	0	0
89325	Sperm antibodies	152	225	351	0	0
89329	Sperm evaluation; hamster penetration test	79	116	181	0	0
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	110	162	253	0	0
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	128	190	296	0	0
89335	Cryopreservation, reproductive tissue, testicular	0	0	0	0	0
89337	Cryopreservation, mature oocyte(s)	1070	1583	2467	0	0
89342	Storage (per year); embryo(s)	510	754	1175	0	0
89343	Storage (per year); sperm/semen	76	113	176	0	0



<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
<b>89344</b>	Storage (per year); reproductive tissue, testicular/ovarian	0	0	0	0	0
<b>89346</b>	Storage (per year); oocyte(s)	51	75	117	0	0
<b>89352</b>	Thawing of cryopreserved; embryo(s)	572	846	1319	0	0
<b>89353</b>	Thawing of cryopreserved; sperm/semen, each aliquot	107	158	246	0	0
<b>89354</b>	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	0	0	0	0	0
<b>89356</b>	Thawing of cryopreserved; oocytes, each aliquot	558	826	1287	0	0
<b>89398</b>	Unlisted reproductive medicine laboratory procedure	0	0	0	0	0

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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# MEDICINE

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>90281</b>	Immune globulin (iG), human, for intramuscular use	53	68	87	0	0
<b>90283</b>	Immune globulin (IGIV), human, for intravenous use	124	158	204	0	0
<b>90284</b>	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	0	0	0	0	0
<b>90287</b>	Botulinum antitoxin, equine, any route	0	0	0	0	0
<b>90288</b>	Botulism immune globulin, human, for intravenous use	0	0	0	0	0
<b>90291</b>	Cytomegalovirus immune globulin (CMV-IGIV), human, for intravenous use	0	0	0	0	0
<b>90296</b>	Diphtheria antitoxin, equine, any route	0	0	0	0	0
<b>90371</b>	Hepatitis b immune globulin (HBIG), human, for intramuscular use	203	259	334	0	0
<b>90375</b>	Rabies immune globulin (rig), human, for intramuscular and/or subcutaneous use	360	459	592	0	0
<b>90376</b>	Rabies immune globulin, heat-treated (rig-ht), human, for intramuscular and/or subcutaneous use	420	536	692	0	0
<b>90378</b>	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	1776	2268	2925	0	0
<b>90384</b>	Rho(d) immune globulin (RhIg), human, full-dose, for intramuscular use	179	229	295	0	0
<b>90385</b>	Rho(d) immune globulin (RhIg), human, mini-dose, for intramuscular use	79	101	131	0	0
<b>90386</b>	Rho(d) immune globulin (RhIgIV), human, for intravenous use	0	0	0	0	0
<b>90389</b>	Tetanus immune globulin (TIg), human, for intramuscular use	50	64	83	0	0
<b>90393</b>	Vaccinia immune globulin, human, for intramuscular use	0	0	0	0	0
<b>90396</b>	Varicella-zoster immune globulin, human, for intramuscular use	259	331	427	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
90399	Unlisted immune globulin	0	0	0	0	0

### IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

90460	Immunization administration through 18 years of age via any route of admin, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	40	51	66	17	0.47
90461	Immunization administration through 18 years of age via any route of admin, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (list separately in addition to code for primary procedure)	25	32	41	13	0.36
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	38	49	63	17	0.47
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)	23	29	38	13	0.36
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	30	39	50	17	0.47
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)	22	28	37	13	0.36

### VACCINES, TOXOIDS

90476	Adenovirus vaccine, type 4, live, for oral use	12	16	20	0	0
90477	Adenovirus vaccine, type 7, live, for oral use	0	0	0	0	0
90581	Anthrax vaccine, for subcutaneous or intramuscular use	0	0	0	0	0
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	33	42	54	0	0
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	246	314	405	0	0
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup b (menb-4c), 2 dose schedule, for intramuscular use	226	288	372	0	0
90621	Meningococcal recombinant lipoprotein vaccine, serogroup b (menb-fhbp), 2 or 3 dose schedule, for intramuscular use	190	243	313	0	0
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	0	0	0	0	0
90630	Influenza virus vaccine, quadrivalent (iiv4), split virus, preservative free, for intradermal use	40	51	65	0	0
90632	Hepatitis a vaccine (HepA), adult dosage, for intramuscular use	101	128	166	0	0
90633	Hepatitis a vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	60	77	99	0	0
90634	Hepatitis a vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	58	74	96	0	0
90636	Hepatitis a and hepatitis b vaccine (HepA-HepB), adult dosage, for intramuscular use	149	190	246	0	0
90644	Meningococcal conjugate vaccine, serogroups c & y and haemophilus influenzae type b vaccine (hib-mency), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	63	80	104	0	0
90647	Haemophilus influenzae type b vaccine (Hib), prp-omp conjugate, 3 dose schedule, for intramuscular use	46	59	76	0	0
90648	Haemophilus influenzae type b vaccine (Hib), PRP-t conjugate, 4 dose schedule, for intramuscular use	46	59	76	0	0
90649	Human papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vhpv), 3 dose schedule, for intramuscular use	207	265	342	0	0
90650	Human papillomavirus vaccine, types 16, 18, bivalent (2vhpv), 3 dose schedule, for intramuscular use	200	255	329	0	0
90651	Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vhpv), 2 or 3 dose schedule, for intramuscular use	252	321	415	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
90653	Influenza vaccine, inactivated (iiv), subunit, adjuvanted, for intramuscular use	61	78	100	0	0
90654	Influenza virus vaccine, trivalent (iiv3), split virus, preservative-free, for intradermal use	36	45	59	0	0
90655	Influenza virus vaccine, trivalent (iiv3), split virus, preservative free, 0.25 ml dosage, for intramuscular use	30	39	50	0	0
90656	Influenza virus vaccine, trivalent (iiv3), split virus, preservative free, 0.5 ml dosage, for intramuscular use	30	39	50	0	0
90657	Influenza virus vaccine, trivalent (iiv3), split virus, 0.25 ml dosage, for intramuscular use	27	35	45	0	0
90658	Influenza virus vaccine, trivalent (iiv3), split virus, 0.5 ml dosage, for intramuscular use	30	39	50	0	0
90660	Influenza virus vaccine, trivalent, live (laiv3), for intranasal use	34	43	55	0	0
90661	Influenza virus vaccine, trivalent (cciv3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use	31	40	52	0	0
90662	Influenza virus vaccine (iiv), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	54	69	89	0	0
90664	Influenza virus vaccine, live (laiv), pandemic formulation, for intranasal use	0	0	0	0	0
90666	Influenza virus vaccine (iiv), pandemic formulation, split virus, preservative free, for intramuscular use	0	0	0	0	0
90667	Influenza virus vaccine (iiv), pandemic formulation, split virus, adjuvanted, for intramuscular use	25	32	42	0	0
90668	Influenza virus vaccine (iiv), pandemic formulation, split virus, for intramuscular use	40	52	67	0	0
90670	Pneumococcal conjugate vaccine, 13 valent (pcv13), for intramuscular use	226	289	372	0	0
90672	Influenza virus vaccine, quadrivalent, live (laiv4), for intranasal use	40	51	66	0	0
90673	Influenza virus vaccine, trivalent (riv3), derived from recombinant DNA, hemagglutinin (ha) protein only, preservative and antibiotic free, for intramuscular use	50	64	83	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
90674	Influenza virus vaccine, quadrivalent (cciiiv4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use	31	40	52	0	0
90675	Rabies vaccine, for intramuscular use	351	448	578	0	0
90676	Rabies vaccine, for intradermal use	0	0	0	0	0
90680	Rotavirus vaccine, pentavalent (rv5), 3 dose schedule, live, for oral use	123	158	203	0	0
90681	Rotavirus vaccine, human, attenuated (rv1), 2 dose schedule, live, for oral use	155	198	256	0	0
90682	Influenza virus vaccine, quadrivalent (riv4), derived from recombinant DNA, hemagglutinin (ha) protein only, preservative and antibiotic free, for intramuscular use	65	83	107	0	0
90685	Influenza virus vaccine, quadrivalent (iiv4), split virus, preservative free, 0.25 ml dosage, for intramuscular use	35	45	58	0	0
90686	Influenza virus vaccine, quadrivalent (iiv4), split virus, preservative free, 0.5 ml dosage, for intramuscular use	33	43	55	0	0
90687	Influenza virus vaccine, quadrivalent (iiv4), split virus, 0.25 ml dosage, for intramuscular use	30	39	50	0	0
90688	Influenza virus vaccine, quadrivalent (iiv4), split virus, 0.5 ml dosage, for intramuscular use	30	39	50	0	0
90689	Influenza virus vaccine, quadrivalent (iiv4), inactivated, adjuvanted, preservative free, 0.25 ml dosage, for intramuscular use	30	39	50	0	0
90690	Typhoid vaccine, live, oral	75	96	124	0	0
90691	Typhoid vaccine, vi capsular polysaccharide (ViCPs), for intramuscular use	116	148	191	0	0
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (dtap-IPV), when administered to children 4 through 6 years of age, for intramuscular use	85	109	141	0	0
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, haemophilus influenzae type b prp-omp conjugate vaccine, and hepatitis b vaccine (dtap-IPV-hib-hepb), for intramuscular use	83	106	137	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae type b, and inactivated poliovirus vaccine, (dtap-IPV/Hib), for intramuscular use	130	166	215	0	0
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (dtap), when administered to individuals younger than 7 years, for intramuscular use	50	64	83	0	0
90702	Diphtheria and tetanus toxoids adsorbed (dt) when administered to individuals younger than 7 years, for intramuscular use	50	64	83	0	0
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	90	115	149	0	0
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	245	313	403	0	0
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	52	66	86	0	0
90714	Tetanus and diphtheria toxoids adsorbed (td), preservative free, when administered to individuals 7 years or older, for intramuscular use	42	54	70	0	0
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	70	90	115	0	0
90716	Varicella virus vaccine (var), live, for subcutaneous use	150	192	247	0	0
90717	Yellow fever vaccine, live, for subcutaneous use	164	210	270	0	0
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis b, and inactivated poliovirus vaccine (dtap-HepB-IPV), for intramuscular use	120	153	197	0	0
90732	Pneumococcal polysaccharide vaccine, 23-valent (ppsv23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	117	149	193	0	0
90733	Meningococcal polysaccharide vaccine, serogroups a, c, y, w-135, quadrivalent (mpsv4), for subcutaneous use	154	197	254	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
90734	Meningococcal conjugate vaccine, serogroups a, c, y and w-135, quadrivalent (mcv4 or menacwy), for intramuscular use	165	210	271	0	0
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	252	322	415	0	0
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	315	403	519	0	0
90739	Hepatitis b vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	115	146	189	0	0
90740	Hepatitis b vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	248	316	408	0	0
90743	Hepatitis b vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	72	92	119	0	0
90744	Hepatitis b vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	54	69	90	0	0
90746	Hepatitis b vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	100	128	165	0	0
90747	Hepatitis b vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	267	341	440	0	0
90748	Hepatitis b and haemophilus influenzae type b vaccine (hib-hepb), for intramuscular use	60	77	100	0	0
90749	Unlisted vaccine/toxoid	0	0	0	0	0
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	201	256	331	0	0
90756	Influenza virus vaccine, quadrivalent (ccii4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use	35	45	58	0	0

**PSYCHIATRY**

90785	Interactive complexity (list separately in addition to the code for primary procedure)	21	27	34	15	0.42
90791	Psychiatric diagnostic evaluation	200	251	319	140	3.89
90792	Psychiatric diagnostic evaluation with medical services	291	366	464	157	4.37
90832	Psychotherapy, 30 minutes with patient	100	126	160	68	1.9

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	101	127	161	71	1.97
90834	Psychotherapy, 45 minutes with patient	135	170	215	91	2.53
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	151	190	241	90	2.49
90837	Psychotherapy, 60 minutes with patient	151	190	241	137	3.8
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	188	237	300	119	3.29
90839	Psychotherapy for crisis; first 60 minutes	201	253	320	143	3.96
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)	99	125	158	68	1.9
90845	Psychoanalysis	182	248	351	97	2.7
90846	Family psychotherapy (without the patient present), 50 minutes	131	179	253	110	3.06
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	145	198	280	115	3.18
90849	Multiple-family group psychotherapy	101	138	194	42	1.17
90853	Group psychotherapy (other than of a multiple-family group)	55	75	106	27	0.76
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)	100	128	155	27	0.74
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (amytal) interview)	378	482	586	173	4.79
90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	650	829	1006	0	0
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	475	606	736	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	778	992	1204	0	0
90870	Electroconvulsive therapy (includes necessary monitoring)	302	386	468	179	4.96
90875	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); 30 minutes	125	160	194	65	1.8
90876	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); 45 minutes	136	173	210	110	3.05
90880	Hypnotherapy	176	224	273	107	2.98
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	49	62	75	0	0
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	74	94	114	51	1.41
90887	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	124	159	193	89	2.48
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	100	127	155	0	0
90899	Unlisted psychiatric service or procedure	0	0	0	0	0
<b>BIOFEEDBACK</b>						
90901	Biofeedback training by any modality	95	151	250	41	1.13
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	158	252	417	89	2.47

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>90935</b>	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	200	261	343	75	2.07
<b>90937</b>	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	301	393	518	106	2.95
<b>90940</b>	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	0	0	0	0	0
<b>90945</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	249	325	428	87	2.42
<b>90947</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	368	481	633	126	3.51
<b>90951</b>	End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	2201	2872	3782	960	26.63
<b>90952</b>	End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	1076	1404	1848	0	0
<b>90953</b>	End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	811	1058	1394	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
90954	End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	2359	3079	4053	827	22.96
90955	End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	1068	1395	1836	466	12.93
90956	End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	744	971	1278	324	9
90957	End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	1638	2137	2814	655	18.18
90958	End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	923	1204	1586	445	12.34
90959	End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	841	1098	1445	303	8.4
90960	End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	602	786	1035	289	8.02

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
90961	End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	488	636	838	243	6.74
90962	End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	405	529	696	188	5.21
90963	End-stage renal disease (esrd) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1689	2204	2902	556	15.43
90964	End-stage renal disease (esrd) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1439	1878	2473	485	13.47
90965	End-stage renal disease (esrd) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1148	1498	1973	462	12.83
90966	End-stage renal disease (esrd) related services for home dialysis per full month, for patients 20 years of age and older	508	663	873	242	6.72
90967	End-stage renal disease (esrd) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	73	96	126	18	0.51
90968	End-stage renal disease (esrd) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	51	67	88	16	0.45
90969	End-stage renal disease (esrd) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	40	52	69	15	0.43
90970	End-stage renal disease (esrd) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	17	22	29	8	0.22
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	754	984	1295	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	100	131	173	0	0
90997	Hemoperfusion (eg, with activated charcoal or resin)	209	273	359	91	2.53
90999	Unlisted dialysis procedure, inpatient or outpatient	0	0	0	0	0

## GASTROENTEROLOGY

91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	500	661	948	194	5.38
91010-26		267	353	506	69	1.91
91010-TC		0	0	0	125	3.47
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (list separately in addition to code for primary procedure)	72	95	136	26	0.73
91013-26		0	0	0	10	0.27
91013-TC		0	0	0	17	0.46
91020	Gastric motility (manometric) studies	529	699	1002	253	7.01
91020-26		285	377	540	77	2.13
91020-TC		0	0	0	176	4.88
91022	Duodenal motility (manometric) study	471	622	891	173	4.79
91022-26		0	0	0	77	2.13
91022-TC		0	0	0	96	2.66
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	384	507	728	141	3.91
91030-26		0	0	0	49	1.35
91030-TC		0	0	0	92	2.56
91034	Esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s) placement, recording, analysis and interpretation	463	611	877	194	5.39
91034-26		250	331	474	52	1.45

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
91034-TC		0	0	0	142	3.94
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph electrode placement, recording, analysis and interpretation	1312	1734	2486	493	13.68
91035-26		302	399	572	86	2.38
91035-TC		0	0	0	407	11.3
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	421	556	798	168	4.66
91037-26		201	266	381	52	1.45
91037-TC		0	0	0	116	3.21
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	1012	1336	1916	453	12.56
91038-26		256	339	486	59	1.63
91038-TC		0	0	0	394	10.93
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	1381	1825	2617	488	13.55
91040-26		206	272	390	52	1.45
91040-TC		0	0	0	436	12.1
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-Cecal gastrointestinal transit)	233	307	441	77	2.13
91065-26		70	93	133	10	0.29
91065-TC		0	0	0	66	1.84
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	2010	2655	3807	900	24.98
91110-26		616	814	1167	133	3.68
91110-TC		0	0	0	768	21.3
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	2248	2969	4258	825	22.88



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
91111-26		0	0	0	54	1.49
91111-TC		0	0	0	771	21.39
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	2510	3316	4755	1291	35.81
91112-26		453	598	857	112	3.1
91112-TC		0	0	0	1179	32.71
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	650	859	1231	143	3.96
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	836	1104	1583	466	12.94
91120-26		195	257	369	51	1.42
91120-TC		0	0	0	415	11.52
91122	Anorectal manometry	635	839	1203	247	6.85
91122-26		342	451	647	93	2.58
91122-TC		0	0	0	154	4.27
91132	Electrogastrography, diagnostic, transcutaneous;	464	613	879	245	6.8
91132-26		0	0	0	28	0.77
91132-TC		0	0	0	217	6.03
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	533	705	1011	268	7.44
91133-26		0	0	0	35	0.98
91133-TC		0	0	0	233	6.46
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	197	261	374	40	1.1
91200-26		50	66	95	14	0.4
91200-TC		0	0	0	25	0.7
91299	Unlisted diagnostic gastroenterology procedure	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
91299-26		0	0	0	0	0
91299-TC		0	0	0	0	0
<b>OPHTHALMOLOGY</b>						
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	125	162	208	85	2.37
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	201	259	333	154	4.26
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	126	162	209	90	2.49
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	171	221	284	129	3.57
92015	Determination of refractive state	41	55	78	20	0.56
92018	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	403	548	775	149	4.13
92019	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	166	226	319	74	2.05
92020	Gonioscopy (separate procedure)	61	83	117	28	0.78
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	87	118	167	39	1.07
92025-26		60	82	116	21	0.57
92025-TC		0	0	0	18	0.5
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	111	150	213	66	1.82

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92060-26		58	79	112	39	1.08
92060-TC		0	0	0	27	0.74
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	81	111	157	54	1.51
92065-26		73	99	140	18	0.51
92065-TC		0	0	0	36	1
92071	Fitting of contact lens for treatment of ocular surface disease	86	117	165	39	1.07
92072	Fitting of contact lens for management of keratoconus, initial fitting	261	355	502	134	3.72
92081	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)	64	87	123	35	0.96
92081-26		48	65	91	17	0.46
92081-TC		0	0	0	18	0.5
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, octopus program 33)	92	125	177	49	1.35
92082-26		67	90	128	22	0.61
92082-TC		0	0	0	27	0.74
92083	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 deg, 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)	132	179	253	65	1.81
92083-26		86	117	165	28	0.79
92083-TC		0	0	0	37	1.02
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure	130	177	250	84	2.32

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)					
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	95	129	183	32	0.89
92132-26		57	78	110	17	0.47
92132-TC		0	0	0	15	0.42
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	100	137	193	38	1.05
92133-26		54	74	105	23	0.63
92133-TC		0	0	0	15	0.42
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	100	137	193	42	1.16
92134-26		50	68	97	26	0.73
92134-TC		0	0	0	15	0.43
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	203	276	390	71	1.98
92136-26		118	160	227	32	0.89
92136-TC		0	0	0	39	1.09
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	50	68	97	18	0.49
92145-26		30	41	58	10	0.27
92145-TC		0	0	0	8	0.22
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	78	100	131	28	0.78
92226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	76	97	127	26	0.72

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	36	47	61	14	0.4
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	104	134	174	35	0.97
92228-26		79	102	132	21	0.59
92228-TC		0	0	0	14	0.38
92230	Fluorescein angiography with interpretation and report	148	191	248	66	1.83
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	250	322	419	93	2.59
92235-26		135	174	227	44	1.23
92235-TC		0	0	0	49	1.36
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	493	634	825	210	5.83
92240-26		236	304	395	49	1.35
92240-TC		0	0	0	161	4.48
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	476	612	797	235	6.51
92242-26		208	268	349	56	1.56
92242-TC		0	0	0	178	4.95
92250	Fundus photography with interpretation and report	126	162	211	52	1.43
92250-26		74	95	123	22	0.62
92250-TC		0	0	0	29	0.81
92260	Ophthalmodynamometry	30	39	50	20	0.55
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	241	309	403	89	2.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
92265-26		0	0	0	48	1.33
92265-IC		0	0	0	41	1.15
92270	Electro-oculography with interpretation and report	161	207	270	97	2.7
92270-26		118	152	197	43	1.2
92270-IC		0	0	0	54	1.5
92273	Electroretinography (erg), with interpretation and report; full field (ie, ffERG, flash erg, Ganzfeld erg)	367	472	614	136	3.78
92273-26		0	0	0	38	1.06
92273-IC		0	0	0	98	2.72
92274	Electroretinography (erg), with interpretation and report; multifocal (mfERG)	248	319	416	92	2.56
92274-26		0	0	0	34	0.94
92274-IC		0	0	0	58	1.62
92283	Color vision examination, extended, eg, anomaloscope or equivalent	80	103	134	55	1.52
92283-26		40	52	68	9	0.26
92283-IC		0	0	0	45	1.26
92284	Dark adaptation examination with interpretation and report	100	129	167	63	1.74
92284-26		72	93	121	13	0.36
92284-IC		0	0	0	50	1.38
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	75	96	126	22	0.61
92285-26		38	49	64	3	0.09
92285-IC		0	0	0	19	0.52
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	200	257	335	40	1.1

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92286-26		134	172	224	23	0.63
92286-TC		0	0	0	17	0.47
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	288	371	483	149	4.13
92287-26		93	119	155	48	1.33
92287-TC		0	0	0	101	2.8
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	111	148	221	101	2.8
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	121	161	241	106	2.94
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	135	180	269	123	3.4
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	218	292	436	100	2.78
92314	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	94	125	187	85	2.36
92315	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, 1 eye	87	116	173	79	2.19
92316	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	108	144	215	98	2.72
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	91	121	181	83	2.29

MEDICAL FEES 2019

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	49	66	98	45	1.24
92326	Replacement of contact lens	72	96	144	38	1.05
92340	Fitting of spectacles, except for aphakia; monofocal	39	52	78	36	0.99
92341	Fitting of spectacles, except for aphakia; bifocal	45	60	90	41	1.14
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	45	60	90	44	1.23
92352	Fitting of spectacle prosthesis for aphakia; monofocal	43	57	85	42	1.17
92353	Fitting of spectacle prosthesis for aphakia; multifocal	50	67	100	49	1.36
92354	Fitting of spectacle mounted low vision aid; single element system	133	178	266	14	0.38
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	69	93	138	21	0.59
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	18	24	35	12	0.32
92370	Repair and refitting spectacles; except for aphakia	35	47	70	32	0.88
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	21	28	42	12	0.33
92499	Unlisted ophthalmological service or procedure	0	0	0	0	0
92499-26		0	0	0	0	0
92499-TC		0	0	0	0	0

**SPECIAL OTORHINOLARYNGOLOGIC SERVICES**

92502	Otolaryngologic examination under general anesthesia	260	369	495	98	2.73
92504	Binocular microscopy (separate diagnostic procedure)	66	94	126	30	0.83
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	95	135	181	80	2.23
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	61	86	116	24	0.67



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92511	Nasopharyngoscopy with endoscope (separate procedure)	322	457	614	114	3.15
92512	Nasal function studies (eg, rhinomanometry)	152	216	290	61	1.68
92516	Facial nerve function studies (eg, electroneuronography)	259	368	494	70	1.94
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	205	291	391	80	2.23
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	175	248	333	116	3.21
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	200	284	381	94	2.6
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	243	345	463	200	5.54
92524	Behavioral and qualitative analysis of voice and resonance	241	341	459	90	2.51
92526	Treatment of swallowing dysfunction and/or oral function for feeding	135	192	257	88	2.44
92531	Spontaneous nystagmus, including gaze	40	57	77	0	0
92532	Positional nystagmus test	58	82	110	0	0
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	68	97	130	0	0
92534	Optokinetic nystagmus test	85	121	162	0	0
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	102	145	195	42	1.16
92537-26		79	113	151	32	0.9
92537-IC		0	0	0	9	0.26
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	55	78	105	22	0.6
92538-26		37	52	70	16	0.45
92538-IC		0	0	0	5	0.15

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	244	352	527	106	2.95
92540-26		195	280	420	81	2.25
92540-TC		0	0	0	25	0.7
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	117	168	251	26	0.71
92541-26		97	140	210	22	0.6
92541-TC		0	0	0	4	0.11
92542	Positional nystagmus test, minimum of 4 positions, with recording	105	151	226	30	0.82
92542-26		76	109	163	26	0.72
92542-TC		0	0	0	4	0.1
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	161	232	347	18	0.49
92544-26		42	61	91	15	0.41
92544-TC		0	0	0	3	0.08
92545	Oscillating tracking test, with recording	151	218	326	17	0.46
92545-26		74	106	159	14	0.38
92545-TC		0	0	0	3	0.08
92546	Sinusoidal vertical axis rotational testing	200	288	432	106	2.95
92546-26		77	111	166	15	0.43
92546-TC		0	0	0	91	2.52
92547	Use of vertical electrodes (list separately in addition to code for primary procedure)	25	36	54	8	0.21
92548	Computerized dynamic posturography	210	303	453	98	2.72
92548-26		128	184	275	27	0.74
92548-TC		0	0	0	71	1.98
92550	Tympanometry and reflex threshold measurements	65	83	111	22	0.62

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92551	Screening test, pure tone, air only	30	38	51	12	0.33
92552	Pure tone audiometry (threshold); air only	50	64	85	32	0.89
92553	Pure tone audiometry (threshold); air and bone	66	84	112	39	1.08
92555	Speech audiometry threshold;	45	58	77	25	0.68
92556	Speech audiometry threshold; with speech recognition	65	83	111	39	1.07
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	105	134	178	39	1.08
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	65	83	111	10	0.28
92559	Audiometric testing of groups	96	122	163	0	0
92560	Bekesy audiometry; screening	40	51	68	0	0
92561	Bekesy audiometry; diagnostic	53	68	90	40	1.1
92562	Loudness balance test, alternate binaural or monaural	55	70	94	46	1.28
92563	Tone decay test	42	54	71	31	0.87
92564	Short increment sensitivity index (SISI)	100	127	170	26	0.71
92565	Stenger test, pure tone	45	57	77	15	0.43
92567	Tympanometry (impedance testing)	45	57	77	15	0.43
92568	Acoustic reflex testing, threshold	40	51	68	16	0.45
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	71	90	120	33	0.92
92571	Filtered speech test	40	51	68	27	0.76
92572	Staggered spondaic word test	116	148	198	44	1.21
92575	Sensorineural acuity level test	86	109	145	65	1.79
92576	Synthetic sentence identification test	73	93	125	37	1.03
92577	Stenger test, speech	40	51	68	14	0.39
92579	Visual reinforcement audiometry (VRA)	99	125	167	47	1.31

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
92582	Conditioning play audiometry	145	185	246	74	2.06
92583	Select picture audiometry	80	102	136	49	1.35
92584	Electrocochleography	216	275	367	75	2.09
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	287	365	487	137	3.81
92585-26		146	186	248	27	0.76
92585-IC		0	0	0	110	3.05
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	243	309	412	94	2.61
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	100	127	170	22	0.62
92587-26		48	61	82	19	0.52
92587-IC		0	0	0	4	0.1
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	130	166	222	34	0.94
92588-26		78	99	133	30	0.82
92588-IC		0	0	0	4	0.12
92590	Hearing aid examination and selection; monaural	100	127	170	0	0
92591	Hearing aid examination and selection; binaural	139	178	237	0	0
92592	Hearing aid check; monaural	50	64	86	0	0
92593	Hearing aid check; binaural	80	102	136	0	0
92594	Electroacoustic evaluation for hearing aid; monaural	46	59	78	0	0
92595	Electroacoustic evaluation for hearing aid; binaural	74	94	126	0	0
92596	Ear protector attenuation measurements	157	200	266	68	1.89

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	246	313	417	74	2.06
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	307	391	522	169	4.68
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	207	263	351	105	2.92
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	295	376	501	157	4.37
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	192	245	326	94	2.6
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	253	322	430	96	2.65
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	114	145	194	85	2.35
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	223	284	379	133	3.69
92608	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)	92	117	156	53	1.47
92609	Therapeutic services for the use of speech-generating device, including programming and modification	135	172	229	111	3.08
92610	Evaluation of oral and pharyngeal swallowing function	151	192	257	88	2.45
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	254	323	431	92	2.55
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	489	622	830	195	5.42
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	131	166	222	39	1.07

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	362	461	615	145	4.03
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	79	101	135	34	0.94
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	476	606	808	211	5.85
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	151	192	256	43	1.18
92618	Evaluation for prescription of non-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)	92	117	156	35	0.96
92620	Evaluation of central auditory function, with report; initial 60 minutes	250	318	425	96	2.67
92621	Evaluation of central auditory function, with report; each additional 15 minutes (list separately in addition to code for primary procedure)	51	65	87	23	0.64
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	114	145	193	72	1.99
92626	Evaluation of auditory rehabilitation status; first hour	176	224	299	92	2.55
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary procedure)	125	160	213	23	0.64
92630	Auditory rehabilitation; prelingual hearing loss	200	254	339	0	0
92633	Auditory rehabilitation; postlingual hearing loss	136	173	230	0	0
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	310	395	527	117	3.25
92700	Unlisted otorhinolaryngological service or procedure	0	0	0	0	0

**CARDIOVASCULAR**

92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	1332	1888	2739	558	15.49
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	713	1011	1467	0	0
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	1618	2294	3328	666	18.48
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	0	0	0	0	0
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	1517	2151	3120	621	17.24
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	781	1107	1606	0	0
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	1757	2490	3613	697	19.34
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	698	990	1436	0	0
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	1502	2129	3088	621	17.23
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	821	1164	1689	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	1691	2397	3477	699	19.39
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	1767	2504	3633	698	19.38
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	923	1308	1898	0	0
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	926	1313	1904	321	8.92
92953	Temporary transcutaneous pacing	49	69	100	1	0.03
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	440	623	904	163	4.51
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	602	854	1239	261	7.23
92970	Cardioassist-method of circulatory assist; internal	524	743	1078	199	5.52
92971	Cardioassist-method of circulatory assist; external	284	402	584	105	2.91
92973	Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure)	412	584	847	186	5.15
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (list separately in addition to code for primary procedure)	509	722	1047	170	4.72
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	989	1402	2034	396	10.98



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
92977	Thrombolysis, coronary; by intravenous infusion	504	714	1036	56	1.56
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (list separately in addition to code for primary procedure)	516	731	1061	0	0
92978-26		282	400	580	101	2.79
92978-TC		0	0	0	0	0
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (oct) 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)	298	422	612	0	0
92979-26		201	285	413	80	2.22
92979-TC		0	0	0	0	0
92986	Percutaneous balloon valvuloplasty; aortic valve	3357	4759	6904	1383	38.38
92987	Percutaneous balloon valvuloplasty; mitral valve	3669	5200	7545	1427	39.59
92990	Percutaneous balloon valvuloplasty; pulmonary valve	4459	6321	9171	1140	31.62
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	5452	7729	11213	0	0
92993	Atrial septectomy or septostomy; blade method (park septostomy) (includes cardiac catheterization)	3444	4881	7082	0	0
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	3250	4607	6684	688	19.09
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (list separately in addition to code for primary procedure)	1506	2135	3098	340	9.44
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	60	85	122	17	0.48

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	43	61	87	9	0.24
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	41	58	83	9	0.24
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	273	386	553	72	2.01
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	69	97	140	23	0.63
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	151	213	305	35	0.96
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	50	71	101	15	0.42
93024	Ergonovine provocation test	254	359	516	112	3.12
93024-26		151	213	306	58	1.62
93024-TC		0	0	0	54	1.5
93025	Microvolt t-wave alternans for assessment of ventricular arrhythmias	951	1344	1928	152	4.23
93025-26		121	171	245	38	1.05
93025-TC		0	0	0	115	3.18
93040	Rhythm ECG, 1-3 leads; with interpretation and report	40	57	81	13	0.36
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	74	105	151	6	0.16
93042	Rhythm ECG, 1-3 leads; interpretation and report only	38	54	77	7	0.2
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization	42	60	85	17	0.46

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive					
93050-26		22	31	45	9	0.24
93050-IC		0	0	0	8	0.22
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	307	434	623	90	2.51
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	87	123	176	26	0.73
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	421	594	853	37	1.03
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	80	113	162	27	0.75
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	67	95	137	27	0.74
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	6203	8763	12574	719	19.95

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	192	271	389	70	1.93
93260-26		142	200	287	44	1.22
93260-TC		0	0	0	26	0.71
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	162	229	328	64	1.77
93261-26		119	168	242	38	1.06
93261-TC		0	0	0	26	0.71
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	203	287	412	52	1.44
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	503	711	1020	205	5.7
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	227	321	460	9	0.26
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	2002	2829	4059	170	4.72

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	70	99	143	26	0.72
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	75	107	153	31	0.87
93278-26		43	61	87	13	0.36
93278-TC		0	0	0	18	0.51
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	115	163	234	56	1.56
93279-26		82	116	167	33	0.92
93279-TC		0	0	0	23	0.64
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	141	199	285	66	1.83
93280-26		100	141	202	39	1.09
93280-TC		0	0	0	27	0.74
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	156	220	316	71	1.97
93281-26		115	162	233	44	1.22
93281-TC		0	0	0	27	0.75

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	156	220	316	68	1.9
93282-26		116	164	235	44	1.21
93282-TC		0	0	0	25	0.69
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	181	256	367	86	2.39
93283-26		141	200	286	59	1.64
93283-TC		0	0	0	27	0.75
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	209	295	423	93	2.59
93284-26		161	227	326	65	1.79
93284-TC		0	0	0	29	0.8
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	101	143	206	49	1.37
93285-26		74	104	149	27	0.75
93285-TC		0	0	0	22	0.62
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery,	74	104	149	36	0.99

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system					
93286-26		47	67	96	15	0.43
93286-IC		0	0	0	20	0.56
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	90	128	183	44	1.22
93287-26		75	107	153	24	0.66
93287-IC		0	0	0	20	0.56
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	94	133	191	45	1.25
93288-26		61	87	124	22	0.61
93288-IC		0	0	0	23	0.64
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	151	214	307	61	1.7
93289-26		117	165	237	38	1.06
93289-IC		0	0	0	23	0.64
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	75	106	152	43	1.19

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93290-26		50	70	100	22	0.62
93290-TC		0	0	0	21	0.57
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	85	120	173	39	1.07
93291-26		58	81	117	19	0.52
93291-TC		0	0	0	20	0.55
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	76	107	154	41	1.14
93292-26		65	92	132	22	0.61
93292-TC		0	0	0	19	0.53
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	122	172	247	53	1.48
93293-26		45	64	91	15	0.43
93293-TC		0	0	0	38	1.05
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	86	121	173	31	0.87
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	159	224	321	45	1.26
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead	75	106	152	26	0.72



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results					
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	61	86	124	27	0.75
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	70	99	142	27	0.75
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	102	144	206	0	0
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	718	1118	1711	240	6.65
93303-26		231	359	550	65	1.81
93303-TC		0	0	0	174	4.84
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	790	1229	1881	163	4.53
93304-26		183	285	436	37	1.04
93304-TC		0	0	0	126	3.49
93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	655	1019	1560	210	5.84
93306-26		204	317	485	75	2.08
93306-TC		0	0	0	136	3.76

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93307	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color Doppler echocardiography	457	711	1089	143	3.97
93307-26		150	233	357	46	1.28
93307-TC		0	0	0	97	2.69
93308	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study	309	480	735	100	2.78
93308-26		99	154	236	26	0.73
93308-TC		0	0	0	74	2.05
93312	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	663	1031	1578	251	6.97
93312-26		360	561	858	112	3.11
93312-TC		0	0	0	139	3.86
93313	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	245	382	585	12	0.33
93314	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	567	882	1349	243	6.73
93314-26		257	400	613	94	2.61
93314-TC		0	0	0	148	4.12
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	517	805	1232	0	0
93315-26		0	0	0	132	3.66
93315-TC		0	0	0	0	0
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	368	573	878	28	0.79

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	504	785	1201	0	0
93317-26		0	0	0	95	2.64
93317-TC		0	0	0	0	0
93318	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	491	764	1170	0	0
93318-26		0	0	0	107	2.98
93318-TC		0	0	0	0	0
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete	262	407	623	54	1.51
93320-26		92	143	219	19	0.52
93320-TC		0	0	0	36	0.99
93321	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)	178	278	425	27	0.76
93321-26		41	64	98	8	0.21
93321-TC		0	0	0	20	0.55
93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)	255	398	608	26	0.71
93325-26		46	71	109	3	0.09
93325-TC		0	0	0	22	0.62
93350	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	520	808	1237	191	5.31
93350-26		226	352	538	73	2.02

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93350-TC		0	0	0	119	3.29
93351	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	659	1025	1569	237	6.57
93351-26		243	378	579	87	2.42
93351-TC		0	0	0	150	4.15
93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)	95	148	226	34	0.95
93355	Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3d	592	921	1410	237	6.57
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	2592	4074	6483	798	22.14
93451-26		455	716	1139	137	3.79
93451-TC		0	0	0	661	18.35
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	1007	1583	2519	887	24.6
93452-26		803	1262	2008	249	6.91
93452-TC		0	0	0	638	17.69

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	2204	3464	5514	1150	31.92
93453-26		1015	1595	2538	334	9.28
93453-TC		0	0	0	816	22.64
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	2112	3319	5283	896	24.85
93454-26		777	1221	1944	253	7.01
93454-TC		0	0	0	643	17.84
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	1955	3073	4891	1032	28.64
93455-26		871	1370	2180	294	8.17
93455-TC		0	0	0	738	20.47
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	2677	4207	6696	1134	31.47
93456-26		981	1543	2455	328	9.11
93456-TC		0	0	0	806	22.36
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	1991	3129	4980	1268	35.18
93457-26		994	1563	2487	369	10.24

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93457-TC		0	0	0	899	24.94
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	4393	6905	10989	1063	29.5
93458-26		890	1399	2226	312	8.65
93458-TC		0	0	0	751	20.85
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	4450	6994	11131	1168	32.4
93459-26		978	1538	2448	353	9.79
93459-TC		0	0	0	815	22.61
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5532	8694	13837	1276	35.4
93460-26		1115	1752	2788	395	10.95
93460-TC		0	0	0	881	24.45
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	6238	9805	15605	1444	40.07
93461-26		1201	1887	3003	437	12.12

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93461-TC		0	0	0	1007	27.95
93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	534	839	1336	220	6.11
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent admin, when performed (list separately in addition to code for primary procedure)	274	431	686	102	2.82
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	654	1028	1635	254	7.04
93464-26		318	499	794	90	2.5
93464-TC		0	0	0	164	4.54
93503	Insertion and placement of flow directed catheter (eg, swan-Ganz) for monitoring purposes	1004	1578	2511	92	2.55
93505	Endomyocardial biopsy	2100	3301	5253	719	19.95
93505-26		859	1350	2148	231	6.4
93505-TC		0	0	0	488	13.55
93530	Right heart catheterization, for congenital cardiac anomalies	1268	1994	3173	0	0
93530-26		0	0	0	215	5.97
93530-TC		0	0	0	0	0
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	2531	3978	6331	0	0
93531-26		0	0	0	447	12.39
93531-TC		0	0	0	0	0
93532	Combined right heart catheterization and transeptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	2597	4083	6497	0	0

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93532-26		0	0	0	558	15.47
93532-TC		0	0	0	0	0
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	2654	4172	6639	0	0
93533-26		0	0	0	372	10.33
93533-TC		0	0	0	0	0
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	174	273	434	0	0
93561-26		0	0	0	47	1.31
93561-TC		0	0	0	0	0
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	90	141	224	0	0
93562-26		0	0	0	38	1.06
93562-TC		0	0	0	0	0
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (list separately in addition to code for primary procedure)	263	414	658	61	1.69
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (list separately in addition to code for primary procedure)	310	487	775	65	1.79



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (list separately in addition to code for primary procedure)	219	344	548	47	1.31
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (list separately in addition to code for primary procedure)	388	609	970	158	4.38
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (list separately in addition to code for primary procedure)	206	324	516	134	3.71
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (list separately in addition to code for primary procedure)	363	570	907	143	3.97
93571	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)	461	725	1154	0	0
93571-26		250	393	626	81	2.24
93571-TC		0	0	0	0	0
93572	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)	224	352	560	0	0
93572-26		186	292	465	65	1.81
93572-TC		0	0	0	0	0
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	2943	4625	7361	1025	28.45

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	5160	8110	12906	1397	38.77
93582	Percutaneous transcatheter closure of patent ductus arteriosus	3226	5071	8070	700	19.42
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	2880	4526	7204	780	21.64
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	4152	6526	10386	1124	31.2
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	3420	5376	8555	926	25.7
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	1516	2382	3792	410	11.39
93600	Bundle of his recording	377	501	794	0	0
93600-26		305	405	641	124	3.45
93600-TC		0	0	0	0	0
93602	Intra-atrial recording	399	531	841	0	0
93602-26		329	438	693	122	3.38
93602-TC		0	0	0	0	0
93603	Right ventricular recording	499	664	1051	0	0
93603-26		360	478	756	122	3.39
93603-TC		0	0	0	0	0
93609	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)	742	986	1561	0	0
93609-26		0	0	0	292	8.1
93609-TC		0	0	0	0	0
93610	Intra-atrial pacing	452	601	950	0	0
93610-26		0	0	0	172	4.77

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93610-TC		0	0	0	0	0
93612	Intraventricular pacing	531	705	1117	0	0
93612-26		476	633	1002	170	4.72
93612-TC		0	0	0	0	0
93613	Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure)	965	1283	2031	311	8.63
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	105	140	221	0	0
93615-26		0	0	0	39	1.09
93615-TC		0	0	0	0	0
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	168	224	355	0	0
93616-26		0	0	0	62	1.71
93616-TC		0	0	0	0	0
93618	Induction of arrhythmia by electrical pacing	791	1052	1665	0	0
93618-26		0	0	0	232	6.43
93618-TC		0	0	0	0	0
93619	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	1038	1381	2185	0	0
93619-26		986	1312	2076	410	11.37
93619-TC		0	0	0	0	0
93620	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	1959	2605	4123	0	0
93620-26		1861	2475	3917	659	18.28

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93620-TC		0	0	0	0	0
93621	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)	374	497	786	0	0
93621-26		355	472	747	122	3.39
93621-TC		0	0	0	0	0
93622	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)	511	680	1076	0	0
93622-26		0	0	0	181	5.02
93622-TC		0	0	0	0	0
93623	Programmed stimulation and pacing after intravenous drug infusion (list separately in addition to code for primary procedure)	483	642	1017	0	0
93623-26		459	610	966	166	4.61
93623-TC		0	0	0	0	0
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	694	922	1460	0	0
93624-26		0	0	0	254	7.04
93624-TC		0	0	0	0	0
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	1132	1505	2382	0	0
93631-26		0	0	0	414	11.49
93631-TC		0	0	0	0	0
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia,	535	711	1126	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;					
<b>93640-26</b>		507	674	1066	187	5.2
<b>93640-TC</b>		0	0	0	0	0
<b>93641</b>	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	1000	1330	2104	0	0
<b>93641-26</b>		840	1117	1768	328	9.1
<b>93641-TC</b>		0	0	0	0	0
<b>93642</b>	Electrophysiologic evaluation of single or dual chamber transvenous 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)	907	1207	1910	352	9.78
<b>93642-26</b>		690	917	1452	269	7.46
<b>93642-TC</b>		0	0	0	84	2.32
<b>93644</b>	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	602	801	1268	204	5.65
<b>93644-26</b>		0	0	0	151	4.18
<b>93644-TC</b>		0	0	0	53	1.47
<b>93650</b>	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	1529	2033	3217	620	17.2
<b>93653</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or	2088	2775	4393	878	24.36

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and his bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry					
<b>93654</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and his bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3d mapping, when performed, and left ventricular pacing and recording, when performed	2767	3679	5823	1175	32.6
<b>93655</b>	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (list separately in addition to code for primary procedure)	1010	1342	2125	447	12.4
<b>93656</b>	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and his bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	2713	3606	5708	1178	32.7
<b>93657</b>	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (list separately in addition to code for primary procedure)	942	1253	1983	446	12.38
<b>93660</b>	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG	473	629	995	163	4.51

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	monitoring and intermittent bp monitoring, with or without pharmacological intervention					
93660-26		267	354	561	96	2.67
93660-TC		0	0	0	66	1.84
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	385	512	810	0	0
93662-26		0	0	0	147	4.07
93662-TC		0	0	0	0	0
93668	Peripheral arterial disease (pad) rehabilitation, per session	53	70	112	18	0.5
93701	Bioimpedance-derived physiologic cardiovascular analysis	75	103	166	26	0.71
93702	Bioimpedance spectroscopy (bis), extracellular fluid analysis for lymphedema assessment(s)	201	274	441	129	3.57
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	624	853	1371	284	7.89
93724-26		0	0	0	250	6.95
93724-TC		0	0	0	34	0.94
93740	Temperature gradient studies	65	89	144	8	0.23
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	196	269	432	0	0
93745-26		0	0	0	0	0
93745-TC		0	0	0	0	0
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of	147	201	323	57	1.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report					
93770	Determination of venous pressure	22	29	47	8	0.23
93784	Ambulatory bp monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	175	239	385	54	1.51
93786	Ambulatory bp monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	100	137	221	30	0.83
93788	Ambulatory bp monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	36	50	80	5	0.15
93790	Ambulatory bp monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report	59	81	131	19	0.53
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	134	184	295	53	1.48
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	26	36	58	12	0.34
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	65	89	144	17	0.46
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	61	83	133	26	0.72



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93799	Unlisted cardiovascular service or procedure	0	0	0	0	0
93799-26		0	0	0	0	0
93799-TC		0	0	0	0	0

**NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES**

93880	Duplex scan of extracranial arteries; complete bilateral study	489	648	926	205	5.7
93880-26		121	161	230	41	1.14
93880-TC		0	0	0	164	4.56
93882	Duplex scan of extracranial arteries; unilateral or limited study	278	369	527	131	3.64
93882-26		58	76	109	26	0.71
93882-TC		0	0	0	106	2.93
93886	Transcranial Doppler study of the intracranial arteries; complete study	495	655	937	276	7.67
93886-26		141	186	266	48	1.34
93886-TC		0	0	0	228	6.33
93888	Transcranial Doppler study of the intracranial arteries; limited study	259	343	491	161	4.47
93888-26		117	155	221	27	0.74
93888-TC		0	0	0	134	3.73
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	379	502	718	282	7.82
93890-26		74	97	139	53	1.46
93890-TC		0	0	0	229	6.36
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	405	536	766	318	8.81
93892-26		151	200	286	62	1.71
93892-TC		0	0	0	256	7.1
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	359	476	681	354	9.81
93893-26		189	250	357	62	1.71

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93893-TC		0	0	0	292	8.1
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	356	471	674	0	0
93895-26		0	0	0	0	0
93895-TC		0	0	0	0	0

**EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)**

93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	226	299	428	88	2.44
93922-26		41	54	77	13	0.36
93922-TC		0	0	0	75	2.08
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental bp measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	329	436	623	136	3.78
93923-26		78	103	147	23	0.63
93923-TC		0	0	0	114	3.15
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following	390	516	737	168	4.67

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study					
93924-26		80	105	151	25	0.7
93924-TC		0	0	0	143	3.97
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	478	633	905	261	7.25
93925-26		108	143	205	40	1.12
93925-TC		0	0	0	221	6.13
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	390	516	738	154	4.26
93926-26		84	111	158	25	0.69
93926-TC		0	0	0	129	3.57
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	450	595	851	210	5.82
93930-26		90	119	171	41	1.13
93930-TC		0	0	0	169	4.69
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	351	464	664	131	3.63
93931-26		68	90	129	25	0.7
93931-TC		0	0	0	106	2.93
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	504	668	955	199	5.52
93970-26		125	165	236	35	0.98
93970-TC		0	0	0	164	4.54
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	371	492	703	123	3.42

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
93971-26		86	114	163	23	0.64
93971-TC		0	0	0	100	2.78
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	787	1042	1490	284	7.88
93975-26		314	415	594	59	1.64
93975-TC		0	0	0	225	6.24
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	475	628	899	167	4.64
93976-26		186	247	353	41	1.13
93976-TC		0	0	0	126	3.51
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	406	538	769	192	5.34
93978-26		97	129	184	40	1.12
93978-TC		0	0	0	152	4.22
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	331	438	627	123	3.4
93979-26		82	109	155	25	0.7
93979-TC		0	0	0	97	2.7
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	500	662	946	127	3.53
93980-26		308	407	582	63	1.76
93980-TC		0	0	0	64	1.77
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	213	281	403	77	2.15
93981-26		82	108	155	22	0.62
93981-TC		0	0	0	55	1.53
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	368	487	696	159	4.42
93990-26		56	74	106	25	0.7
93990-TC		0	0	0	134	3.72

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
93998	Unlisted noninvasive vascular diagnostic study	0	0	0	0	0
<b>PULMONARY</b>						
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	304	432	713	95	2.64
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	161	228	377	68	1.89
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	75	107	177	50	1.4
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	241	341	564	94	2.61
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	76	108	178	36	1
94010-26		34	48	79	9	0.24
94010-TC		0	0	0	27	0.76
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	239	339	560	89	2.48
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	384	545	900	145	4.02
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [fvc], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	77	109	180	20	0.55
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced	90	127	210	57	1.58

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional					
94015	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)	48	68	113	31	0.86
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	50	71	117	26	0.72
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator admin	130	184	304	61	1.68
94060-26		49	69	114	13	0.37
94060-TC		0	0	0	47	1.31
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	188	267	441	61	1.69
94070-26		89	126	209	30	0.82
94070-TC		0	0	0	31	0.87
94150	Vital capacity, total (separate procedure)	45	64	105	26	0.72
94150-26		25	35	58	4	0.11
94150-TC		0	0	0	22	0.61
94200	Maximum breathing capacity, maximal voluntary ventilation	40	57	94	28	0.78
94200-26		21	30	50	6	0.16
94200-TC		0	0	0	22	0.62
94250	Expired gas collection, quantitative, single procedure (separate procedure)	51	73	120	28	0.78
94250-26		33	47	78	6	0.16
94250-TC		0	0	0	22	0.62
94375	Respiratory flow volume loop	80	114	188	40	1.12
94375-26		45	64	105	15	0.42

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
94375-TC		0	0	0	25	0.7
94400	Breathing response to co2 (co2 response curve)	72	103	170	58	1.61
94400-26		25	36	59	20	0.56
94400-TC		0	0	0	38	1.05
94450	Breathing response to hypoxia (hypoxia response curve)	142	202	333	74	2.06
94450-26		0	0	0	21	0.57
94450-TC		0	0	0	54	1.49
94452	High altitude simulation test (hast), with interpretation and report by a physician or other qualified health care professional;	149	212	349	56	1.55
94452-26		0	0	0	15	0.41
94452-TC		0	0	0	41	1.14
94453	High altitude simulation test (hast), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	207	293	485	77	2.14
94453-26		0	0	0	19	0.54
94453-TC		0	0	0	58	1.6
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	409	580	958	57	1.59
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	151	214	354	96	2.66
94617-26		100	142	235	34	0.95
94617-TC		0	0	0	62	1.71
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	112	159	263	35	0.96
94618-26		74	105	174	23	0.65
94618-TC		0	0	0	11	0.31
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, co2	400	567	937	164	4.54

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	production, o2 uptake, and electrocardiographic recordings					
94621-26		216	306	506	71	1.96
94621-TC		0	0	0	93	2.58
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	43	62	102	18	0.51
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	95	135	222	0	0
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	100	142	235	50	1.4
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (list separately in addition to code for primary procedure)	75	106	175	17	0.47
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	130	185	305	65	1.81
94662	Continuous negative pressure ventilation (CNP), initiation and management	92	130	214	37	1.03
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	40	57	94	17	0.48
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	50	71	118	26	0.71
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	95	134	222	33	0.92
94669	Mechanical chest wall oscillation to facilitate lung function, per session	71	101	167	32	0.9
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	100	142	235	57	1.57
94680-26		70	100	165	13	0.36
94680-TC		0	0	0	44	1.21



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
94681	Oxygen uptake, expired gas analysis; including co2 output, percentage oxygen extracted	210	297	491	56	1.55
94681-26		104	148	244	10	0.29
94681-TC		0	0	0	45	1.26
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	141	200	331	54	1.49
94690-26		15	22	36	4	0.11
94690-TC		0	0	0	50	1.38
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	156	222	366	55	1.52
94726-26		49	69	114	13	0.35
94726-TC		0	0	0	42	1.17
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	101	143	237	44	1.23
94727-26		39	55	90	13	0.35
94727-TC		0	0	0	32	0.88
94728	Airway resistance by impulse oscillometry	84	119	197	41	1.15
94728-26		44	62	103	13	0.36
94728-TC		0	0	0	28	0.79
94729	Diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition to code for primary procedure)	120	170	281	56	1.56
94729-26		32	45	74	9	0.26
94729-TC		0	0	0	47	1.3
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	151	214	354	86	2.4
94750-26		17	25	41	11	0.31
94750-TC		0	0	0	75	2.09
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	15	21	35	3	0.07

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	23	33	54	4	0.12
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	53	75	124	26	0.71
94770	Carbon dioxide, expired gas determination by infrared analyzer	101	143	237	8	0.21
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	393	558	922	0	0
94772-26		251	356	589	0	0
94772-TC		0	0	0	0	0
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional	900	1276	2108	0	0
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	120	170	282	0	0
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	350	496	820	0	0
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	245	347	574	0	0
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	179	253	419	52	1.45

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (list separately in addition to code for primary procedure)	63	89	148	21	0.57
94799	Unlisted pulmonary service or procedure	0	0	0	0	0
94799-26		0	0	0	0	0
94799-TC		0	0	0	0	0

### ALLERGY AND CLINICAL IMMUNOLOGY

95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	12	15	20	4	0.12
95012	Nitric oxide expired gas determination	36	45	59	21	0.57
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	23	29	39	8	0.23
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	45	56	75	22	0.61
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	13	17	22	8	0.23
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	15	19	25	5	0.13
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	18	23	30	13	0.37
95044	Patch or application test(s) (specify number of tests)	15	19	25	6	0.16

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
95052	Photo patch test(s) (specify number of tests)	23	28	38	7	0.19
95056	Photo tests	99	124	165	47	1.31
95060	Ophthalmic mucous membrane tests	76	95	127	36	0.99
95065	Direct nasal mucous membrane test	54	68	90	27	0.74
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	126	158	210	32	0.9
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	97	122	163	38	1.05
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	211	264	352	124	3.43
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure)	156	196	261	87	2.42
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	23	27	35	9	0.26
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	30	36	45	11	0.3
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	30	36	45	0	0
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	40	47	59	0	0
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	44	51	65	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	62	73	93	0	0
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	66	77	97	0	0
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	126	148	187	0	0
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	165	193	245	0	0
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	18	21	27	15	0.41
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	35	41	52	29	0.81
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	60	71	89	54	1.5
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	65	76	97	56	1.55
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	85	100	127	80	2.23
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	109	128	162	107	2.97
95165	Professional services for the supervision of preparation and provision of antigens for	23	27	34	14	0.4

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	allergen immunotherapy; single or multiple antigens (specify number of doses)					
95170	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)	20	24	30	11	0.3
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	250	293	370	141	3.92
95199	Unlisted allergy/clinical immunologic service or procedure	0	0	0	0	0

### ENDOCRINOLOGY

95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	126	147	187	56	1.56
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	300	352	445	154	4.26
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	90	106	134	36	1.01

### NEUROLOGY AND NEUROMUSCULAR PROCEDURES

95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2700	4041	6769	924	25.65
95782-26		452	677	1134	129	3.58
95782-TC		0	0	0	795	22.07
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	5101	7635	12790	984	27.31
95783-26		463	693	1160	141	3.9

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
95783-IC		0	0	0	844	23.41
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	441	660	1106	173	4.79
95800-26		175	262	439	43	1.2
95800-IC		0	0	0	129	3.59
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	290	434	727	93	2.57
95801-26		138	207	347	43	1.19
95801-IC		0	0	0	50	1.38
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	267	400	670	146	4.06
95803-26		152	228	381	45	1.25
95803-IC		0	0	0	101	2.81
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	1123	1681	2816	428	11.87
95805-26		193	289	484	61	1.68
95805-IC		0	0	0	367	10.19
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	403	602	1009	141	3.9
95806-26		175	262	439	51	1.41
95806-IC		0	0	0	90	2.49
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	776	1161	1945	438	12.15
95807-26		247	370	620	63	1.76
95807-IC		0	0	0	374	10.39

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	2976	4455	7462	683	18.96
95808-26		692	1036	1735	90	2.5
95808-IC		0	0	0	593	16.46
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	1702	2547	4267	625	17.35
95810-26		347	519	869	124	3.45
95810-IC		0	0	0	501	13.9
95811	Polysomnography; age 6 years or older, 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	1811	2711	4541	656	18.19
95811-26		356	532	892	129	3.58
95811-IC		0	0	0	527	14.61
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	786	1176	1970	331	9.19
95812-26		185	276	463	59	1.65
95812-IC		0	0	0	272	7.54
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	814	1219	2041	412	11.42
95813-26		179	268	449	89	2.48
95813-IC		0	0	0	322	8.94
95816	Electroencephalogram (EEG); including recording awake and drowsy	628	940	1574	370	10.27
95816-26		113	170	284	59	1.65
95816-IC		0	0	0	311	8.62
95819	Electroencephalogram (EEG); including recording awake and asleep	695	1040	1742	435	12.08
95819-26		152	227	380	59	1.65
95819-IC		0	0	0	376	10.43
95822	Electroencephalogram (EEG); recording in coma or sleep only	964	1443	2418	393	10.9



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
95822-26		179	268	448	60	1.66
95822-TC		0	0	0	333	9.24
95824	Electroencephalogram (EEG); cerebral death evaluation only	132	198	332	0	0
95824-26		0	0	0	41	1.13
95824-TC		0	0	0	0	0
95827	Electroencephalogram (EEG); all night recording	1510	2261	3787	620	17.2
95827-26		91	136	227	58	1.61
95827-TC		0	0	0	562	15.59
95829	Electrocorticogram at surgery (separate procedure)	3392	5078	8506	1934	53.66
95829-26		1423	2129	3567	349	9.69
95829-TC		0	0	0	1585	43.97
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	446	667	1118	395	10.97
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	57	85	143	33	0.92
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	58	87	145	33	0.91
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	503	752	1260	43	1.2
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	75	113	189	57	1.57
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	302	452	757	113	3.14
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	45	68	114	21	0.59
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	50	76	127	19	0.53

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	152	227	380	56	1.54
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	237	355	594	124	3.43
95860-26		171	256	429	53	1.47
95860-IC		0	0	0	71	1.96
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1635	2448	4101	177	4.9
95861-26		555	831	1393	85	2.36
95861-IC		0	0	0	92	2.54
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	429	643	1077	222	6.15
95863-26		333	498	835	103	2.85
95863-IC		0	0	0	119	3.3
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	2396	3586	6007	255	7.07
95864-26		998	1494	2503	110	3.05
95864-IC		0	0	0	145	4.02
95865	Needle electromyography; larynx	860	1287	2155	153	4.25
95865-26		517	774	1296	86	2.38
95865-IC		0	0	0	67	1.87
95866	Needle electromyography; hemidiaphragm	387	579	970	141	3.9
95866-26		177	266	445	70	1.94
95866-IC		0	0	0	71	1.96
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	2776	4155	6961	108	3
95867-26		255	382	640	44	1.21
95867-IC		0	0	0	65	1.79
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	1450	2171	3636	142	3.93
95868-26		451	675	1130	65	1.81
95868-IC		0	0	0	76	2.12

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
95869	Needle electromyography; thoracic paraspinal muscles (excluding t1 or t12)	139	209	350	96	2.67
95869-26		41	61	103	21	0.57
95869-IC		0	0	0	76	2.1
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	1580	2365	3961	93	2.58
95870-26		122	182	305	21	0.57
95870-IC		0	0	0	72	2.01
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	403	602	1009	203	5.64
95872-26		315	471	789	159	4.41
95872-IC		0	0	0	44	1.23
95873	Electrical stimulation for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	153	230	385	77	2.13
95873-26		81	121	203	21	0.57
95873-IC		0	0	0	56	1.56
95874	Needle electromyography for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	153	228	383	79	2.18
95874-26		78	117	197	21	0.57
95874-IC		0	0	0	58	1.61
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	361	540	904	135	3.75
95875-26		0	0	0	61	1.69
95875-IC		0	0	0	74	2.06
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited	150	225	377	62	1.73

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	(list separately in addition to code for primary procedure)					
<b>95885-26</b>		56	83	139	19	0.54
<b>95885-TC</b>		0	0	0	43	1.19
<b>95886</b>	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to code for primary procedure)	209	312	523	97	2.68
<b>95886-26</b>		119	178	299	48	1.32
<b>95886-TC</b>		0	0	0	49	1.36
<b>95887</b>	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure)	181	271	454	84	2.33
<b>95887-26</b>		42	64	106	39	1.08
<b>95887-TC</b>		0	0	0	45	1.25
<b>95905</b>	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report	121	181	303	65	1.8
<b>95905-26</b>		24	35	59	3	0.08
<b>95905-TC</b>		0	0	0	62	1.72
<b>95907</b>	Nerve conduction studies; 1-2 studies	219	327	548	98	2.72
<b>95907-26</b>		47	71	119	55	1.53
<b>95907-TC</b>		0	0	0	43	1.19
<b>95908</b>	Nerve conduction studies; 3-4 studies	286	428	716	127	3.52
<b>95908-26</b>		150	225	377	70	1.93
<b>95908-TC</b>		0	0	0	57	1.59
<b>95909</b>	Nerve conduction studies; 5-6 studies	341	511	856	151	4.2
<b>95909-26</b>		191	286	479	83	2.3

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
95909-TC		0	0	0	68	1.9
95910	Nerve conduction studies; 7-8 studies	446	667	1117	199	5.51
95910-26		268	402	673	111	3.07
95910-TC		0	0	0	88	2.44
95911	Nerve conduction studies; 9-10 studies	557	834	1398	239	6.62
95911-26		329	492	825	138	3.83
95911-TC		0	0	0	101	2.79
95912	Nerve conduction studies; 11-12 studies	636	951	1594	268	7.44
95912-26		390	584	979	164	4.56
95912-TC		0	0	0	104	2.88
95913	Nerve conduction studies; 13 or more studies	705	1055	1767	310	8.59
95913-26		421	630	1056	195	5.4
95913-TC		0	0	0	115	3.19
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded r-r interval, valsalva ratio, and 30:15 ratio	204	305	510	85	2.36
95921-26		119	178	298	46	1.29
95921-TC		0	0	0	39	1.07
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat bp and r-r interval changes during valsalva maneuver and at least 5 minutes of passive tilt	186	278	465	97	2.7
95922-26		48	73	122	49	1.37
95922-TC		0	0	0	48	1.33
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	373	558	934	131	3.64
95923-26		172	257	431	47	1.31

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
95923-TC		0	0	0	84	2.33
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	302	452	757	153	4.25
95924-26		205	307	515	92	2.54
95924-TC		0	0	0	62	1.71
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	328	491	823	134	3.73
95925-26		122	182	305	28	0.79
95925-TC		0	0	0	106	2.94
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	302	452	757	130	3.61
95926-26		78	117	196	28	0.78
95926-TC		0	0	0	102	2.83
95927	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	263	393	658	135	3.74
95927-26		99	148	248	28	0.78
95927-TC		0	0	0	107	2.96
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	2696	4036	6760	223	6.2
95928-26		856	1281	2147	82	2.27
95928-TC		0	0	0	142	3.93
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	1321	1977	3311	229	6.35
95929-26		846	1267	2122	82	2.28
95929-TC		0	0	0	147	4.07
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	238	356	597	70	1.94

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
95930-26		75	112	188	19	0.54
95930-TC		0	0	0	50	1.4
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	304	455	762	83	2.3
95933-26		140	209	350	32	0.9
95933-TC		0	0	0	50	1.4
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	168	252	422	89	2.48
95937-26		40	59	99	35	0.98
95937-TC		0	0	0	54	1.5
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	4661	6976	11687	353	9.79
95938-26		1069	1600	2681	48	1.32
95938-TC		0	0	0	305	8.47
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	4549	6808	11405	524	14.55
95939-26		1313	1965	3291	123	3.42
95939-TC		0	0	0	401	11.13
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	338	506	848	34	0.93
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	873	1307	2190	0	0
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of	401	600	1005	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	continuous respiratory activity, with mean heart rate and bp measures, during rest, paced (deep) breathing, valsalva maneuvers, and head-up postural change					
95943-26		182	273	457	0	0
95943-TC		0	0	0	0	0
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	528	790	1324	298	8.27
95950-26		215	322	539	81	2.24
95950-TC		0	0	0	217	6.03
95951	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	5332	7981	13369	0	0
95951-26		979	1465	2454	329	9.14
95951-TC		0	0	0	0	0
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	1090	1631	2733	453	12.56
95953-26		393	588	985	169	4.68
95953-TC		0	0	0	284	7.88
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	1042	1560	2614	408	11.32
95954-26		430	644	1079	119	3.3
95954-TC		0	0	0	289	8.02
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	2402	3595	6022	214	5.95
95955-26		604	904	1514	56	1.55
95955-TC		0	0	0	159	4.4
95956	Monitoring for localization of cerebral seizure	2885	4318	7233	1485	41.21



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse					
<b>95956-26</b>		604	905	1516	196	5.43
<b>95956-TC</b>		0	0	0	1289	35.78
<b>95957</b>	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	633	947	1587	275	7.62
<b>95957-26</b>		329	493	826	106	2.95
<b>95957-TC</b>		0	0	0	168	4.67
<b>95958</b>	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	1728	2586	4332	589	16.34
<b>95958-26</b>		685	1025	1718	234	6.48
<b>95958-TC</b>		0	0	0	355	9.86
<b>95961</b>	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 attendance by a physician or other qualified health care professional	885	1324	2218	313	8.69
<b>95961-26</b>		626	937	1569	167	4.64
<b>95961-TC</b>		0	0	0	146	4.05
<b>95962</b>	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 attendance by a physician or other qualified health care professional (list separately in addition to code for primary procedure)	968	1448	2426	269	7.46
<b>95962-26</b>		603	903	1512	178	4.95
<b>95962-TC</b>		0	0	0	90	2.51
<b>95965</b>	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	1541	2306	3864	0	0
<b>95965-26</b>		0	0	0	435	12.07

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
95965-IC		0	0	0	0	0
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	587	879	1473	0	0
95966-26		0	0	0	220	6.11
95966-IC		0	0	0	0	0
95967	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)	513	768	1287	0	0
95967-26		0	0	0	192	5.34
95967-IC		0	0	0	0	0
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	138	207	347	19	0.54
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	141	211	353	52	1.44
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling,	251	375	628	58	1.62

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional					
<b>95976</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	112	167	280	42	1.16
<b>95977</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	148	222	371	56	1.54
<b>95980</b>	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 measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	123	184	308	48	1.32
<b>95981</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation,	76	114	191	35	0.97

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming					
<b>95982</b>	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 measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	126	188	315	56	1.55
<b>95983</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	140	210	352	53	1.46
<b>95984</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [HZ], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (list separately in addition to code for primary procedure)	122	183	306	46	1.27
<b>95990</b>	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	102	152	255	94	2.62
<b>95991</b>	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a	243	363	608	119	3.3

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	physician or other qualified health care professional					
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	85	127	212	45	1.25
95999	Unlisted neurological or neuromuscular diagnostic procedure	0	0	0	0	0
96000	Comprehensive computer-based motion analysis by video-taping and 3d kinematics;	212	318	533	98	2.72
96001	Comprehensive computer-based motion analysis by video-taping and 3d kinematics; with dynamic plantar pressure measurements during walking	202	302	505	132	3.65
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	58	87	146	23	0.63
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	47	71	118	18	0.49
96004	Review and interpretation by physician or other qualified health care professional 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	304	455	762	118	3.27
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	507	759	1271	0	0
96020-26		0	0	0	168	4.67
96020-TC		0	0	0	0	0

**MEDICAL GENETICS AND GENETIC COUNSELING SERVICES**

96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	151	226	378	47	1.3
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
<b>96105</b>	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	252	378	633	107	2.96
<b>96110</b>	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	30	45	76	10	0.28
<b>96112</b>	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	368	551	923	138	3.83
<b>96113</b>	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (list separately in addition to code for primary procedure)	164	246	412	62	1.71
<b>96116</b>	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	201	301	503	97	2.7
<b>96121</b>	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (list	223	334	559	84	2.32

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	separately in addition to code for primary procedure)					
96125	Standardized cognitive performance testing (eg, Ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	151	227	380	112	3.12
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [adhd] scale), with scoring and documentation, per standardized instrument	20	30	50	5	0.15
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	317	475	796	119	3.3
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure)	241	361	605	90	2.51
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	357	534	894	134	3.71
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed;	272	407	682	102	2.83

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	each additional hour (list separately in addition to code for primary procedure)					
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	128	191	321	48	1.33
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure)	118	177	297	44	1.23
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	104	155	260	39	1.08
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure)	104	155	260	39	1.08
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	6	9	14	2	0.06

### HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

96150	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	52	77	130	23	0.65
96151	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	35	53	88	23	0.64
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	35	53	88	21	0.59
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	12	18	30	5	0.14
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	45	67	112	21	0.58



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	43	64	107	23	0.64
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	26	39	66	3	0.09
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	20	30	51	3	0.09

**THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC INJECTIONS AND INFUSIONS, AND CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC ADMINISTRATION**

96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	151	205	249	39	1.07
96361	Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)	50	68	83	14	0.38
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	185	251	305	73	2.02
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)	75	102	124	22	0.61
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure)	115	157	190	32	0.88
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)	77	105	127	21	0.59
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	301	410	497	169	4.69

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)	35	48	58	16	0.44
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)	187	254	308	66	1.84
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	44	60	72	17	0.47
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	46	62	75	19	0.53
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	127	172	209	40	1.1
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)	75	101	123	17	0.47
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (list separately in addition to code for primary procedure)	86	117	142	0	0
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	80	109	132	21	0.57
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	0	0	0	0	0
96401	Chemotherapy admin, subcutaneous or intramuscular; non-hormonal anti-neoplastic	152	206	250	81	2.24
96402	Chemotherapy admin, subcutaneous or intramuscular; hormonal anti-neoplastic	100	137	166	31	0.87
96405	Chemotherapy admin; intralesional, up to and including 7 lesions	187	255	309	83	2.31
96406	Chemotherapy admin; intralesional, more than 7 lesions	252	343	416	125	3.46

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
96409	Chemotherapy admin; intravenous, push technique, single or initial substance/drug	351	477	578	110	3.05
96411	Chemotherapy admin; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)	219	298	361	59	1.65
96413	Chemotherapy admin, intravenous infusion technique; up to 1 hour, single or initial substance/drug	438	595	722	143	3.97
96415	Chemotherapy admin, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure)	116	158	191	31	0.86
96416	Chemotherapy admin, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	443	602	730	143	3.98
96417	Chemotherapy admin, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure)	250	340	412	69	1.92
96420	Chemotherapy admin, intra-arterial; push technique	351	477	578	106	2.95
96422	Chemotherapy admin, intra-arterial; infusion technique, up to 1 hour	423	575	697	175	4.85
96423	Chemotherapy admin, intra-arterial; infusion technique, each additional hour (list separately in addition to code for primary procedure)	246	334	405	81	2.24
96425	Chemotherapy admin, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	506	688	834	185	5.14
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	2383	3241	3930	854	23.69
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	653	888	1077	208	5.78
96450	Chemotherapy admin, into cns (eg, intrathecal), requiring and including spinal puncture	697	948	1150	185	5.13
96521	Refilling and maintenance of portable pump	527	717	869	149	4.13

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	251	342	414	122	3.39
96523	Irrigation of implanted venous access device for drug delivery systems	76	103	125	28	0.77
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	456	620	751	136	3.77
96549	Unlisted chemotherapy procedure	0	0	0	0	0

**PHOTODYNAMIC THERAPY**

96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	242	329	399	126	3.5
96570	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 gastrointestinal tract)	158	215	260	53	1.48
96571	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 gastrointestinal tract)	89	121	147	30	0.83
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	302	411	498	205	5.7
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	377	513	622	261	7.25

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
<b>96900</b>	Actinotherapy (ultraviolet light)	46	62	83	22	0.61
<b>96902</b>	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	63	85	114	22	0.62
<b>96904</b>	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	172	232	311	66	1.82
<b>96910</b>	Photochemotherapy; tar and ultraviolet b (Goeckerman treatment) or petrolatum and ultraviolet b	125	169	226	117	3.24
<b>96912</b>	Photochemotherapy; psoralens and ultraviolet a (PUVA)	138	187	250	99	2.75
<b>96913</b>	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	249	336	450	141	3.91
<b>96920</b>	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	305	411	551	167	4.64
<b>96921</b>	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	352	476	638	183	5.09
<b>96922</b>	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	495	669	896	249	6.91
<b>96931</b>	Reflectance confocal microscopy (rcm) for cellular and sub-Cellular imaging of skin; image acquisition and interpretation and report, first lesion	314	424	569	173	4.81
<b>96932</b>	Reflectance confocal microscopy (rcm) for cellular and sub-Cellular imaging of skin; image acquisition only, first lesion	219	295	396	126	3.51
<b>96933</b>	Reflectance confocal microscopy (rcm) for cellular and sub-Cellular imaging of skin; interpretation and report only, first lesion	76	103	138	48	1.32

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
96934	Reflectance confocal microscopy (rcm) for cellular and sub-Cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	148	200	268	99	2.74
96935	Reflectance confocal microscopy (rcm) for cellular and sub-Cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	68	92	123	45	1.26
96936	Reflectance confocal microscopy (rcm) for cellular and sub-Cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	73	99	132	45	1.26
96999	Unlisted special dermatological service or procedure	0	0	0	0	0

**PHYSICAL MEDICINE AND REHABILITATION**

97010	Application of a modality to 1 or more areas; hot or cold packs	26	35	47	6	0.18
97012	Application of a modality to 1 or more areas; traction, mechanical	30	40	55	15	0.42
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	33	44	60	15	0.42
97016	Application of a modality to 1 or more areas; vasopneumatic devices	40	53	72	13	0.36
97018	Application of a modality to 1 or more areas; paraffin bath	35	47	64	7	0.2
97022	Application of a modality to 1 or more areas; whirlpool	41	55	75	18	0.51
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	30	40	55	7	0.2
97026	Application of a modality to 1 or more areas; infrared	30	40	55	6	0.18
97028	Application of a modality to 1 or more areas; ultraviolet	25	34	46	8	0.23
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	35	47	64	15	0.42
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	50	67	91	21	0.59

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	34	45	61	15	0.43
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	33	44	60	14	0.39
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	40	54	73	36	0.99
97039	Unlisted modality (specify type and time if constant attendance)	0	0	0	0	0
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	56	70	92	31	0.87
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	58	74	97	36	0.99
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	61	77	101	40	1.1
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	51	64	84	31	0.86
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	35	44	58	29	0.81
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	60	76	100	0	0
97139	Unlisted therapeutic procedure (specify)	0	0	0	0	0
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	55	70	92	28	0.79
97150	Therapeutic procedure(s), group (2 or more individuals)	38	47	62	19	0.52

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	0	0	0	0	0
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	0	0	0	0	0
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	0	0	0	0	0
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	0	0	0	0	0
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	0	0	0	0	0
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	0	0	0	0	0
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	0	0	0	0	0
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	0	0	0	0	0



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
97161	Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 20 minutes are spent face-to-face with the patient and/or family.	150	189	249	86	2.4
97162	Physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 30 minutes are spent face-to-face with the patient and/or family.	150	189	249	86	2.4
97163	Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 45 minutes are spent face-to-face with the patient and/or family.	180	228	299	86	2.4

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
97164	Re-evaluation of physical therapy established plan of care, requiring these components: an examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.	86	108	142	59	1.63
97165	Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. patient presents with no comorbidities that affect occupational performance. modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. typically, 30 minutes are spent face-to-face with the patient and/or family.	156	197	259	93	2.58
97166	Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. patient may present with comorbidities that affect occupational performance. minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is	156	197	259	93	2.58

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
97167	<p>necessary to enable patient to complete evaluation component. typically, 45 minutes are spent face-to-face with the patient and/or family.</p> <p>Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. patient presents with comorbidities that affect occupational performance. significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 60 minutes are spent face-to-face with the patient and/or family.</p>	200	252	332	93	2.58
97168	<p>Re-evaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care. a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. typically, 30 minutes are spent face-to-face with the patient and/or family.</p>	101	127	167	64	1.77
97169	<p>Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect physical activity; an examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and clinical decision making of low complexity</p>	75	95	125	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 15 minutes are spent face-to-face with the patient and/or family.					
97170	Athletic training evaluation, moderate complexity, requiring these components: a medical history and physical activity profile with 1-2 comorbidities that affect physical activity; an examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 30 minutes are spent face-to-face with the patient and/or family.	175	221	291	0	0
97171	Athletic training evaluation, high complexity, requiring these components: a medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; a comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 45 minutes are spent face-to-face with the patient and/or family.	200	253	332	0	0
97172	Re-evaluation of athletic training established plan of care requiring these components: an assessment of patient's current functional status when there is a documented change; and a revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. typically, 20 minutes are spent face-to-face with the patient and/or family.	125	158	208	0	0
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	58	74	97	41	1.13

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	50	63	83	44	1.21
97535	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, each 15 minutes	50	64	84	35	0.97
97537	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, each 15 minutes	75	95	125	34	0.93
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	41	52	69	34	0.94
97545	Work hardening/conditioning; initial 2 hours	314	396	521	0	0
97546	Work hardening/conditioning; each additional hour (list separately in addition to code for primary procedure)	137	173	227	0	0
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	125	158	208	91	2.52
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	58	73	96	28	0.79

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	74	94	124	0	0
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	93	117	154	45	1.24
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	118	149	196	53	1.46
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	141	178	234	0	0
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	183	231	304	0	0
97610	Low frequency, non-Contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	253	320	421	230	6.39
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	65	82	108	36	0.99
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or	40	51	67	39	1.08

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes					
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	66	83	110	49	1.35
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	48	60	80	42	1.16
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	75	95	125	52	1.43
97799	Unlisted physical medicine/rehabilitation service or procedure	0	0	0	0	0

### MEDICAL NUTRITION THERAPY

97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	55	69	91	38	1.05
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	50	63	83	33	0.91
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	41	52	68	17	0.48

### ACUPUNCTURE

97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	75	95	125	37	1.03
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	50	64	84	28	0.78
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	82	104	136	41	1.13
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15	60	76	100	33	0.91

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)					

**OSTEOPATHIC MANIPULATIVE TREATMENT**

<b>98925</b>	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	90	113	149	32	0.89
<b>98926</b>	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	90	114	149	46	1.28
<b>98927</b>	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	112	141	185	61	1.68
<b>98928</b>	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	126	159	209	74	2.04
<b>98929</b>	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	170	215	283	88	2.44

**CHIROPRACTIC MANIPULATIVE TREATMENT**

<b>98940</b>	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	49	62	82	29	0.8
<b>98941</b>	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	55	70	92	42	1.16
<b>98942</b>	Chiropractic manipulative treatment (CMT); spinal, 5 regions	65	82	108	54	1.5
<b>98943</b>	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	43	55	72	28	0.77

**EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT**

<b>98960</b>	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	31	39	51	28	0.77
<b>98961</b>	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	38	48	63	14	0.38
<b>98962</b>	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized	15	19	25	10	0.28



CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
	curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients					

**NON-FACE-TO-FACE NONPHYSICIAN SERVICES**

<b>98966</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	25	32	42	14	0.39
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<b>98967</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	46	58	76	27	0.76
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<b>98968</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	79	99	130	40	1.12
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<b>98969</b>	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the internet or similar electronic communications network	45	57	75	0	0
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**SPECIAL SERVICES, PROCEDURES AND REPORTS**

<b>99000</b>	Handling and/or conveyance of specimen for transfer from the office to a laboratory	17	25	35	0	0
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<b>99001</b>	Handling and/or conveyance of specimen for transfer from the patient in other than an	33	48	67	0	0
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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
	office to a laboratory (distance may be indicated)					
99002	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 or other qualified health care professional	15	22	31	0	0
99024	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	64	95	132	0	0
99026	Hospital mandated on call service; in-hospital, each hour	0	0	0	0	0
99027	Hospital mandated on call service; out-of-hospital, each hour	0	0	0	0	0
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	51	75	105	0	0
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	43	64	89	0	0
99053	Service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in addition to basic service	55	82	114	0	0
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	30	45	62	0	0
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	75	111	154	0	0
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	114	168	235	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	25	37	52	0	0
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	0	0	0	0	0
99075	Medical testimony	201	297	414	0	0
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	59	88	122	0	0
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	25	37	52	0	0
99082	Unusual travel (eg, transportation and escort of patient)	60	89	124	0	0
99091	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, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	91	135	188	58	1.62

### QUALIFYING CIRCUMSTANCES FOR ANESTHESIA

99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (list separately in addition to code for primary anesthesia procedure)	125	185	259	0	0
99116	Anesthesia complicated by utilization of total body hypothermia (list separately in addition to code for primary anesthesia procedure)	513	759	1058	0	0
99135	Anesthesia complicated by utilization of controlled hypotension (list separately in addition to code for primary anesthesia procedure)	700	1035	1444	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99140	Anesthesia complicated by emergency conditions (specify) (list separately in addition to code for primary anesthesia procedure)	222	328	457	0	0

**MODERATE (CONSCIOUS) SEDATION**

99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	176	260	363	76	2.12
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	100	148	207	52	1.44
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (list separately in addition to code for primary service)	31	46	64	11	0.3
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	300	443	618	92	2.54
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	200	295	412	81	2.24

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (list separately in addition to code for primary service)	150	221	309	66	1.82

**OTHER SERVICES AND PROCEDURES**

99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	418	585	847	161	4.48
99172	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)	35	49	71	0	0
99173	Screening test of visual acuity, quantitative, bilateral	25	35	51	3	0.08
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	45	63	91	6	0.16
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	75	105	152	26	0.73
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	45	63	91	5	0.13
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	350	489	708	112	3.12
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	1008	1409	2039	228	6.33
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	40	56	81	13	0.35

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CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2019	MFS RVU
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	781	1092	1580	0	0
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	596	833	1206	0	0
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	396	554	801	0	0
99195	Phlebotomy, therapeutic (separate procedure)	207	290	419	103	2.86
99199	Unlisted special service, procedure or report	0	0	0	0	0

**HOME HEALTH PROCEDURES/SERVICES**

99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	151	182	236	0	0
99501	Home visit for postnatal assessment and follow-up care	151	182	236	0	0
99502	Home visit for newborn care and assessment	151	182	236	0	0
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	85	103	133	0	0
99504	Home visit for mechanical ventilation care	13	15	20	0	0
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	100	121	156	0	0
99506	Home visit for intramuscular injections	121	145	189	0	0
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	95	115	149	0	0
99509	Home visit for assistance with activities of daily living and personal care	0	0	0	0	0
99510	Home visit for individual, family, or marriage counseling	0	0	0	0	0
99511	Home visit for fecal impaction management and enema admin	0	0	0	0	0
99512	Home visit for hemodialysis	1606	1937	2512	0	0
99600	Unlisted home visit service or procedure	0	0	0	0	0

CPT	DESCRIPTION	UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>	MFS 2018	MFS RVU
99601	Home infusion/specialty drug admin, per visit (up to 2 hours);	250	302	392	0	0
99602	Home infusion/specialty drug admin, per visit (up to 2 hours); each additional hour (list separately in addition to code for primary procedure)	126	152	197	0	0

**MEDICATION THERAPY MANAGEMENT SERVICES**

99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	63	76	99	0	0
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	56	68	88	0	0
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service)	48	58	75	0	0

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<b>CPT</b>	<b>DESCRIPTION</b>	<b>UCR 50<sup>TH</sup></b>	<b>UCR 75<sup>TH</sup></b>	<b>UCR 90<sup>TH</sup></b>	<b>MFS 2019</b>	<b>MFS RVU</b>
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# GEOGRAPHIC ADJUSTMENT

## GEOGRAPHIC VARIATION OF MEDICAL FEES

The percentile fees presented in this book are based on national fee data; however, medical fees vary substantially by geographic area. In rural areas and smaller towns and cities, medical fees may be significantly lower than the percentiles presented in this book. Likewise, in larger cities, medical fees may be significantly higher than the fees presented. There are two primary reasons for the geographic variation in medical fees; namely, the cost of running a medical practice and the cost of medical malpractice insurance.

The cost of practice includes rent, employee costs, and other overhead costs, but not medical malpractice costs. According to the cost of practice indexes published in the Medicare Physicians Fee Schedule, San Francisco has the highest cost of practice index (1.441) and Missouri (other than St. Louis) has the lowest cost of practice index (0.821). Statistically, the cost of running a medical practice in San Francisco is almost 76% higher than running a medical practice in Missouri based upon the cost of practice index.

The second reason for the geographic variation in medical fees is the cost of medical malpractice insurance. According to the malpractice expense indexes published in the Medicare Fee Schedule, Miami, Florida has the highest cost of medical malpractice insurance expense (3.167) and Nebraska has the lowest cost of medical malpractice insurance expense (0.245). Statistically, medical malpractice insurance expense is almost 1300% higher in Detroit than in South Dakota.

These differences in the cost of practice and medical malpractice insurance are reflected in the wide range of fees charged by doctors for

identical services provided in different geographic locations.

## THE GEOGRAPHIC ADJUSTMENT FACTOR (GAF)

In order to help you improve the accuracy of the percentile medical fees in the area where you practice, we have included this appendix of the Medicare Fee Schedule geographic cost of practice indexes (GPCI) and a weighted geographic adjustment factor. A geographic adjustment factor (GAF) is a multiplier used to determine a more accurate fee for a specific location of medical practice. This appendix includes a list of geographic adjustment factors for cities, counties, areas, regions and states which can be used to "fine tune" the medical fees listed in this book. The geographic adjustment factors listed below are calculated using data from the 2016 Medicare Physician's Fee Schedule.

The GAF listed below is a weighted average of the work, practice expense and malpractice expense components of the most current Medicare Fee Schedule. The GAF is used to calculate the approximate variations of geographic location on both the UCR and Medicare fees listed in this publication.

### STATE/LOCALITY NAME

The geographic region included in the geographic adjustment factor. Note that most geographic adjustment factors correspond to entire states or specific cities. But others correspond to specific counties, or terms such as urban, metropolitan, rural, large, small, northwest, southwest, etc.

### CARRIER/LOCALITY

The Medicare carrier code and locality assigned by CMS. The carrier code is included so that you can clearly identify the specific

geographic regions represented by the geographic adjustment factors.

The location code is included so that you can clearly identify the specific geographic regions represented by the geographic adjustment factors.

### **WORK GPCI**

This field defines the Medicare geographic cost of practice index for the work component of the procedure or service.

### **PE GPCI**

This field defines the Medicare geographic cost of practice index for the practice expense component of the procedure or service.

### **MP GPCI**

This field defines the Medicare geographic cost of practice index for the malpractice expense component of the procedure or service.

### **WGT GAF**

This field is the sum of the weighted averages of the three GPCIs for each locality. The weighting factors are from the CMS report "*Review of Alternative GPCI Payment Locality Structures – Final Report*," which weights the physician work GPCI at 52 percent, the practice expense GPCI at 44 percent and the malpractice GPCI four percent. The GAF provides a quick and simple way to determine a more accurate fee for a specific geographic location of a medical practice.

## **HOW TO USE THE GAF TO ADJUST MEDICAL FEES**

To use the geographic adjustment factor, first look up the CPT codes in the book that you want to compare to your doctor's fees or health insurance carrier allowances. Write down the 50th, 75th and 90th percentile fees

for each CPT code. Then look up the geographic adjustment factor for your city, county, area, region or state in this appendix. Finally, multiply the percentile fees times the geographic adjustment factor to determine the adjusted fee.

In order to clearly illustrate the process, let's look at two medical services provided in Arkansas, Queens, NY and Mississippi. We first look up and write down the percentile fees for each service. Then, looking up these locations in this appendix, we find that the GAF for Arkansas is 0.912 the GAF for Queens, NY is 1.160 and the GAF for Mississippi is 0.897 Finally, we multiply the percentile fees times the GAF for each location to determine the adjusted fee.

## SAMPLE CALCULATION OF ADJUSTED FEES

Sample 1: E & M Service			UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>
99205	Office visit, new patient, about 60 minutes	(unadjusted)	379	463	598
	Arkansas	(multiply by 0.931)	353	431	557
	Santa Clara County, CA	(multiply by 1.174)	445	544	702
	Mississippi	(multiply by 0.897)	340	415	536
Sample 2: Surgical Procedure			UCR 50 <sup>TH</sup>	UCR 75 <sup>TH</sup>	UCR 90 <sup>TH</sup>
33513	CABG, vein only; four coronary venous grafts	(unadjusted)	6,087	8,339	12,242
	Arkansas	(multiply by 0.931)	5,667	7,764	11,397
	Santa Clara County, CA	(multiply by 1.174)	7,146	9,790	14,372
	Mississippi	(multiply by 0.897)	5,460	7,480	10,981

As these calculations illustrate, UCR fees in Arkansas are statistically 6.85% lower than the national average, UCR fees in Queens, NY are 17.4% higher than the national percentiles and UCR fees in Mississippi are 10.4% lower than the national percentiles. As previously explained, these variations are mostly due to the cost of practice and cost of medical malpractice insurance.

## GEOGRAPHIC ADJUSTMENT FACTORS BY STATE OR LOCALITY

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	WGT GAF
Alabama	10112	00	1.000	0.890	0.492	0.935
Alaska**	02102	01	1.500	1.117	0.708	1.305
Arizona	03102	00	1.000	0.971	0.834	0.986
Arkansas	07102	13	1.000	0.872	0.576	0.931
Bakersfield, CA	01112	54	1.020	1.074	0.599	1.031
Chico, CA	01112	55	1.020	1.074	0.562	1.029
El Centro, CA	01182	71	1.020	1.074	0.567	1.030
Fresno, CA	01112	56	1.020	1.074	0.562	1.029
Hanford-Corcoran, CA	01112	57	1.020	1.074	0.562	1.029
Los Angeles-Long Beach-Anaheim (Los Angeles County), CA	01182	18	1.046	1.177	0.694	1.094

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State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	WGT GAF
Los Angeles-Long Beach-Anaheim (Orange County), CA	01182	26	1.046	1.177	0.694	1.094
Madera, CA	01112	58	1.020	1.074	0.562	1.029
Merced, CA	01112	59	1.020	1.074	0.562	1.029
Modesto, CA	01112	60	1.020	1.074	0.562	1.029
Napa, CA	01112	51	1.055	1.256	0.458	1.123
Oxnard-Thousand Oaks-Ventura, CA	01182	17	1.024	1.176	0.673	1.082
Redding, CA	01112	61	1.020	1.074	0.562	1.029
Riverside-San Bernardino-Ontario, CA	01112	62	1.020	1.074	0.689	1.035
Sacramento--Roseville--Arden-Arcade, CA	01112	63	1.025	1.086	0.562	1.037
Salinas, CA	01112	64	1.024	1.092	0.562	1.039
San Diego-Carlsbad, CA	01182	72	1.022	1.102	0.567	1.043
San Francisco-Oakland-Hayward (Alameda/Contra Costa County), CA	01112	07	1.075	1.325	0.421	1.162
San Francisco-Oakland-Hayward (Marin County), CA	01112	52	1.062	1.279	0.458	1.137
San Francisco-Oakland-Hayward (San Francisco County), CA	01112	05	1.075	1.325	0.421	1.162
San Francisco-Oakland-Hayward (San Mateo County), CA	01112	06	1.075	1.325	0.421	1.162
San Jose-Sunnyvale-Santa Clara (San Benito County), CA	01112	65	1.041	1.167	0.562	1.081
San Jose-Sunnyvale-Santa Clara (Santa Clara County), CA	01112	09	1.083	1.354	0.388	1.177
San Luis Obispo-Paso Robles-Arroyo Grande, CA	01182	73	1.020	1.080	0.562	1.032
Santa Cruz-Watsonville, CA	01112	66	1.026	1.132	0.562	1.058
Santa Maria-Santa Barbara, CA	01182	74	1.028	1.108	0.562	1.048
Santa Rosa, CA	01112	67	1.023	1.111	0.562	1.047
Stockton-Lodi, CA	01112	68	1.020	1.074	0.562	1.029
Vallejo-Fairfield, CA	01112	53	1.055	1.256	0.458	1.123
Visalia-Porterville, CA	01112	69	1.020	1.074	0.562	1.029
Yuba City, CA	01112	70	1.020	1.074	0.562	1.029
Rest of California, CA	01112	75	1.020	1.074	0.562	1.029
Colorado	04112	01	1.000	1.018	1.042	1.017
Connecticut	13102	00	1.021	1.112	1.255	1.079
District of Columbia + Maryland/Virginia Suburbs	12202	01	1.045	1.205	1.261	1.133

## GEOGRAPHIC ADJUSTMENT

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	WGT GAF
Delaware	12102	01	1.007	1.019	1.119	1.025
Fort Lauderdale, FL	09102	03	1.000	1.012	1.797	1.050
Miami, FL	09102	04	1.000	1.029	2.566	1.093
Rest of Florida	09102	99	1.000	0.952	1.358	1.003
Atlanta, Ga	10212	01	1.000	0.997	1.088	1.010
Rest of Georgia	10212	99	1.000	0.899	1.073	0.966
Hawaii, Guam	01212	01	1.001	1.146	0.614	1.054
Idaho	02202	00	1.000	0.902	0.512	0.941
Chicago, IL	06102	16	1.008	1.034	1.925	1.070
East St. Louis, IL	06102	12	1.000	0.936	1.785	1.016
Suburban Chicago, IL	06102	15	1.009	1.053	1.565	1.062
Rest of Illinois	06102	99	1.000	0.919	1.208	0.981
Indiana	08102	00	1.000	0.919	0.379	0.942
Iowa	05102	00	1.000	0.907	0.423	0.939
Kansas	05202	00	1.000	0.911	0.615	0.950
Kentucky	15102	00	1.000	0.880	0.819	0.946
New Orleans, LA	07202	01	1.000	0.966	1.273	1.005
Rest of Louisiana	07202	99	1.000	0.887	1.199	0.967
Southern Maine	14112	03	1.000	1.007	0.670	0.995
Rest of Maine	14112	99	1.000	0.922	0.670	0.957
Baltimore/Surrounding Counties, MD	12302	01	1.023	1.095	1.295	1.075
Rest of Maryland	12302	99	1.009	1.033	1.082	1.030
Metropolitan Boston, MD	14212	01	1.033	1.179	1.061	1.106
Rest of Massachusetts	14212	99	1.020	1.067	1.061	1.050
Detroit, MI	08202	01	1.000	0.989	1.691	1.035
Rest of Michigan	08202	99	1.000	0.919	1.018	0.972
Minnesota	06202	00	1.000	1.011	0.362	0.982
Mississippi	07302	00	1.000	0.870	0.370	0.920
Metropolitan Kansas City, MO	05302	02	1.000	0.963	1.073	0.994
Metropolitan St. Louis, MO	05302	01	1.000	0.959	1.053	0.991
Rest of Missouri	05302	99	1.000	0.863	0.993	0.946
Montana***	03202	01	1.000	1.000	1.631	1.037
Nebraska	05402	00	1.000	0.910	0.318	0.935
Nevada***	01312	00	1.002	1.017	0.909	1.011

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State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	WGT GAF
New Hampshire	14312	40	1.000	1.045	1.050	1.029
Northern New Jersey	12402	01	1.041	1.180	0.938	1.105
Rest of New Jersey	12402	99	1.024	1.123	0.938	1.071
New Mexico	04212	05	1.000	0.921	1.247	0.984
Manhattan, NY	13202	01	1.052	1.180	1.615	1.142
New York City Suburbs/Long Island, NY	13202	02	1.041	1.205	2.149	1.173
Poughkeepsie/Northern New York City Suburbs, NY	13202	03	1.016	1.070	1.313	1.061
Queens, NY	13292	04	1.052	1.200	2.121	1.175
Rest of New York	13282	99	1.000	0.950	0.595	0.966
North Carolina	11502	00	1.000	0.931	0.695	0.962
North Dakota***	03302	01	1.000	1.000	0.540	0.985
Ohio	15202	00	1.000	0.917	1.005	0.971
Oklahoma	04312	00	1.000	0.891	0.954	0.957
Portland, OR	02302	01	1.010	1.054	0.783	1.026
Rest of Oregon	02302	99	1.000	0.967	0.783	0.982
Metropolitan Philadelphia, PA	12502	01	1.022	1.074	1.379	1.069
Rest of Pennsylvania	12502	99	1.000	0.936	1.033	0.980
Puerto Rico	09202	20	1.000	1.007	0.990	1.010
Rhode Island	14412	01	1.027	1.050	0.999	1.043
South Carolina	11202	01	1.000	0.912	0.553	0.947
South Dakota***	03402	02	1.000	1.000	0.389	0.978
Tennessee	10312	35	1.000	0.901	0.526	0.941
Austin, TX	04412	31	1.000	1.021	0.747	1.004
Beaumont, TX	04412	20	1.000	0.924	0.839	0.966
Brazoria, TX	04412	09	1.020	0.997	0.839	1.009
Dallas, TX	04412	11	1.012	1.014	0.768	1.008
Fort Worth, TX	04412	28	1.007	0.986	0.747	0.993
Galveston, TX	04412	15	1.020	1.011	0.839	1.015
Houston, TX	04412	18	1.020	1.012	0.936	1.020
Rest of Texas	04412	99	1.000	0.938	0.796	0.970
Utah	03502	09	1.000	0.927	1.165	0.983
Vermont	14512	50	1.000	1.015	0.595	0.995
Virginia	11302	00	1.000	0.986	0.908	0.997

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	WGT GAF
Virgin Islands	09202	50	1.000	1.007	0.990	1.010
Seattle (King County), WA	02402	02	1.027	1.146	0.931	1.082
Rest of Washington	02402	99	1.000	1.011	0.902	1.007
West Virginia	11402	16	1.000	0.857	1.296	0.958
Wisconsin	06302	00	1.000	0.957	0.347	0.957
Wyoming***	03602	21	1.000	1.000	0.880	1.001

2019 GPCIs reflect the second year of a two year update transition.

\*\*Work GPCI reflects a 1.5 floor in Alaska established by the MIPPA.

\*\*\*PE GPCI reflects a 1.0 floor for frontier states established by the ACA.

## STATE AND COUNTY LISTING

If you are uncertain about your Carrier and Location number, use the following list to quickly find your state, locality and county.

State	Location	Counties	Carrier	Loc
<b>Alabama</b>	Statewide	All Counties	<b>10112</b>	<b>00</b>
<b>Alaska</b>	Statewide	All Counties	<b>02102</b>	<b>01</b>
<b>Arizona</b>	Statewide	All Counties	<b>03102</b>	<b>00</b>
<b>Arkansas</b>	Statewide	All Counties	<b>07102</b>	<b>13</b>
<b>California</b>	Los Angeles-Long Beach-Anaheim (Orange County)	Orange	<b>01182</b>	<b>26</b>
	Los Angeles-Long Beach-Anaheim (Los Angeles County)	Los Angeles	<b>01182</b>	<b>18</b>
	San Francisco-Oakland-Hayward (Marin County)	Marin	<b>01112</b>	<b>52</b>
	Oakland/Berkley	Alameda and Contra Costa	<b>01112</b>	<b>07</b>
	San Francisco	San Francisco	<b>01112</b>	<b>05</b>
	San Mateo	San Mateo	<b>01112</b>	<b>06</b>
	Santa Clara	Santa Clara	<b>01112</b>	<b>09</b>
	Napa	Napa	<b>01112</b>	<b>51</b>
	Vallejo-Fairfield	Solano	<b>01112</b>	<b>53</b>
	Bakersfield	Kern	<b>01112</b>	<b>54</b>
	Chico	Butte	<b>01112</b>	<b>55</b>
	Fresno	Fresno	<b>01112</b>	<b>56</b>
Hanford-Corcoran	Kings	<b>01112</b>	<b>57</b>	

State	Location	Counties	Carrier	Loc
	Madera	Madera	01112	58
	Merced	Merced	01112	59
	Modesto	Stanislaus	01112	60
	Redding	Shasta	01112	61
	Riverside-San Bernardino-Ontario	San Bernardino, Riverside	01112	62
	Sacramento--Roseville--Arden-Arcade	Sacramento, Placer, Yolo, El Dorado	01112	63
	Salinas	Monterey	01112	64
	San Jose-Sunnyvale-Santa Clara (San Benito County)	San Benito	01112	65
	Santa Cruz-Watsonville	Santa Cruz	01112	66
	Santa Rosa	Sonoma	01112	67
	Stockton-Lodi	San Joaquin	01112	68
	Visalia-Porterville	Tulare	01112	69
	Yuba City	Sutter, Yuba	01112	70
	El Centro	Imperial	01182	71
	San Diego-Carlsbad	San Diego	01182	72
	San Luis Obispo-Paso Robles-Arroyo Grande	San Luis Obispo	01182	73
	Santa Maria-Santa Barbara	Santa Barbara	01182	74
	Oxnard-Thousand Oaks-Ventura	Ventura	01182	17
	Rest of State*	All Other Counties	01112	75
<b>Colorado</b>	Statewide	All Counties	04112	01
<b>Connecticut</b>	Statewide	All Counties	13102	00
<b>Delaware</b>	Statewide	All Counties	12102	01
<b>District of Columbia</b>	District of Columbia + Maryland/Virginia Suburbs	District of Columbia; Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City In Virginia; Montgomery and Prince George's In Maryland	12202	01
<b>Florida</b>	Fort Lauderdale	Broward, Collier, Indian River, Lee, Martin, Palm Beach, and St. Lucie	09102	03
	Miami	Dade and Monroe	09102	04
	Rest of State	All Other Counties	09102	99



<b>State</b>	<b>Location</b>	<b>Counties</b>	<b>Carrier</b>	<b>Loc</b>
<b>Georgia</b>	Atlanta	Butts, Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale and Walton	10212	01
	Rest of State	All Other Counties	10212	99
<b>Hawaii/Guam</b>	Statewide	All Counties	01212	01
<b>Idaho</b>	Statewide	All Counties	02202	00
<b>Illinois</b>	Chicago	Cook	06102	16
	East St. Louis	Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair and Washington	06102	12
	Suburban Chicago	Dupage, Kane, Lake and Will	06102	15
	Rest of State	All Other Counties	06102	99
<b>Indiana</b>	Statewide	All Counties	08102	00
<b>Iowa</b>	Statewide	All Counties	05102	00
<b>Kansas</b>	Statewide*	All Counties	05202	00
<b>Kentucky</b>	Statewide	All Counties	15102	00
<b>Louisiana</b>	New Orleans	Jefferson, Orleans, Plaquemines and St. Bernard	07202	01
	Rest of State	All Other Counties	07202	99
<b>Maine</b>	Southern Maine	Cumberland and York	14112	03
	Rest of State	All Other Counties	14112	99
<b>Maryland</b>	Baltimore/Surr. Counties	Anne Arundel, Baltimore, Baltimore City, Carroll, Harford and Howard	12302	01
	Rest of State	All Other Counties Except Montgomery and Prince George's	12302	99
<b>Massachusetts</b>	Metropolitan Boston	Middlesex, Norfolk and Suffolk	14212	01
	Rest of State	All Other Counties	14212	99
<b>Michigan</b>	Detroit	Macomb, Oakland, Washtenaw and Wayne	08202	01
	Rest of State	All Other Counties	08202	99
<b>Minnesota</b>	Statewide	All Counties	06202	00

<b>State</b>	<b>Location</b>	<b>Counties</b>	<b>Carrier</b>	<b>Loc</b>
<b>Mississippi</b>	Statewide	All Counties	<b>07302</b>	<b>00</b>
<b>Missouri</b>	Metropolitan Kansas City	Clay, Jackson and Platte	<b>05302</b>	<b>02</b>
	Metropolitan St. Louis	Jefferson, St. Charles, St. Louis and St. Louis City	<b>05302</b>	<b>01</b>
	Rest of State*	All Other Counties	<b>05302</b>	<b>99</b>
<b>Montana</b>	Statewide	All Counties	<b>03202</b>	<b>01</b>
<b>Nebraska</b>	Statewide	All Counties	<b>05402</b>	<b>00</b>
<b>Nevada</b>	Statewide	All Counties	<b>01312</b>	<b>00</b>
<b>New Hampshire</b>	Statewide	All Counties	<b>14312</b>	<b>40</b>
<b>New Jersey</b>	Northern New Jersey	Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren	<b>12402</b>	<b>01</b>
	Rest of State	All Other Counties	<b>12402</b>	<b>99</b>
<b>New Mexico</b>	Statewide	All Counties	<b>04212</b>	<b>05</b>
<b>New York</b>	Manhattan	New York	<b>13202</b>	<b>01</b>
	New York City Suburbs/Long Island	Bronx, Kings, Nassau, Richmond, Rockland, Suffolk and Westchester	<b>13202</b>	<b>02</b>
	Poughkeepsie/N New York City Suburbs	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan and Ulster	<b>13202</b>	<b>03</b>
	Queens	Queens	<b>13292</b>	<b>04</b>
	Rest of State	All Other Counties	<b>13282</b>	<b>99</b>
<b>North Carolina</b>	Statewide	All Counties	<b>11502</b>	<b>00</b>
<b>North Dakota</b>	Statewide	All Counties	<b>03302</b>	<b>01</b>
<b>Ohio</b>	Statewide	All Counties	<b>15202</b>	<b>00</b>
<b>Oklahoma</b>	Statewide	All Counties	<b>04312</b>	<b>00</b>
<b>Oregon</b>	Portland	Clackamas, Multnomah and Washington	<b>02302</b>	<b>01</b>
	Rest of State	All Other Counties	<b>02302</b>	<b>99</b>
<b>Pennsylvania</b>	Metropolitan Philadelphia	Bucks, Chester, Delaware, Montgomery and Philadelphia	<b>12502</b>	<b>01</b>
	Rest of State	All Other Counties	<b>12502</b>	<b>99</b>
<b>Puerto Rico</b>	Puerto Rico	All County Equivalents	<b>09202</b>	<b>20</b>
<b>Rhode Island</b>	Statewide	All Counties	<b>14412</b>	<b>01</b>
<b>South Carolina</b>	Statewide	All Counties	<b>11202</b>	<b>01</b>

<b>State</b>	<b>Location</b>	<b>Counties</b>	<b>Carrier</b>	<b>Loc</b>
<b>South Dakota</b>	Statewide	All Counties	<b>03402</b>	<b>02</b>
<b>Tennessee</b>	Statewide	All Counties	<b>10312</b>	<b>35</b>
<b>Texas</b>	Austin	Travis	<b>04412</b>	<b>31</b>
	Beaumont	Jefferson	<b>04412</b>	<b>20</b>
	Brazoria	Brazoria	<b>04412</b>	<b>09</b>
	Dallas	Dallas	<b>04412</b>	<b>11</b>
	Fort Worth	Tarrant	<b>04412</b>	<b>28</b>
	Galveston	Galveston	<b>04412</b>	<b>15</b>
	Houston	Harris	<b>04412</b>	<b>18</b>
	Rest of State	All Other Counties	<b>04412</b>	<b>99</b>
<b>Utah</b>	Statewide	All Counties	<b>03502</b>	<b>09</b>
<b>Vermont</b>	Statewide	All Counties	<b>14512</b>	<b>50</b>
<b>Virgin Islands</b>	Virgin Islands	All County Equivalents	<b>09202</b>	<b>50</b>
<b>Virginia</b>	Statewide	All Counties, Except Alexandria City, Arlington, Fairfax, Fairfax City, and Falls Church City	<b>11302</b>	<b>00</b>
<b>Washington</b>	Seattle (King County)	King	<b>02402</b>	<b>02</b>
	Rest of State	All Other Counties	<b>02402</b>	<b>99</b>
<b>West Virginia</b>	Statewide	All Counties	<b>11402</b>	<b>16</b>
<b>Wisconsin</b>	Statewide	All Counties	<b>06302</b>	<b>00</b>
<b>Wyoming</b>	Statewide	All Counties	<b>03602</b>	<b>21</b>

\* Payment Locality Is Serviced By Two Carriers.

