

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
SAIPAN, TINIAN, ROTA, & NORTHERN ISLANDS



COMMONWEALTH REGISTER
VOLUME 29
NUMBER 10

OCTOBER 17, 2007

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COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Timothy P. Villagomez
Lieutenant Governor

EXTENSION OF EMERGENCY Volcanic Activity on Anatahan

WHEREAS, On May 13, 2003, a Declaration of Emergency was issued with respect to volcanic activity on the island of Anatahan; and

WHEREAS, said Declaration declared the island of Anatahan as unsafe for human habitation and restricted all travel to said island with the exception of scientific expeditions; and

WHEREAS, the volcanic activity and seismic phenomena which prompted said Declaration continues to exist on the island of Anatahan;

NOW, THEREFORE, I, BENIGNO R. FITIAL, by the authority vested in me as Governor, and pursuant to Article III, Section 10 of the Commonwealth Constitution and 3 CMC §5121, do hereby extend a state of disaster emergency in the Commonwealth with respect to the island of Anatahan under the same terms and conditions as are contained in the original Declaration.

This Extension of Emergency shall remain in effect for thirty (30) days, unless the Governor shall, prior to the end of the 30-day period, notify the Presiding Officers of the Legislature that the state of emergency has been revoked or further extended for alike term, and giving reasons for extending the emergency.

Dated this 27th day of September 2007.

A handwritten signature in black ink, appearing to read "Benigno R. Fitial".

BENIGNO R. FITIAL

cc: Lt. Governor (Fax: 664-2311)
Senate President (Fax: 664-8803)
House Speaker (Fax: 664-8900)
Mayor of the Northern Islands (Fax: 664-2710)
Executive Assistant for Carolinian Affairs (Fax: 235-5088)
Director of Emergency Management (Fax: 322-7743)
Attorney General (Fax: 664-2349)
Secretary of Finance (Fax: 664-1115)
Commissioner of Public Safety (Fax: 664-9027)
Special Assistant for Management and Budget (Fax: 664-2272)
Special Asst. for Programs and Legislative Review (Fax: 664-2313)
Press Secretary (Fax: 664-2290)

**NOTICE OF EMERGENCY AND ADOPTION OF AMENDMENT OF THE
COMMONWEALTH HEALTH CENTER REGULATIONS**

EMERGENCY: The Secretary of the Division of Public Health (“Secretary”) finds that under 1 CMC § 9104(b) the public interest and welfare requires the adoption of emergency amendments to the Department of Public Health’s regulations and further finds that the public interest and welfare mandates adoption of these emergency amendments upon fewer than thirty (30) days notice, and that these regulations shall become effective immediately upon filing with the Commonwealth Registrar, subject to the approval of the Attorney General and the concurrence of the Governor, and shall remain in effect for 120 days.

It is the intent of the Department to make these regulations permanent upon expiration of the period of emergency adoption. Therefore, the Department solicits and shall duly consider all written and oral comments concerning these regulations. These comments can be submitted during the period October 15, 2007 through December 31, 2007 to Ms. Esther Muna P.O. Box 500409 Saipan, MP 96950 (670-234-8950 ext. 3552). A copy of these regulations can be obtained by contacting Ms. Muna at the address and telephone number listed above.

REASON FOR EMERGENCY: The existing rates for health services do not reflect costs of service and this has resulted in the provision of inadequate revenues to maintain public health operations. The Department of Public Health strives to ensure that the citizens and residents of the Commonwealth of the Northern Mariana Islands have access to adequate health services and these new rates are a critical component of this effort. It is necessary to enact these regulations on an emergency basis in order to correct the current improper rate structure and provide adequate revenues for continued health services.

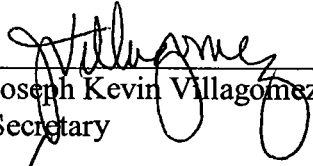
REPEAL: The following Division of Public Health Regulations shall be repealed:

1. Subchapter 140-10.8, Part 100 in its entirety;
2. Subchapter 140-10.8, Part 300 § 301;
3. Subchapter 140-10.8, Part 300 § 305.

AMENDMENTS: The Divisions Regulations shall be amended to add and or reflect the following rates:

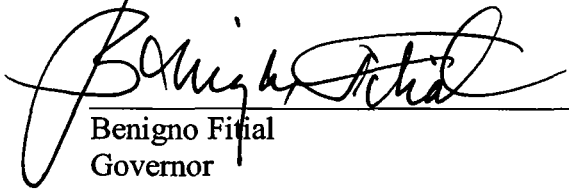
1. Subchapter 140-10.8, Part 315:
 - a) Birth Certificate - \$50
 - b) Death Certificate - \$30
2. Subchapter 140-10.8, Part 325:
 - a) Morgue – per day \$30

AUTHORITY: The authority for the adoption and promulgation of this amendment to the Division's Regulations is by virtue of the authority vested in the Secretary pursuant to 1 CMC §§ 2603, 2605 and the Commonwealth Administrative Procedures Act, 1 CMC § 9101, et seq.



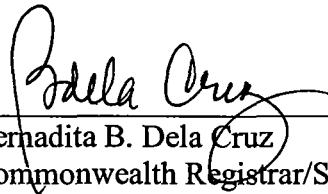
Joseph Kevin Villagomez
Secretary

10-05-2007
Date



Benigno Fitial
Governor

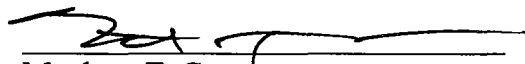
10-05-2007
Date



Bernadita B. Dela Cruz
Commonwealth Registrar/Secretary

10-05-07
Date

Pursuant to 1 CMC § 2153, as amended by P.L. 10-50, the emergency regulations attached hereto have been reviewed and approved by the Office of the Attorney General.



Matthew T. Gregory
Attorney General

10/5/07
Date

ENSIGIDAS NA NOTISIA YAN INADOPTASION I AMENDASION REGULASION SIHA PARA COMMONWEALTH HEALTH CENTER

ENSIGIDAS: I Sekretârión I Dibision I Hinemlo' Pupbliku ("Sekretârio") a sodda na papa I lai 1 CMC Seksiona 9104(b) I enteres yan minaolek pupbliku marekomenda I inadoptasion I ensigidas na amendasion siha para I Regulasion gi Dipâttamenton I Hinemlo' Pupbliku ya a sodda mâs na I enteres yan minaolek pupbliku a gâgagâo I inadoptasion este ensigidas na regulasion siha menos di trenta (30) diha siha na notisia, ya este siha na regulasion u efektibu imidiamente yanggen mapolu gi Rehistran I Commonwealth, suhetu I inapruebasion I Abugâdu Henerât yan I kinifotmen I Gubietno, ya debi di u efektibu este sientu bente (120) diha siha.

Intension I Dipâttamento para u fatinas este siha na regulasion petmanente gi I uttimon I tiempon I ensigidas na inadoptasion. Enao na, I Dipâttamento a gâgagâo ya a konsidera todú I tinige' yan sinangan opinion siha ni tineteka este siha na regulasion. Este siha na opinion siña u mana fanhâlom durânten I tiempo gi Oktubre 15, 2007 esta Disiembre 31, 2007 guatu as Señora Esther Muña gi P.O. Box 500409 giya Saipan MP 96950 gi numirun tilifon (670)234-8950 ext. 3552. Siña man machule' kopian este siha na regulasion yanggen un âgang si Señora Esther Muña gi man mamensiona na address yan numirun tilifon gi sanhilo'.

RASON PARA I ENSIGIDAS: I man eksiste na listan âpas para I setbisiun hinemlo' ti a riflekta I gâstun I setbisiu ya pot este na risutta I probension rinikohen salâpe' pot para u makontinua I kinalamten I hinemlo' pupbliku. I Dipâttamenton I Hinemlo' Pupbliku mamache'che'cho pot para u asigura na I suidâdânu yan residente siha gi Commonwealth I Sankattan Siha Na Islan Marianas na guaha maolek siha na setbisiun hinemlo ya este nuebu siha na listan âpas kritikât na asunto pot este na ninasiña. Nisisârio para u ma'otdena este siha na regulasion gi ensigidas na manera pot para u makurihi I ti propio na estrukturan listan âpas ya u maprobeniyi maolek na rinikohen salâpe' para u makontinua I setbisiun hinemlo'.

DIROGA: I sigente siha na Regulasion Dibision Hinemlo' Pupbliku debi di u madiroga:

1. Subchapter 140-10.8, Pâtte' 100 gi intieramente;
2. Subchapter 140-10.8, Pâtte' 300 Seksiona 301;
3. Subchapter 140-10.8, Pâtte' 300 Seksiona 305.

AMENDASION SIHA: I Regulasion Dibision debi di u fan ma'amenda para u omenta ya osino u annok I sigente na listan âpas:

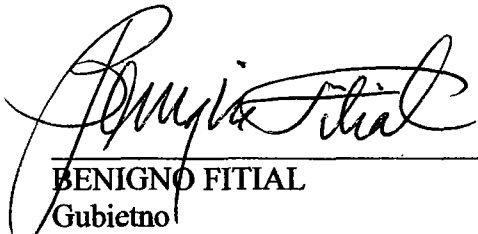
1. Subchapter 140-10.8, Pâtte' 315:
 - a) Setifikun Finañâgu - \$50.00
 - b) Setifikun Finatai - \$30.00

2. Subchapter 140-10.0, Pátte' 325;
a) Morgue – \$30.00 gi diha


ÁTURIDÁT: I áturidát para I ma'establesi yan inadaptasion este na amendasion para I Regulasion Dibision I bitot I áturidát ni ma'entrega I Sekretário sigun I lai 1 CMC Seksiona 2603, 2605 yan I Ákton I Areklamenton Atministrasion I Commonwealth, 1 CMC Seksiona 9101, et seq.


JOSEPH KEVIN VILLAGOMEZ
Sekretário

10-16-2007
Fecha

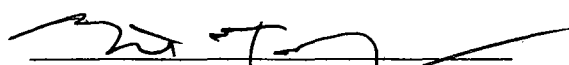

BENIGNO FITIAL
Gubietno

10/17/07
Fecha


BERNADITA B. DE LA CRUZ
Sekretária/Rehistran I Commonwealth

10/17/07
Fecha

Sigun I lai 1 CMC Seksiona 2153, ni inamenda ni Lai Publiku 10-50, I ensigidas na regulasion siha ni man che'che'ton esta man ma'ina yan ma'aprueba ni Ofisinan I Abugádu Henerát.


MATTHEW T. GREGORY
Abugádu Henerát

10/17/07
Fecha

**ARONG REEL GHITIPWOTCHOL ME FILÓÓL REEL LLIWEL KKAAL
NGÁLI ALLÉGHÚL COMMONWEALTH HEALTH CENTER**

GHITIPWOTCHOL: Samwoolul Public Health (“Samwoolul”) e schungi bwe faal 1 CMC Talil 9104(b) bwe llól tipeer toulap me yááyál ngáli welfare igha rebwe fillóoy ghitipwotchol lliwel kkaal ngáli Bwulasiyool Public Health ‘s regulations me e schungi sáangiir toulap me welfare e tingór rebwe fillóoy ghitipwotchol lliwel kkaal llól eliigh (30) ráálil arong yeel, me allégh kkaal ebwe schéscheel allégheló ngáre raa ammwelaaló llól Commonwealth Registrar, kkapasal igha ebwe alúghúlúgh mereel Sów Bwungul Allégh Lapalap me Sów Lemelem me kkamalló llól ebwughúw reweigh (120) rál.

Aghiyeghil Bwulasiyo yeel nge ebwe scháschéél alléghúwuló ngáre aa akkayúúló ghitipwotchol fillo yeel. Bwal eew, Bwulasiyo ekke tingor me re tipali alongal ischil reel allégh kkaal. Emmwel bwe aghiyegh kkaal ebwe isisilong ótol Sarobwel 15, 2007 mwet ngáli Tumwur 31, 2007 ngáli Ms. Esther Muna P.O Box 500409 Seipél, MP 96950 (670-234-8950 ext. 3552). Tilighial allégh yeel nge emmwel óubwe bwughi mereel Ms. Muna reel yaal address me numerool tilifoon kka weiláng.

BWULUL GHITIPWOTCH: Méél health services kka ighila nge ese ghol ngáli óbwóssul alillis (service) me aweweel revenues igha ebwe ammwela public health operations. Bwulasiyool Public Health e aschoscho igha toulapeer aramas me aramasal Commonwealth Téél falúw kka Falúwasch Mariana Islands ebwe ghatch yaar health services me óbwós kka e ffé nge weires kkapasal. E ghatch rebwe ghitipwotchuw alléghúl bwelle affatal aweweel óbwós kka ighila me ayoora revenue ye e fil igha ebwe sóbwósóbw alillis yeel.

ALLÉGH SEFÁL: Tálil Allégh kkaal mellól Division of Public Health ebwe allégh sefál:

1. Subchapter 140-10.8, Peigh ebwughúw (100) me llól alongal;
2. Subchapter 140-10.8, Peigh elebwughúw (300) Tálil 301;
3. Subchapter 140-10.8, Peigh elebwughúw (300) Tálil 305

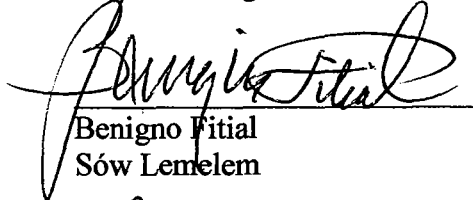
LLIWEL KKAAL: Alléghúl Bwulasiyo yeel ebwe ssiweli me atotoolong me náre bwáári Tálil kkaal:

1. Subchapter 140-10.8, Peigh 315:
 - a) Tilighial Makkúmw - \$50
 - a) Tilighial Maa - \$30
2. Subchapter 140-10.8, Peigh 325:
 - a) Morgue – llól e rál \$30

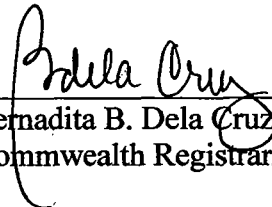
BWÁNG: Bwángil igha ebwe fillóóy me akkatéél lliwel kkaal ngáli Alléghúl Bwulasiyool sángi tipáng iye eyoor bwángil Samwool bwelle 1 CMC Tálil 2603, 2605 me Commonwealth Administrative Procedure Act, 1 CMC Talil 9101, et seq.


Joseph Kevin Villagomez
Samwool

10-16-2007
Rál

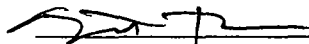

Benigno Fitial
Sów Lemelem

10/17/07
Rál


Bernadita B. Dela Cruz
Commwealth Registrar/Sekkretória

10/17/07
Rál

Sángi allégh ye 1 CMC Tálil 2153, iye aa lliwel mereel Alléghúl Toulap 10-50, ghitipwotchol allégh kkaal ikka e appasch nge raa takkal amweri fischi alléghéló mereel Bwulasiyool Sów Bwungul Allégh Lapalap.


Matthew T. Gregory
Sów Bwungul Allégh Lapalap

10/17/07
Rál

3. Subchapter 140-10.8, Part 100:

CPT Code	Type	Description	Fee
100	Physician/Professional Fee	Anesth, salivary gland	84.89
102	Physician/Professional Fee	Anesth, repair of cleft lip	101.87
103	Physician/Professional Fee	Anesth, blepharoplasty	84.89
104	Physician/Professional Fee	Anesth, electroshock	67.91
120	Physician/Professional Fee	Anesth, ear surgery	84.89
124	Physician/Professional Fee	Anesth, ear exam	67.91
126	Physician/Professional Fee	Anesth, tympanotomy	67.91
140	Physician/Professional Fee	Anesth, procedures on eye	84.89
142	Physician/Professional Fee	Anesth, lens surgery	67.91
144	Physician/Professional Fee	Anesth, corneal transplant	101.87
145	Physician/Professional Fee	Anesth, vitreoretinal surg	101.87
147	Physician/Professional Fee	Anesth, iridectomy	67.91
148	Physician/Professional Fee	Anesth, eye exam	67.91
160	Physician/Professional Fee	Anesth, nose/sinus surgery	84.89
162	Physician/Professional Fee	Anesth, nose/sinus surgery	118.85
164	Physician/Professional Fee	Anesth, biopsy of nose	67.91
170	Physician/Professional Fee	Anesth, procedure on mouth	84.89
172	Physician/Professional Fee	Anesth, cleft palate repair	101.87
174	Physician/Professional Fee	Anesth, pharyngeal surgery	101.87
176	Physician/Professional Fee	Anesth, pharyngeal surgery	118.85
190	Physician/Professional Fee	Anesth, face/skull bone surg	84.89
192	Physician/Professional Fee	Anesth, facial bone surgery	118.85
210	Physician/Professional Fee	Anesth, open head surgery	186.76
212	Physician/Professional Fee	Anesth, skull drainage	84.89
214	Physician/Professional Fee	Anesth, skull drainage	152.81
215	Physician/Professional Fee	Anesth, skull repair/fract	152.81
216	Physician/Professional Fee	Anesth, head vessel surgery	254.68
218	Physician/Professional Fee	Anesth, special head surgery	220.72
220	Physician/Professional Fee	Anesth, intrcm nerve	169.79
222	Physician/Professional Fee	Anesth, head nerve surgery	101.87
300	Physician/Professional Fee	Anesth, head/neck/ptrunk	84.89
320	Physician/Professional Fee	Anesth, neck organ, 1 & over	101.87
322	Physician/Professional Fee	Anesth, biopsy of thyroid	50.94
326	Physician/Professional Fee	Anesth, larynx/trach, < 1 yr	118.85
350	Physician/Professional Fee	Anesth, neck vessel surgery	169.79
352	Physician/Professional Fee	Anesth, neck vessel surgery	84.89
400	Physician/Professional Fee	Anesth, skin, ext/per/atrunk	50.94
402	Physician/Professional Fee	Anesth, surgery of breast	84.89
404	Physician/Professional Fee	Anesth, surgery of breast	84.89
406	Physician/Professional Fee	Anesth, surgery of breast	220.72
410	Physician/Professional Fee	Anesth, correct heart rhythm	67.91
450	Physician/Professional Fee	Anesth, surgery of shoulder	84.89
452	Physician/Professional Fee	Anesth, surgery of shoulder	101.87
454	Physician/Professional Fee	Anesth, collar bone biopsy	50.94
470	Physician/Professional Fee	Anesth, removal of rib	101.87
472	Physician/Professional Fee	Anesth, chest wall repair	169.79
474	Physician/Professional Fee	Anesth, surgery of rib(s)	220.72
500	Physician/Professional Fee	Anesth, esophageal surgery	254.68
520	Physician/Professional Fee	Anesth, chest procedure	101.87
522	Physician/Professional Fee	Anesth, chest lining biopsy	67.91
524	Physician/Professional Fee	Anesth, chest drainage	67.91
528	Physician/Professional Fee	Anesth, chest partition view	135.83
529	Physician/Professional Fee	Anesth, chest partition view	186.76

CPT Code	Type	Description	Fee
530	Physician/Professional Fee	Anesth, pacemaker insertion	67.91
532	Physician/Professional Fee	Anesth, vascular access	67.91
534	Physician/Professional Fee	Anesth, cardioverter/defib	118.85
537	Physician/Professional Fee	Anesth, cardiac electrophys	118.85
539	Physician/Professional Fee	Anesth, trach-bronch reconst	305.61
540	Physician/Professional Fee	Anesth, chest surgery	203.74
541	Physician/Professional Fee	Anesth, release of lung	254.68
542	Physician/Professional Fee	Anesth, one lung ventilation	254.68
546	Physician/Professional Fee	Anesth, lung,chest wall surg	254.68
548	Physician/Professional Fee	Anesth, trachea,bronchi surg	288.63
550	Physician/Professional Fee	Anesth, sternal debridement	169.79
560	Physician/Professional Fee	Anesth, heart surg w/o pump	254.68
561	Physician/Professional Fee	Anesth, heart surg < age 1	424.46
562	Physician/Professional Fee	Anesth, heart surg w/pump	339.57
563	Physician/Professional Fee	Anesth, heart surg w/arrest	424.46
566	Physician/Professional Fee	Anesth, cabg w/o pump	424.46
580	Physician/Professional Fee	Anesth, heart/lung transplnt	339.57
600	Physician/Professional Fee	Anesth, spine, cord surgery	169.79
604	Physician/Professional Fee	Anesth, sitting procedure	220.72
620	Physician/Professional Fee	Anesth, spine, cord surgery	169.79
622	Physician/Professional Fee	Anesth, removal of nerves	220.72
625	Physician/Professional Fee	Anes spine tranthor w/o vent	220.72
626	Physician/Professional Fee	Anes, spine transthor w/vent	254.68
630	Physician/Professional Fee	Anesth, spine, cord surgery	135.83
632	Physician/Professional Fee	Anesth, removal of nerves	118.85
634	Physician/Professional Fee	Anesth for chemonucleolysis	169.79
635	Physician/Professional Fee	Anesth, lumbar puncture	67.91
640	Physician/Professional Fee	Anesth, spine manipulation	50.94
670	Physician/Professional Fee	Anesth, spine, cord surgery	220.72
700	Physician/Professional Fee	Anesth, abdominal wall surg	67.91
702	Physician/Professional Fee	Anesth, for liver biopsy	67.91
730	Physician/Professional Fee	Anesth, abdominal wall surg	84.89
740	Physician/Professional Fee	Anesth, upper gi visualize	84.89
750	Physician/Professional Fee	Anesth, repair of hernia	67.91
752	Physician/Professional Fee	Anesth, repair of hernia	101.87
754	Physician/Professional Fee	Anesth, repair of hernia	118.85
756	Physician/Professional Fee	Anesth, repair of hernia	118.85
770	Physician/Professional Fee	Anesth, blood vessel repair	254.68
790	Physician/Professional Fee	Anesth, surg upper abdomen	118.85
792	Physician/Professional Fee	Anesth, hemorr/excise liver	220.72
794	Physician/Professional Fee	Anesth, pancreas removal	135.83
796	Physician/Professional Fee	Anesth, for liver transplant	509.36
797	Physician/Professional Fee	Anesth, surgery for obesity	135.83
800	Physician/Professional Fee	Anesth, abdominal wall surg	67.91
802	Physician/Professional Fee	Anesth, fat layer removal	84.89
810	Physician/Professional Fee	Anesth, low intestine scope	84.89
820	Physician/Professional Fee	Anesth, abdominal wall surg	84.89
830	Physician/Professional Fee	Anesth, repair of hernia	67.91
832	Physician/Professional Fee	Anesth, repair of hernia	101.87
834	Physician/Professional Fee	Anesth, hernia repair< 1 yr	84.89
836	Physician/Professional Fee	Anesth hernia repair preemie	101.87
840	Physician/Professional Fee	Anesth, surg lower abdomen	101.87
842	Physician/Professional Fee	Anesth, amniocentesis	67.91
844	Physician/Professional Fee	Anesth, pelvis surgery	118.85
846	Physician/Professional Fee	Anesth, hysterectomy	135.83
848	Physician/Professional Fee	Anesth, pelvic organ surg	135.83

CPT Code	Type	Description	Fee
851	Physician/Professional Fee	Anesth, tubal ligation	101.87
860	Physician/Professional Fee	Anesth, surgery of abdomen	101.87
862	Physician/Professional Fee	Anesth, kidney/ureter surg	118.85
864	Physician/Professional Fee	Anesth, removal of bladder	135.83
865	Physician/Professional Fee	Anesth, removal of prostate	118.85
866	Physician/Professional Fee	Anesth, removal of adrenal	169.79
868	Physician/Professional Fee	Anesth, kidney transplant	169.79
870	Physician/Professional Fee	Anesth, bladder stone surg	84.89
872	Physician/Professional Fee	Anesth kidney stone destruct	118.85
873	Physician/Professional Fee	Anesth kidney stone destruct	84.89
880	Physician/Professional Fee	Anesth, abdomen vessel surg	254.68
882	Physician/Professional Fee	Anesth, major vein ligation	169.79
902	Physician/Professional Fee	Anesth, anorectal surgery	84.89
904	Physician/Professional Fee	Anesth, perineal surgery	118.85
906	Physician/Professional Fee	Anesth, removal of vulva	67.91
908	Physician/Professional Fee	Anesth, removal of prostate	101.87
910	Physician/Professional Fee	Anesth, bladder surgery	50.94
912	Physician/Professional Fee	Anesth, bladder tumor surg	84.89
914	Physician/Professional Fee	Anesth, removal of prostate	84.89
916	Physician/Professional Fee	Anesth, bleeding control	84.89
918	Physician/Professional Fee	Anesth, stone removal	84.89
920	Physician/Professional Fee	Anesth, genitalia surgery	50.94
921	Physician/Professional Fee	Anesth, vasectomy	50.94
922	Physician/Professional Fee	Anesth, sperm duct surgery	101.87
924	Physician/Professional Fee	Anesth, testis exploration	67.91
926	Physician/Professional Fee	Anesth, removal of testis	67.91
928	Physician/Professional Fee	Anesth, removal of testis	101.87
930	Physician/Professional Fee	Anesth, testis suspension	67.91
932	Physician/Professional Fee	Anesth, amputation of penis	67.91
934	Physician/Professional Fee	Anesth, penis, nodes removal	101.87
936	Physician/Professional Fee	Anesth, penis, nodes removal	135.83
938	Physician/Professional Fee	Anesth, insert penis device	67.91
940	Physician/Professional Fee	Anesth, vaginal procedures	50.94
942	Physician/Professional Fee	Anesth, surg on vag/urethral	67.91
944	Physician/Professional Fee	Anesth, vaginal hysterectomy	101.87
948	Physician/Professional Fee	Anesth, repair of cervix	67.91
950	Physician/Professional Fee	Anesth, vaginal endoscopy	84.89
952	Physician/Professional Fee	Anesth, hysteroscope/graph	67.91
1112	Physician/Professional Fee	Anesth, bone aspirate/bx	84.89
1120	Physician/Professional Fee	Anesth, pelvis surgery	101.87
1130	Physician/Professional Fee	Anesth, body cast procedure	50.94
1140	Physician/Professional Fee	Anesth, amputation at pelvis	254.68
1150	Physician/Professional Fee	Anesth, pelvic tumor surgery	169.79
1160	Physician/Professional Fee	Anesth, pelvis procedure	67.91
1170	Physician/Professional Fee	Anesth, pelvis surgery	135.83
1173	Physician/Professional Fee	Anesth, fx repair, pelvis	203.74
1180	Physician/Professional Fee	Anesth, pelvis nerve removal	50.94
1190	Physician/Professional Fee	Anesth, pelvis nerve removal	67.91
1200	Physician/Professional Fee	Anesth, hip joint procedure	67.91
1202	Physician/Professional Fee	Anesth, arthroscopy of hip	67.91
1210	Physician/Professional Fee	Anesth, hip joint surgery	101.87
1212	Physician/Professional Fee	Anesth, hip disarticulation	169.79
1214	Physician/Professional Fee	Anesth, hip arthroplasty	135.83
1215	Physician/Professional Fee	Anesth, revise hip repair	169.79
1220	Physician/Professional Fee	Anesth, procedure on femur	67.91
1230	Physician/Professional Fee	Anesth, surgery of femur	101.87

CPT Code	Type	Description	Fee
1232	Physician/Professional Fee	Anesth, amputation of femur	84.89
1234	Physician/Professional Fee	Anesth, radical femur surg	135.83
1250	Physician/Professional Fee	Anesth, upper leg surgery	67.91
1260	Physician/Professional Fee	Anesth, upper leg veins surg	50.94
1270	Physician/Professional Fee	Anesth, thigh arteries surg	135.83
1272	Physician/Professional Fee	Anesth, femoral artery surg	67.91
1274	Physician/Professional Fee	Anesth, femoral embolectomy	101.87
1320	Physician/Professional Fee	Anesth, knee area surgery	67.91
1340	Physician/Professional Fee	Anesth, knee area procedure	67.91
1360	Physician/Professional Fee	Anesth, knee area surgery	84.89
1380	Physician/Professional Fee	Anesth, knee joint procedure	50.94
1382	Physician/Professional Fee	Anesth, dx knee arthroscopy	50.94
1390	Physician/Professional Fee	Anesth, knee area procedure	50.94
1392	Physician/Professional Fee	Anesth, knee area surgery	67.91
1400	Physician/Professional Fee	Anesth, knee joint surgery	67.91
1402	Physician/Professional Fee	Anesth, knee arthroplasty	118.85
1404	Physician/Professional Fee	Anesth, amputation at knee	84.89
1420	Physician/Professional Fee	Anesth, knee joint casting	50.94
1430	Physician/Professional Fee	Anesth, knee veins surgery	50.94
1432	Physician/Professional Fee	Anesth, knee vessel surg	101.87
1440	Physician/Professional Fee	Anesth, knee arteries surg	135.83
1442	Physician/Professional Fee	Anesth, knee artery surg	135.83
1444	Physician/Professional Fee	Anesth, knee artery repair	135.83
1462	Physician/Professional Fee	Anesth, lower leg procedure	50.94
1464	Physician/Professional Fee	Anesth, ankle/ft arthroscopy	50.94
1470	Physician/Professional Fee	Anesth, lower leg surgery	50.94
1472	Physician/Professional Fee	Anesth, achilles tendon surg	84.89
1474	Physician/Professional Fee	Anesth, lower leg surgery	84.89
1480	Physician/Professional Fee	Anesth, lower leg bone surg	50.94
1482	Physician/Professional Fee	Anesth, radical leg surgery	67.91
1484	Physician/Professional Fee	Anesth, lower leg revision	67.91
1486	Physician/Professional Fee	Anesth, ankle replacement	118.85
1490	Physician/Professional Fee	Anesth, lower leg casting	50.94
1500	Physician/Professional Fee	Anesth, leg arteries surg	135.83
1502	Physician/Professional Fee	Anesth, lwr leg embolectomy	101.87
1520	Physician/Professional Fee	Anesth, lower leg vein surg	50.94
1522	Physician/Professional Fee	Anesth, lower leg vein surg	84.89
1610	Physician/Professional Fee	Anesth, surgery of shoulder	84.89
1620	Physician/Professional Fee	Anesth, shoulder procedure	67.91
1622	Physician/Professional Fee	Anes dx shoulder arthroscopy	67.91
1630	Physician/Professional Fee	Anesth, surgery of shoulder	84.89
1632	Physician/Professional Fee	Anesth, surgery of shoulder	101.87
1634	Physician/Professional Fee	Anesth, shoulder joint amput	152.81
1636	Physician/Professional Fee	Anesth, forequarter amput	254.68
1638	Physician/Professional Fee	Anesth, shoulder replacement	169.79
1650	Physician/Professional Fee	Anesth, shoulder artery surg	101.87
1652	Physician/Professional Fee	Anesth, shoulder vessel surg	169.79
1654	Physician/Professional Fee	Anesth, shoulder vessel surg	135.83
1656	Physician/Professional Fee	Anesth, arm-leg vessel surg	169.79
1670	Physician/Professional Fee	Anesth, shoulder vein surg	67.91
1680	Physician/Professional Fee	Anesth, shoulder casting	50.94
1682	Physician/Professional Fee	Anesth, airplane cast	67.91
1710	Physician/Professional Fee	Anesth, elbow area surgery	50.94
1712	Physician/Professional Fee	Anesth, uppr arm tendon surg	84.89
1714	Physician/Professional Fee	Anesth, uppr arm tendon surg	84.89
1716	Physician/Professional Fee	Anesth, biceps tendon repair	84.89

CPT Code	Type	Description	Fee
1730	Physician/Professional Fee	Anesth, uppr arm procedure	50.94
1732	Physician/Professional Fee	Anesth, dx elbow arthroscopy	50.94
1740	Physician/Professional Fee	Anesth, upper arm surgery	67.91
1742	Physician/Professional Fee	Anesth, humerus surgery	84.89
1744	Physician/Professional Fee	Anesth, humerus repair	84.89
1756	Physician/Professional Fee	Anesth, radical humerus surg	101.87
1758	Physician/Professional Fee	Anesth, humeral lesion surg	84.89
1760	Physician/Professional Fee	Anesth, elbow replacement	118.85
1770	Physician/Professional Fee	Anesth, uppr arm artery surg	101.87
1772	Physician/Professional Fee	Anesth, uppr arm embolectomy	101.87
1780	Physician/Professional Fee	Anesth, upper arm vein surg	50.94
1782	Physician/Professional Fee	Anesth, uppr arm vein repair	67.91
1810	Physician/Professional Fee	Anesth, lower arm surgery	50.94
1820	Physician/Professional Fee	Anesth, lower arm procedure	50.94
1829	Physician/Professional Fee	Anesth, dx wrist arthroscopy	50.94
1830	Physician/Professional Fee	Anesth, lower arm surgery	50.94
1832	Physician/Professional Fee	Anesth, wrist replacement	101.87
1840	Physician/Professional Fee	Anesth, lwr arm artery surg	101.87
1842	Physician/Professional Fee	Anesth, lwr arm embolectomy	101.87
1844	Physician/Professional Fee	Anesth, vascular shunt surg	101.87
1850	Physician/Professional Fee	Anesth, lower arm vein surg	50.94
1852	Physician/Professional Fee	Anesth, lwr arm vein repair	67.91
1860	Physician/Professional Fee	Anesth, lower arm casting	50.94
1905	Physician/Professional Fee	Anes, spine inject, x-ray/re	84.89
1916	Physician/Professional Fee	Anesth, dx arteriography	84.89
1920	Physician/Professional Fee	Anesth, catheterize heart	118.85
1922	Physician/Professional Fee	Anesth, cat or MRI scan	118.85
1924	Physician/Professional Fee	Anes, ther interven rad, art	84.89
1925	Physician/Professional Fee	Anes, ther interven rad, car	118.85
1926	Physician/Professional Fee	Anes, tx interv rad hrt/cran	135.83
1930	Physician/Professional Fee	Anes, ther interven rad, vei	84.89
1931	Physician/Professional Fee	Anes, ther interven rad, tip	118.85
1932	Physician/Professional Fee	Anes, tx interv rad, th vein	101.87
1933	Physician/Professional Fee	Anes, tx interv rad, cran v	118.85
1951	Physician/Professional Fee	Anesth, burn, less 4 percent	50.94
1952	Physician/Professional Fee	Anesth, burn, 4-9 percent	84.89
1953	Physician/Professional Fee	Anesth, burn, each 9 percent	16.98
1958	Physician/Professional Fee	Anesth, antepartum manipul	84.89
1960	Physician/Professional Fee	Anesth, vaginal delivery	84.89
1961	Physician/Professional Fee	Anesth, cs delivery	118.85
1962	Physician/Professional Fee	Anesth, emer hysterectomy	135.83
1963	Physician/Professional Fee	Anesth, cs hysterectomy	135.83
1964	Physician/Professional Fee	Anesth, inc/missed ab proc	67.91
1965	Physician/Professional Fee	Anesth, induced ab procedure	67.91
1966	Physician/Professional Fee	Anesth/analg, vag delivery	67.91
1967	Physician/Professional Fee	Anes/analg cs deliver add-on	84.89
1968	Physician/Professional Fee	Anesth/analg cs hyst add-on	33.96
1969	Physician/Professional Fee	Support for organ donor	84.89
1990	Physician/Professional Fee	Anesth, nerve block/inj	118.85
1991	Physician/Professional Fee	Anesth, n block/inj, prone	50.94
1992	Physician/Professional Fee	Hosp manage cont drug admin	84.89
1995	Physician/Professional Fee	Unlisted anesth procedure	84.89
10021	Physician/Professional Fee	Fna w/o image	70.86
10021	Facility Fee	Fna w/o image	5.00
10022	Physician/Professional Fee	Fna w/image	65.81
10022	Facility Fee	Fna w/image	5.00

CPT Code	Type	Description	Fee
10040	Physician/Professional Fee	Acne surgery	81.56
10040	Facility Fee	Acne surgery	5.00
10060	Physician/Professional Fee	Drainage of skin abscess	89.51
10060	Facility Fee	Drainage of skin abscess	85.27
10061	Physician/Professional Fee	Drainage of skin abscess	162.20
10061	Facility Fee	Drainage of skin abscess	85.27
10080	Physician/Professional Fee	Drainage of pilonidal cyst	95.39
10080	Facility Fee	Drainage of pilonidal cyst	85.27
10081	Physician/Professional Fee	Drainage of pilonidal cyst	162.29
10081	Facility Fee	Drainage of pilonidal cyst	660.81
10120	Physician/Professional Fee	Remove foreign body	91.11
10120	Facility Fee	Remove foreign body	85.27
10121	Physician/Professional Fee	Remove foreign body	185.42
10121	Facility Fee	Remove foreign body	894.77
10140	Physician/Professional Fee	Drainage of hematoma/fluid	118.67
10140	Facility Fee	Drainage of hematoma/fluid	660.81
10160	Physician/Professional Fee	Puncture drainage of lesion	96.21
10160	Facility Fee	Puncture drainage of lesion	60.78
10180	Physician/Professional Fee	Complex drainage, wound	178.47
10180	Facility Fee	Complex drainage, wound	5.00
11000	Physician/Professional Fee	Debride infected skin	33.09
11000	Facility Fee	Debride infected skin	64.69
11001	Physician/Professional Fee	Debride infected skin add-on	16.47
11001	Facility Fee	Debride infected skin add-on	5.00
11004	Physician/Professional Fee	Debride genitalia & perineum	574.50
11004	Facility Fee	Debride genitalia & perineum	5.00
11005	Physician/Professional Fee	Debride abdom wall	773.99
11005	Facility Fee	Debride abdom wall	5.00
11006	Physician/Professional Fee	Debride genit/per/abdom wall	714.47
11006	Facility Fee	Debride genit/per/abdom wall	5.00
11008	Physician/Professional Fee	Remove mesh from abd wall	281.44
11008	Facility Fee	Remove mesh from abd wall	5.00
11010	Physician/Professional Fee	Debride skin, fx	284.37
11010	Facility Fee	Debride skin, fx	242.43
11011	Physician/Professional Fee	Debride skin/muscle, fx	301.28
11011	Facility Fee	Debride skin/muscle, fx	242.43
11012	Physician/Professional Fee	Debride skin/muscle/bone, fx	446.02
11012	Facility Fee	Debride skin/muscle/bone, fx	5.00
11040	Physician/Professional Fee	Debride skin, partial	28.73
11040	Facility Fee	Debride skin, partial	96.22
11041	Physician/Professional Fee	Debride skin, full	38.01
11041	Facility Fee	Debride skin, full	96.22
11042	Physician/Professional Fee	Debride skin/tissue	50.14
11042	Facility Fee	Debride skin/tissue	158.48
11043	Physician/Professional Fee	Debride tissue/muscle	235.23
11043	Facility Fee	Debride tissue/muscle	5.00
11044	Physician/Professional Fee	Debride tissue/muscle/bone	326.63
11044	Facility Fee	Debride tissue/muscle/bone	5.00
11055	Physician/Professional Fee	Trim skin lesion	24.24
11055	Facility Fee	Trim skin lesion	5.00
11056	Physician/Professional Fee	Trim skin lesions, 2 to 4	33.94
11056	Facility Fee	Trim skin lesions, 2 to 4	5.00
11057	Physician/Professional Fee	Trim skin lesions, over 4	43.92
11057	Facility Fee	Trim skin lesions, over 4	5.00
11100	Physician/Professional Fee	Biopsy, skin lesion	46.97
11100	Facility Fee	Biopsy, skin lesion	5.00

CPT Code	Type	Description	Fee
11101	Physician/Professional Fee	Biopsy, skin add-on	24.28
11101	Facility Fee	Biopsy, skin add-on	5.00
11200	Physician/Professional Fee	Removal of skin tags	65.08
11200	Facility Fee	Removal of skin tags	5.00
11201	Physician/Professional Fee	Remove skin tags add-on	16.34
11201	Facility Fee	Remove skin tags add-on	5.00
11300	Physician/Professional Fee	Shave skin lesion	28.63
11300	Facility Fee	Shave skin lesion	5.00
11301	Physician/Professional Fee	Shave skin lesion	48.48
11301	Facility Fee	Shave skin lesion	5.00
11302	Physician/Professional Fee	Shave skin lesion	59.98
11302	Facility Fee	Shave skin lesion	5.00
11303	Physician/Professional Fee	Shave skin lesion	70.46
11303	Facility Fee	Shave skin lesion	5.00
11305	Physician/Professional Fee	Shave skin lesion	37.71
11305	Facility Fee	Shave skin lesion	5.00
11306	Physician/Professional Fee	Shave skin lesion	55.94
11306	Facility Fee	Shave skin lesion	5.00
11307	Physician/Professional Fee	Shave skin lesion	65.09
11307	Facility Fee	Shave skin lesion	5.00
11308	Physician/Professional Fee	Shave skin lesion	80.55
11308	Facility Fee	Shave skin lesion	5.00
11310	Physician/Professional Fee	Shave skin lesion	41.82
11310	Facility Fee	Shave skin lesion	5.00
11311	Physician/Professional Fee	Shave skin lesion	60.86
11311	Facility Fee	Shave skin lesion	5.00
11312	Physician/Professional Fee	Shave skin lesion	69.87
11312	Facility Fee	Shave skin lesion	5.00
11313	Physician/Professional Fee	Shave skin lesion	93.85
11313	Facility Fee	Shave skin lesion	5.00
11400	Physician/Professional Fee	Exc tr-ext b9+marg 0.5 < cm	72.93
11400	Facility Fee	Exc tr-ext b9+marg 0.5 < cm	5.00
11401	Physician/Professional Fee	Exc tr-ext b9+marg 0.6-1 cm	94.43
11401	Facility Fee	Exc tr-ext b9+marg 0.6-1 cm	5.00
11402	Physician/Professional Fee	Exc tr-ext b9+marg 1.1-2 cm	104.42
11402	Facility Fee	Exc tr-ext b9+marg 1.1-2 cm	5.00
11403	Physician/Professional Fee	Exc tr-ext b9+marg 2.1-3 cm	131.63
11403	Facility Fee	Exc tr-ext b9+marg 2.1-3 cm	5.00
11404	Physician/Professional Fee	Exc tr-ext b9+marg 3.1-4 cm	146.02
11404	Facility Fee	Exc tr-ext b9+marg 3.1-4 cm	5.00
11406	Physician/Professional Fee	Exc tr-ext b9+marg > 4.0 cm	212.74
11406	Facility Fee	Exc tr-ext b9+marg > 4.0 cm	5.00
11420	Physician/Professional Fee	Exc h-f-nk-sp b9+marg 0.5 <	80.00
11420	Facility Fee	Exc h-f-nk-sp b9+marg 0.5 <	5.00
11421	Physician/Professional Fee	Exc h-f-nk-sp b9+marg 0.6-1	106.10
11421	Facility Fee	Exc h-f-nk-sp b9+marg 0.6-1	5.00
11422	Physician/Professional Fee	Exc h-f-nk-sp b9+marg 1.1-2	125.32
11422	Facility Fee	Exc h-f-nk-sp b9+marg 1.1-2	5.00
11423	Physician/Professional Fee	Exc h-f-nk-sp b9+marg 2.1-3	145.88
11423	Facility Fee	Exc h-f-nk-sp b9+marg 2.1-3	5.00
11424	Physician/Professional Fee	Exc h-f-nk-sp b9+marg 3.1-4	168.88
11424	Facility Fee	Exc h-f-nk-sp b9+marg 3.1-4	5.00
11426	Physician/Professional Fee	Exc h-f-nk-sp b9+marg > 4 cm	254.61
11426	Facility Fee	Exc h-f-nk-sp b9+marg > 4 cm	5.00
11440	Physician/Professional Fee	Exc face-mm b9+marg 0.5 < cm	97.31
11440	Facility Fee	Exc face-mm b9+marg 0.5 < cm	5.00

CPT Code	Type	Description	Fee
11441	Physician/Professional Fee	Exc face-mm b9+marg 0.6-1 cm	124.94
11441	Facility Fee	Exc face-mm b9+marg 0.6-1 cm	5.00
11442	Physician/Professional Fee	Exc face-mm b9+marg 1.1-2 cm	137.81
11442	Facility Fee	Exc face-mm b9+marg 1.1-2 cm	5.00
11443	Physician/Professional Fee	Exc face-mm b9+marg 2.1-3 cm	170.68
11443	Facility Fee	Exc face-mm b9+marg 2.1-3 cm	5.00
11444	Physician/Professional Fee	Exc face-mm b9+marg 3.1-4 cm	218.63
11444	Facility Fee	Exc face-mm b9+marg 3.1-4 cm	5.00
11446	Physician/Professional Fee	Exc face-mm b9+marg > 4 cm	306.02
11446	Facility Fee	Exc face-mm b9+marg > 4 cm	5.00
11450	Physician/Professional Fee	Removal, sweat gland lesion	217.32
11450	Facility Fee	Removal, sweat gland lesion	5.00
11451	Physician/Professional Fee	Removal, sweat gland lesion	288.12
11451	Facility Fee	Removal, sweat gland lesion	5.00
11462	Physician/Professional Fee	Removal, sweat gland lesion	209.54
11462	Facility Fee	Removal, sweat gland lesion	5.00
11463	Physician/Professional Fee	Removal, sweat gland lesion	295.51
11463	Facility Fee	Removal, sweat gland lesion	5.00
11470	Physician/Professional Fee	Removal, sweat gland lesion	249.06
11470	Facility Fee	Removal, sweat gland lesion	5.00
11471	Physician/Professional Fee	Removal, sweat gland lesion	316.22
11471	Facility Fee	Removal, sweat gland lesion	5.00
11600	Physician/Professional Fee	Exc tr-ext mlg+marg 0.5 < cm	105.09
11600	Facility Fee	Exc tr-ext mlg+marg 0.5 < cm	5.00
11601	Physician/Professional Fee	Exc tr-ext mlg+marg 0.6-1 cm	134.12
11601	Facility Fee	Exc tr-ext mlg+marg 0.6-1 cm	5.00
11602	Physician/Professional Fee	Exc tr-ext mlg+marg 1.1-2 cm	144.86
11602	Facility Fee	Exc tr-ext mlg+marg 1.1-2 cm	5.00
11603	Physician/Professional Fee	Exc tr-ext mlg+marg 2.1-3 cm	169.69
11603	Facility Fee	Exc tr-ext mlg+marg 2.1-3 cm	5.00
11604	Physician/Professional Fee	Exc tr-ext mlg+marg 3.1-4 cm	186.40
11604	Facility Fee	Exc tr-ext mlg+marg 3.1-4 cm	5.00
11606	Physician/Professional Fee	Exc tr-ext mlg+marg > 4 cm	275.07
11606	Facility Fee	Exc tr-ext mlg+marg > 4 cm	5.00
11620	Physician/Professional Fee	Exc h-f-nk-sp mlg+marg 0.5 <	104.74
11620	Facility Fee	Exc h-f-nk-sp mlg+marg 0.5 <	5.00
11621	Physician/Professional Fee	Exc h-f-nk-sp mlg+marg 0.6-1	135.41
11621	Facility Fee	Exc h-f-nk-sp mlg+marg 0.6-1	5.00
11622	Physician/Professional Fee	Exc h-f-nk-sp mlg+marg 1.1-2	155.16
11622	Facility Fee	Exc h-f-nk-sp mlg+marg 1.1-2	5.00
11623	Physician/Professional Fee	Exc h-f-nk-sp mlg+marg 2.1-3	190.65
11623	Facility Fee	Exc h-f-nk-sp mlg+marg 2.1-3	5.00
11624	Physician/Professional Fee	Exc h-f-nk-sp mlg+marg 3.1-4	219.21
11624	Facility Fee	Exc h-f-nk-sp mlg+marg 3.1-4	5.00
11626	Physician/Professional Fee	Exc h-f-nk-sp mlg+mar > 4 cm	283.47
11626	Facility Fee	Exc h-f-nk-sp mlg+mar > 4 cm	5.00
11640	Physician/Professional Fee	Exc face-mm malig+marg 0.5 <	113.21
11640	Facility Fee	Exc face-mm malig+marg 0.5 <	5.00
11641	Physician/Professional Fee	Exc face-mm malig+marg 0.6-1	150.49
11641	Facility Fee	Exc face-mm malig+marg 0.6-1	5.00
11642	Physician/Professional Fee	Exc face-mm malig+marg 1.1-2	175.83
11642	Facility Fee	Exc face-mm malig+marg 1.1-2	5.00
11643	Physician/Professional Fee	Exc face-mm malig+marg 2.1-3	217.90
11643	Facility Fee	Exc face-mm malig+marg 2.1-3	5.00
11644	Physician/Professional Fee	Exc face-mm malig+marg 3.1-4	274.90
11644	Facility Fee	Exc face-mm malig+marg 3.1-4	5.00

CPT Code	Type	Description	Fee
11646	Physician/Professional Fee	Exc face-mm mlg+marg > 4 cm	392.79
11646	Facility Fee	Exc face-mm mlg+marg > 4 cm	5.00
11719	Physician/Professional Fee	Trim nail(s)	9.72
11719	Facility Fee	Trim nail(s)	45.88
11720	Physician/Professional Fee	Debride nail, 1-5	17.72
11720	Facility Fee	Debride nail, 1-5	45.88
11721	Physician/Professional Fee	Debride nail, 6 or more	30.65
11721	Facility Fee	Debride nail, 6 or more	45.88
11730	Physician/Professional Fee	Removal of nail plate	61.69
11730	Facility Fee	Removal of nail plate	64.69
11732	Physician/Professional Fee	Remove nail plate, add-on	31.45
11732	Facility Fee	Remove nail plate, add-on	49.96
11740	Physician/Professional Fee	Drain blood from under nail	30.84
11740	Facility Fee	Drain blood from under nail	45.88
11750	Physician/Professional Fee	Removal of nail bed	172.55
11750	Facility Fee	Removal of nail bed	242.43
11752	Physician/Professional Fee	Remove nail bed/finger tip	266.78
11752	Facility Fee	Remove nail bed/finger tip	1,188.83
11755	Physician/Professional Fee	Biopsy, nail unit	85.68
11755	Facility Fee	Biopsy, nail unit	242.43
11760	Physician/Professional Fee	Repair of nail bed	139.45
11760	Facility Fee	Repair of nail bed	87.94
11762	Physician/Professional Fee	Reconstruction of nail bed	213.05
11762	Facility Fee	Reconstruction of nail bed	87.94
11765	Physician/Professional Fee	Excision of nail fold, toe	64.86
11765	Facility Fee	Excision of nail fold, toe	96.22
11770	Physician/Professional Fee	Removal of pilonidal lesion	171.99
11770	Facility Fee	Removal of pilonidal lesion	5.00
11771	Physician/Professional Fee	Removal of pilonidal lesion	389.35
11771	Facility Fee	Removal of pilonidal lesion	5.00
11772	Physician/Professional Fee	Removal of pilonidal lesion	517.23
11772	Facility Fee	Removal of pilonidal lesion	5.00
11900	Physician/Professional Fee	Injection into skin lesions	29.17
11900	Facility Fee	Injection into skin lesions	49.96
11901	Physician/Professional Fee	Added skin lesions injection	46.12
11901	Facility Fee	Added skin lesions injection	49.96
11920	Physician/Professional Fee	Correct skin color defects	114.66
11920	Facility Fee	Correct skin color defects	5.00
11921	Physician/Professional Fee	Correct skin color defects	135.36
11921	Facility Fee	Correct skin color defects	5.00
11922	Physician/Professional Fee	Correct skin color defects	30.86
11922	Facility Fee	Correct skin color defects	5.00
11950	Physician/Professional Fee	Therapy for contour defects	49.10
11950	Facility Fee	Therapy for contour defects	5.00
11951	Physician/Professional Fee	Therapy for contour defects	69.27
11951	Facility Fee	Therapy for contour defects	5.00
11952	Physician/Professional Fee	Therapy for contour defects	97.68
11952	Facility Fee	Therapy for contour defects	5.00
11954	Physician/Professional Fee	Therapy for contour defects	112.75
11954	Facility Fee	Therapy for contour defects	5.00
11960	Physician/Professional Fee	Insert tissue expander(s)	901.09
11960	Facility Fee	Insert tissue expander(s)	5.00
11970	Physician/Professional Fee	Replace tissue expander	589.77
11970	Facility Fee	Replace tissue expander	5.00
11971	Physician/Professional Fee	Remove tissue expander(s)	296.99
11971	Facility Fee	Remove tissue expander(s)	5.00

CPT Code	Type	Description	Fee
11975	Facility Fee	Insert contraceptive cap	5.00
11976	Physician/Professional Fee	Removal of contraceptive cap	98.47
11976	Facility Fee	Removal of contraceptive cap	5.00
11977	Facility Fee	Removal/reinsert contra cap	5.00
11980	Physician/Professional Fee	Implant hormone pellet(s)	81.62
11980	Facility Fee	Implant hormone pellet(s)	5.00
11981	Physician/Professional Fee	Insert drug implant device	86.17
11981	Facility Fee	Insert drug implant device	5.00
11982	Physician/Professional Fee	Remove drug implant device	105.19
11982	Facility Fee	Remove drug implant device	5.00
11983	Physician/Professional Fee	Remove/insert drug implant	189.76
11983	Facility Fee	Remove/insert drug implant	5.00
12001	Physician/Professional Fee	Repair superficial wound(s)	100.35
12001	Facility Fee	Repair superficial wound(s)	87.94
12002	Physician/Professional Fee	Repair superficial wound(s)	112.33
12002	Facility Fee	Repair superficial wound(s)	87.94
12004	Physician/Professional Fee	Repair superficial wound(s)	131.61
12004	Facility Fee	Repair superficial wound(s)	87.94
12005	Physician/Professional Fee	Repair superficial wound(s)	163.85
12005	Facility Fee	Repair superficial wound(s)	87.94
12006	Physician/Professional Fee	Repair superficial wound(s)	207.99
12006	Facility Fee	Repair superficial wound(s)	87.94
12007	Physician/Professional Fee	Repair superficial wound(s)	239.09
12007	Facility Fee	Repair superficial wound(s)	87.94
12011	Physician/Professional Fee	Repair superficial wound(s)	103.54
12011	Facility Fee	Repair superficial wound(s)	87.94
12013	Physician/Professional Fee	Repair superficial wound(s)	118.77
12013	Facility Fee	Repair superficial wound(s)	87.94
12014	Physician/Professional Fee	Repair superficial wound(s)	142.44
12014	Facility Fee	Repair superficial wound(s)	87.94
12015	Physician/Professional Fee	Repair superficial wound(s)	178.69
12015	Facility Fee	Repair superficial wound(s)	87.94
12016	Physician/Professional Fee	Repair superficial wound(s)	218.26
12016	Facility Fee	Repair superficial wound(s)	87.94
12017	Physician/Professional Fee	Repair superficial wound(s)	263.96
12017	Facility Fee	Repair superficial wound(s)	87.94
12018	Physician/Professional Fee	Repair superficial wound(s)	316.20
12018	Facility Fee	Repair superficial wound(s)	87.94
12020	Physician/Professional Fee	Closure of split wound	187.88
12020	Facility Fee	Closure of split wound	87.94
12021	Physician/Professional Fee	Closure of split wound	135.86
12021	Facility Fee	Closure of split wound	87.94
12031	Physician/Professional Fee	Layer closure of wound(s)	135.12
12031	Facility Fee	Layer closure of wound(s)	87.94
12032	Physician/Professional Fee	Layer closure of wound(s)	179.62
12032	Facility Fee	Layer closure of wound(s)	87.94
12034	Physician/Professional Fee	Layer closure of wound(s)	183.82
12034	Facility Fee	Layer closure of wound(s)	87.94
12035	Physician/Professional Fee	Layer closure of wound(s)	230.57
12035	Facility Fee	Layer closure of wound(s)	87.94
12036	Physician/Professional Fee	Layer closure of wound(s)	272.59
12036	Facility Fee	Layer closure of wound(s)	87.94
12037	Physician/Professional Fee	Layer closure of wound(s)	316.59
12037	Facility Fee	Layer closure of wound(s)	311.60
12041	Physician/Professional Fee	Layer closure of wound(s)	149.07
12041	Facility Fee	Layer closure of wound(s)	87.94

CPT Code	Type	Description	Fee
12042	Physician/Professional Fee	Layer closure of wound(s)	176.69
12042	Facility Fee	Layer closure of wound(s)	87.94
12044	Physician/Professional Fee	Layer closure of wound(s)	196.88
12044	Facility Fee	Layer closure of wound(s)	87.94
12045	Physician/Professional Fee	Layer closure of wound(s)	242.77
12045	Facility Fee	Layer closure of wound(s)	87.94
12046	Physician/Professional Fee	Layer closure of wound(s)	287.00
12046	Facility Fee	Layer closure of wound(s)	87.94
12047	Physician/Professional Fee	Layer closure of wound(s)	316.38
12047	Facility Fee	Layer closure of wound(s)	311.60
12051	Physician/Professional Fee	Layer closure of wound(s)	165.38
12051	Facility Fee	Layer closure of wound(s)	87.94
12052	Physician/Professional Fee	Layer closure of wound(s)	182.68
12052	Facility Fee	Layer closure of wound(s)	87.94
12053	Physician/Professional Fee	Layer closure of wound(s)	194.39
12053	Facility Fee	Layer closure of wound(s)	87.94
12054	Physician/Professional Fee	Layer closure of wound(s)	211.23
12054	Facility Fee	Layer closure of wound(s)	87.94
12055	Physician/Professional Fee	Layer closure of wound(s)	267.99
12055	Facility Fee	Layer closure of wound(s)	87.94
12056	Physician/Professional Fee	Layer closure of wound(s)	335.23
12056	Facility Fee	Layer closure of wound(s)	87.94
12057	Physician/Professional Fee	Layer closure of wound(s)	388.63
12057	Facility Fee	Layer closure of wound(s)	311.60
13100	Physician/Professional Fee	Repair of wound or lesion	224.99
13100	Facility Fee	Repair of wound or lesion	5.00
13101	Physician/Professional Fee	Repair of wound or lesion	271.99
13101	Facility Fee	Repair of wound or lesion	5.00
13102	Physician/Professional Fee	Repair wound/lesion add-on	74.11
13102	Facility Fee	Repair wound/lesion add-on	5.00
13120	Physician/Professional Fee	Repair of wound or lesion	234.45
13120	Facility Fee	Repair of wound or lesion	5.00
13121	Physician/Professional Fee	Repair of wound or lesion	298.35
13121	Facility Fee	Repair of wound or lesion	5.00
13122	Physician/Professional Fee	Repair wound/lesion add-on	84.59
13122	Facility Fee	Repair wound/lesion add-on	5.00
13131	Physician/Professional Fee	Repair of wound or lesion	266.27
13131	Facility Fee	Repair of wound or lesion	5.00
13132	Physician/Professional Fee	Repair of wound or lesion	437.16
13132	Facility Fee	Repair of wound or lesion	5.00
13133	Physician/Professional Fee	Repair wound/lesion add-on	129.59
13133	Facility Fee	Repair wound/lesion add-on	5.00
13150	Physician/Professional Fee	Repair of wound or lesion	270.46
13150	Facility Fee	Repair of wound or lesion	5.00
13151	Physician/Professional Fee	Repair of wound or lesion	310.47
13151	Facility Fee	Repair of wound or lesion	5.00
13152	Physician/Professional Fee	Repair of wound or lesion	418.96
13152	Facility Fee	Repair of wound or lesion	5.00
13153	Physician/Professional Fee	Repair wound/lesion add-on	142.25
13153	Facility Fee	Repair wound/lesion add-on	5.00
13160	Physician/Professional Fee	Late closure of wound	790.80
13160	Facility Fee	Late closure of wound	5.00
14000	Physician/Professional Fee	Skin tissue rearrangement	513.37
14000	Facility Fee	Skin tissue rearrangement	5.00
14001	Physician/Professional Fee	Skin tissue rearrangement	690.57
14001	Facility Fee	Skin tissue rearrangement	5.00

CPT Code	Type	Description	Fee
14020	Physician/Professional Fee	Skin tissue rearrangement	589.66
14020	Facility Fee	Skin tissue rearrangement	5.00
14021	Physician/Professional Fee	Skin tissue rearrangement	800.15
14021	Facility Fee	Skin tissue rearrangement	5.00
14040	Physician/Professional Fee	Skin tissue rearrangement	640.50
14040	Facility Fee	Skin tissue rearrangement	5.00
14041	Physician/Professional Fee	Skin tissue rearrangement	872.05
14041	Facility Fee	Skin tissue rearrangement	5.00
14060	Physician/Professional Fee	Skin tissue rearrangement	674.92
14060	Facility Fee	Skin tissue rearrangement	5.00
14061	Physician/Professional Fee	Skin tissue rearrangement	945.79
14061	Facility Fee	Skin tissue rearrangement	5.00
14300	Physician/Professional Fee	Skin tissue rearrangement	924.42
14300	Facility Fee	Skin tissue rearrangement	5.00
14350	Physician/Professional Fee	Skin tissue rearrangement	746.41
14350	Facility Fee	Skin tissue rearrangement	5.00
15002	Physician/Professional Fee	Wnd prep, ch/inf, trk/arm/lg	219.60
15002	Facility Fee	Wnd prep, ch/inf, trk/arm/lg	5.00
15003	Physician/Professional Fee	Wnd prep, ch/inf addl 100 cm	44.64
15003	Facility Fee	Wnd prep, ch/inf addl 100 cm	5.00
15004	Physician/Professional Fee	Wnd prep ch/inf, f/n/hf/g	271.43
15004	Facility Fee	Wnd prep ch/inf, f/n/hf/g	5.00
15005	Physician/Professional Fee	Wnd prep, f/n/hf/g, addl cm	89.28
15005	Facility Fee	Wnd prep, f/n/hf/g, addl cm	5.00
15040	Physician/Professional Fee	Harvest cultured skin graft	128.66
15040	Facility Fee	Harvest cultured skin graft	5.00
15050	Physician/Professional Fee	Skin pinch graft	437.33
15050	Facility Fee	Skin pinch graft	5.00
15100	Physician/Professional Fee	Skin splt grft, trnk/arm/leg	725.68
15100	Facility Fee	Skin splt grft, trnk/arm/leg	5.00
15101	Physician/Professional Fee	Skin splt grft t/a/l, add-on	118.22
15101	Facility Fee	Skin splt grft t/a/l, add-on	5.00
15110	Physician/Professional Fee	Epidrm autogrft trnk/arm/leg	738.13
15110	Facility Fee	Epidrm autogrft trnk/arm/leg	5.00
15111	Physician/Professional Fee	Epidrm autogrft t/a/l add-on	108.19
15111	Facility Fee	Epidrm autogrft t/a/l add-on	5.00
15115	Physician/Professional Fee	Epidrm a-grft face/nck/hf/g	758.09
15115	Facility Fee	Epidrm a-grft face/nck/hf/g	5.00
15116	Physician/Professional Fee	Epidrm a-grft f/n/hf/g addl	147.70
15116	Facility Fee	Epidrm a-grft f/n/hf/g addl	5.00
15120	Physician/Professional Fee	Skn splt a-grft fac/nck/hf/g	772.11
15120	Facility Fee	Skn splt a-grft fac/nck/hf/g	5.00
15121	Physician/Professional Fee	Skn splt a-grft f/n/hf/g add	183.44
15121	Facility Fee	Skn splt a-grft f/n/hf/g add	5.00
15130	Physician/Professional Fee	Derm autograft, trnk/arm/leg	570.42
15130	Facility Fee	Derm autograft, trnk/arm/leg	5.00
15131	Physician/Professional Fee	Derm autograft t/a/l add-on	87.58
15131	Facility Fee	Derm autograft t/a/l add-on	5.00
15135	Physician/Professional Fee	Derm autograft face/nck/hf/g	779.84
15135	Facility Fee	Derm autograft face/nck/hf/g	5.00
15136	Physician/Professional Fee	Derm autograft, f/n/hf/g add	88.60
15136	Facility Fee	Derm autograft, f/n/hf/g add	5.00
15150	Physician/Professional Fee	Cult epiderm grft t/arm/leg	650.38
15150	Facility Fee	Cult epiderm grft t/arm/leg	5.00
15151	Physician/Professional Fee	Cult epiderm grft t/a/l addl	117.08
15151	Facility Fee	Cult epiderm grft t/a/l addl	5.00

CPT Code	Type	Description	Fee
15152	Physician/Professional Fee	Cult epiderm graft t/a/l +%	146.12
15152	Facility Fee	Cult epiderm graft t/a/l +%	5.00
15155	Physician/Professional Fee	Cult epiderm graft, f/n/hf/g	696.45
15155	Facility Fee	Cult epiderm graft, f/n/hf/g	5.00
15156	Physician/Professional Fee	Cult epidrm grft f/n/hfg add	162.31
15156	Facility Fee	Cult epidrm grft f/n/hfg add	5.00
15157	Physician/Professional Fee	Cult epiderm grft f/n/hfg +%	177.32
15157	Facility Fee	Cult epiderm grft f/n/hfg +%	5.00
15170	Physician/Professional Fee	Acell graft trunk/arms/legs	337.74
15170	Facility Fee	Acell graft trunk/arms/legs	5.00
15171	Physician/Professional Fee	Acell graft t/arm/leg add-on	88.12
15171	Facility Fee	Acell graft t/arm/leg add-on	5.00
15175	Physician/Professional Fee	Acellular graft, f/n/hf/g	488.60
15175	Facility Fee	Acellular graft, f/n/hf/g	5.00
15176	Physician/Professional Fee	Acell graft, f/n/hf/g add-on	139.14
15176	Facility Fee	Acell graft, f/n/hf/g add-on	5.00
15200	Physician/Professional Fee	Skin full graft, trunk	630.67
15200	Facility Fee	Skin full graft, trunk	5.00
15201	Physician/Professional Fee	Skin full graft trunk add-on	80.56
15201	Facility Fee	Skin full graft trunk add-on	5.00
15220	Physician/Professional Fee	Skin full graft sclp/arm/leg	608.54
15220	Facility Fee	Skin full graft sclp/arm/leg	5.00
15221	Physician/Professional Fee	Skin full graft add-on	72.16
15221	Facility Fee	Skin full graft add-on	5.00
15240	Physician/Professional Fee	Skin full grft face/genit/hf	757.10
15240	Facility Fee	Skin full grft face/genit/hf	5.00
15241	Physician/Professional Fee	Skin full graft add-on	113.41
15241	Facility Fee	Skin full graft add-on	5.00
15260	Physician/Professional Fee	Skin full graft een & lips	820.42
15260	Facility Fee	Skin full graft een & lips	5.00
15261	Physician/Professional Fee	Skin full graft add-on	146.31
15261	Facility Fee	Skin full graft add-on	5.00
15300	Physician/Professional Fee	Apply skin allogrft, t/arm/lg	280.39
15300	Facility Fee	Apply skin allogrft, t/arm/lg	5.00
15301	Physician/Professional Fee	Apply sknallogrft t/a/l addl	57.65
15301	Facility Fee	Apply sknallogrft t/a/l addl	5.00
15320	Physician/Professional Fee	Apply skin allogrft f/n/hf/g	321.21
15320	Facility Fee	Apply skin allogrft f/n/hf/g	5.00
15321	Physician/Professional Fee	Aply sknallogrft f/n/hfg add	85.81
15321	Facility Fee	Aply sknallogrft f/n/hfg add	5.00
15330	Physician/Professional Fee	Aply acell alogrft t/arm/leg	254.13
15330	Facility Fee	Aply acell alogrft t/arm/leg	5.00
15331	Physician/Professional Fee	Aply acell grft t/a/l add-on	57.65
15331	Facility Fee	Aply acell grft t/a/l add-on	5.00
15335	Physician/Professional Fee	Apply acell graft, f/n/hf/g	283.27
15335	Facility Fee	Apply acell graft, f/n/hf/g	5.00
15336	Physician/Professional Fee	Aply acell grft f/n/hf/g add	82.22
15336	Facility Fee	Aply acell grft f/n/hf/g add	5.00
15340	Physician/Professional Fee	Apply cult skin substitute	269.81
15340	Facility Fee	Apply cult skin substitute	5.00
15341	Physician/Professional Fee	Apply cult skin sub add-on	28.29
15341	Facility Fee	Apply cult skin sub add-on	5.00
15360	Physician/Professional Fee	Apply cult derm sub, t/a/l	293.27
15360	Facility Fee	Apply cult derm sub, t/a/l	5.00
15361	Physician/Professional Fee	Aply cult derm sub t/a/l add	65.06
15361	Facility Fee	Aply cult derm sub t/a/l add	5.00

CPT Code	Type	Description	Fee
15365	Physician/Professional Fee	Apply cult derm sub f/n/hf/g	307.70
15365	Facility Fee	Apply cult derm sub f/n/hf/g	5.00
15366	Physician/Professional Fee	Apply cult derm f/hf/g add	82.11
15366	Facility Fee	Apply cult derm f/hf/g add	5.00
15400	Physician/Professional Fee	Apply skin xenograft, t/a/l	347.22
15400	Facility Fee	Apply skin xenograft, t/a/l	5.00
15401	Physician/Professional Fee	Apply skn xenogrft t/a/l add	58.98
15401	Facility Fee	Apply skn xenogrft t/a/l add	5.00
15420	Physician/Professional Fee	Apply skin xgraft, f/n/hf/g	361.87
15420	Facility Fee	Apply skin xgraft, f/n/hf/g	5.00
15421	Physician/Professional Fee	Apply skn xgrft f/n/hf/g add	87.14
15421	Facility Fee	Apply skn xgrft f/n/hf/g add	5.00
15430	Physician/Professional Fee	Apply acellular xenograft	525.68
15430	Facility Fee	Apply acellular xenograft	5.00
15431	Facility Fee	Apply acellular xgraft add	5.00
15570	Physician/Professional Fee	Form skin pedicle flap	698.67
15570	Facility Fee	Form skin pedicle flap	5.00
15572	Physician/Professional Fee	Form skin pedicle flap	684.31
15572	Facility Fee	Form skin pedicle flap	5.00
15574	Physician/Professional Fee	Form skin pedicle flap	752.49
15574	Facility Fee	Form skin pedicle flap	5.00
15576	Physician/Professional Fee	Form skin pedicle flap	661.19
15576	Facility Fee	Form skin pedicle flap	5.00
15600	Physician/Professional Fee	Skin graft	210.42
15600	Facility Fee	Skin graft	5.00
15610	Physician/Professional Fee	Skin graft	246.82
15610	Facility Fee	Skin graft	5.00
15620	Physician/Professional Fee	Skin graft	313.17
15620	Facility Fee	Skin graft	5.00
15630	Physician/Professional Fee	Skin graft	338.18
15630	Facility Fee	Skin graft	5.00
15650	Physician/Professional Fee	Transfer skin pedicle flap	367.26
15650	Facility Fee	Transfer skin pedicle flap	5.00
15731	Physician/Professional Fee	Forehead flap w/vasc pedicle	971.38
15731	Facility Fee	Forehead flap w/vasc pedicle	5.00
15732	Physician/Professional Fee	Muscle-skin graft, head/neck	1303.19
15732	Facility Fee	Muscle-skin graft, head/neck	5.00
15734	Physician/Professional Fee	Muscle-skin graft, trunk	1333.53
15734	Facility Fee	Muscle-skin graft, trunk	5.00
15736	Physician/Professional Fee	Muscle-skin graft, arm	1171.12
15736	Facility Fee	Muscle-skin graft, arm	5.00
15738	Physician/Professional Fee	Muscle-skin graft, leg	1271.07
15738	Facility Fee	Muscle-skin graft, leg	5.00
15740	Physician/Professional Fee	Island pedicle flap graft	816.04
15740	Facility Fee	Island pedicle flap graft	5.00
15750	Physician/Professional Fee	Neurovascular pedicle graft	902.74
15750	Facility Fee	Neurovascular pedicle graft	5.00
15756	Physician/Professional Fee	Free myo/skin flap microvasc	2358.42
15756	Facility Fee	Free myo/skin flap microvasc	5.00
15757	Physician/Professional Fee	Free skin flap, microvasc	2357.20
15757	Facility Fee	Free skin flap, microvasc	5.00
15758	Physician/Professional Fee	Free fascial flap, microvasc	2356.83
15758	Facility Fee	Free fascial flap, microvasc	5.00
15760	Physician/Professional Fee	Composite skin graft	694.27
15760	Facility Fee	Composite skin graft	5.00
15770	Physician/Professional Fee	Derma-fat-fascia graft	642.66

CPT Code	Type	Description	Fee
15770	Facility Fee	Derma-fat-fascia graft	5.00
15775	Physician/Professional Fee	Hair transplant punch grafts	220.70
15775	Facility Fee	Hair transplant punch grafts	5.00
15776	Physician/Professional Fee	Hair transplant punch grafts	332.03
15776	Facility Fee	Hair transplant punch grafts	5.00
15780	Physician/Professional Fee	Abrasion treatment of skin	677.28
15780	Facility Fee	Abrasion treatment of skin	5.00
15781	Physician/Professional Fee	Abrasion treatment of skin	428.34
15781	Facility Fee	Abrasion treatment of skin	5.00
15782	Physician/Professional Fee	Abrasion treatment of skin	446.88
15782	Facility Fee	Abrasion treatment of skin	5.00
15783	Physician/Professional Fee	Abrasion treatment of skin	360.09
15783	Facility Fee	Abrasion treatment of skin	5.00
15786	Physician/Professional Fee	Abrasion, lesion, single	135.05
15786	Facility Fee	Abrasion, lesion, single	5.00
15787	Physician/Professional Fee	Abrasion, lesions, add-on	19.90
15787	Facility Fee	Abrasion, lesions, add-on	5.00
15788	Physician/Professional Fee	Chemical peel, face, epiderm	222.13
15788	Facility Fee	Chemical peel, face, epiderm	5.00
15789	Physician/Professional Fee	Chemical peel, face, dermal	406.25
15789	Facility Fee	Chemical peel, face, dermal	5.00
15792	Physician/Professional Fee	Chemical peel, nonfacial	257.31
15792	Facility Fee	Chemical peel, nonfacial	5.00
15793	Physician/Professional Fee	Chemical peel, nonfacial	325.55
15793	Facility Fee	Chemical peel, nonfacial	5.00
15819	Physician/Professional Fee	Plastic surgery, neck	720.30
15819	Facility Fee	Plastic surgery, neck	5.00
15820	Physician/Professional Fee	Revision of lower eyelid	475.27
15820	Facility Fee	Revision of lower eyelid	5.00
15821	Physician/Professional Fee	Revision of lower eyelid	503.87
15821	Facility Fee	Revision of lower eyelid	5.00
15822	Physician/Professional Fee	Revision of upper eyelid	370.16
15822	Facility Fee	Revision of upper eyelid	5.00
15823	Physician/Professional Fee	Revision of upper eyelid	591.49
15823	Facility Fee	Revision of upper eyelid	5.00
15824	Facility Fee	Removal of forehead wrinkles	5.00
15825	Facility Fee	Removal of neck wrinkles	5.00
15826	Facility Fee	Removal of brow wrinkles	5.00
15828	Facility Fee	Removal of face wrinkles	5.00
15829	Facility Fee	Removal of skin wrinkles	5.00
15830	Physician/Professional Fee	Exc skin abd	1149.16
15830	Facility Fee	Exc skin abd	5.00
15832	Physician/Professional Fee	Excise excessive skin tissue	877.34
15832	Facility Fee	Excise excessive skin tissue	5.00
15833	Physician/Professional Fee	Excise excessive skin tissue	819.47
15833	Facility Fee	Excise excessive skin tissue	5.00
15834	Physician/Professional Fee	Excise excessive skin tissue	823.48
15834	Facility Fee	Excise excessive skin tissue	5.00
15835	Physician/Professional Fee	Excise excessive skin tissue	848.38
15835	Facility Fee	Excise excessive skin tissue	5.00
15836	Physician/Professional Fee	Excise excessive skin tissue	720.55
15836	Facility Fee	Excise excessive skin tissue	5.00
15837	Physician/Professional Fee	Excise excessive skin tissue	683.21
15837	Facility Fee	Excise excessive skin tissue	5.00
15838	Physician/Professional Fee	Excise excessive skin tissue	564.93
15838	Facility Fee	Excise excessive skin tissue	5.00

CPT Code	Type	Description	Fee
15839	Physician/Professional Fee	Excise excessive skin tissue	691.01
15839	Facility Fee	Excise excessive skin tissue	5.00
15840	Physician/Professional Fee	Graft for face nerve palsy	1000.69
15840	Facility Fee	Graft for face nerve palsy	5.00
15841	Physician/Professional Fee	Graft for face nerve palsy	1649.79
15841	Facility Fee	Graft for face nerve palsy	5.00
15842	Physician/Professional Fee	Flap for face nerve palsy	2618.47
15842	Facility Fee	Flap for face nerve palsy	5.00
15845	Physician/Professional Fee	Skin and muscle repair, face	937.91
15845	Facility Fee	Skin and muscle repair, face	5.00
15847	Facility Fee	Exc skin abd add-on	5.00
15850	Facility Fee	Removal of sutures	5.00
15851	Physician/Professional Fee	Removal of sutures	45.52
15851	Facility Fee	Removal of sutures	5.00
15852	Physician/Professional Fee	Dressing change not for burn	47.34
15852	Facility Fee	Dressing change not for burn	5.00
15860	Physician/Professional Fee	Test for blood flow in graft	112.10
15860	Facility Fee	Test for blood flow in graft	5.00
15876	Facility Fee	Suction assisted lipectomy	5.00
15877	Facility Fee	Suction assisted lipectomy	5.00
15878	Facility Fee	Suction assisted lipectomy	5.00
15879	Facility Fee	Suction assisted lipectomy	5.00
15920	Physician/Professional Fee	Removal of tail bone ulcer	575.05
15920	Facility Fee	Removal of tail bone ulcer	5.00
15922	Physician/Professional Fee	Removal of tail bone ulcer	730.83
15922	Facility Fee	Removal of tail bone ulcer	5.00
15931	Physician/Professional Fee	Remove sacrum pressure sore	647.70
15931	Facility Fee	Remove sacrum pressure sore	5.00
15933	Physician/Professional Fee	Remove sacrum pressure sore	807.50
15933	Facility Fee	Remove sacrum pressure sore	5.00
15934	Physician/Professional Fee	Remove sacrum pressure sore	895.69
15934	Facility Fee	Remove sacrum pressure sore	5.00
15935	Physician/Professional Fee	Remove sacrum pressure sore	1083.55
15935	Facility Fee	Remove sacrum pressure sore	5.00
15936	Physician/Professional Fee	Remove sacrum pressure sore	881.94
15936	Facility Fee	Remove sacrum pressure sore	5.00
15937	Physician/Professional Fee	Remove sacrum pressure sore	1031.70
15937	Facility Fee	Remove sacrum pressure sore	5.00
15940	Physician/Professional Fee	Remove hip pressure sore	675.15
15940	Facility Fee	Remove hip pressure sore	5.00
15941	Physician/Professional Fee	Remove hip pressure sore	901.96
15941	Facility Fee	Remove hip pressure sore	5.00
15944	Physician/Professional Fee	Remove hip pressure sore	872.29
15944	Facility Fee	Remove hip pressure sore	5.00
15945	Physician/Professional Fee	Remove hip pressure sore	969.68
15945	Facility Fee	Remove hip pressure sore	5.00
15946	Physician/Professional Fee	Remove hip pressure sore	1590.59
15946	Facility Fee	Remove hip pressure sore	5.00
15950	Physician/Professional Fee	Remove thigh pressure sore	556.95
15950	Facility Fee	Remove thigh pressure sore	5.00
15951	Physician/Professional Fee	Remove thigh pressure sore	807.74
15951	Facility Fee	Remove thigh pressure sore	5.00
15952	Physician/Professional Fee	Remove thigh pressure sore	831.82
15952	Facility Fee	Remove thigh pressure sore	5.00
15953	Physician/Professional Fee	Remove thigh pressure sore	939.12
15953	Facility Fee	Remove thigh pressure sore	5.00

CPT Code	Type	Description	Fee
15956	Physician/Professional Fee	Remove thigh pressure sore	1132.55
15956	Facility Fee	Remove thigh pressure sore	5.00
15958	Physician/Professional Fee	Remove thigh pressure sore	1148.99
15958	Facility Fee	Remove thigh pressure sore	5.00
15999	Facility Fee	Removal of pressure sore	5.00
16000	Physician/Professional Fee	Initial treatment of burn(s)	46.01
16000	Facility Fee	Initial treatment of burn(s)	49.96
16020	Physician/Professional Fee	Dress/debrid p-thick burn, s	56.98
16020	Facility Fee	Dress/debrid p-thick burn, s	64.69
16025	Physician/Professional Fee	Dress/debrid p-thick burn, m	113.97
16025	Facility Fee	Dress/debrid p-thick burn, m	64.69
16030	Physician/Professional Fee	Dress/debrid p-thick burn, l	130.14
16030	Facility Fee	Dress/debrid p-thick burn, l	96.22
16035	Physician/Professional Fee	Incision of burn scab, initi	215.65
16035	Facility Fee	Incision of burn scab, initi	5.00
16036	Physician/Professional Fee	Escharotomy; add'l incision	85.50
16036	Facility Fee	Escharotomy; add'l incision	5.00
17000	Physician/Professional Fee	Destruct premalg lesion	49.47
17000	Facility Fee	Destruct premalg lesion	5.00
17003	Physician/Professional Fee	Destruct premalg les, 2-14	5.37
17003	Facility Fee	Destruct premalg les, 2-14	5.00
17004	Physician/Professional Fee	Destroy premalg lesions 15+	137.24
17004	Facility Fee	Destroy premalg lesions 15+	5.00
17106	Physician/Professional Fee	Destruction of skin lesions	324.81
17106	Facility Fee	Destruction of skin lesions	5.00
17107	Physician/Professional Fee	Destruction of skin lesions	590.06
17107	Facility Fee	Destruction of skin lesions	5.00
17108	Physician/Professional Fee	Destruction of skin lesions	824.13
17108	Facility Fee	Destruction of skin lesions	5.00
17110	Physician/Professional Fee	Destruct b9 lesion, 1-14	58.34
17110	Facility Fee	Destruct b9 lesion, 1-14	5.00
17111	Physician/Professional Fee	Destruct lesion, 15 or more	74.98
17111	Facility Fee	Destruct lesion, 15 or more	5.00
17250	Physician/Professional Fee	Chemical cautery, tissue	35.37
17250	Facility Fee	Chemical cautery, tissue	5.00
17260	Physician/Professional Fee	Destruction of skin lesions	65.40
17260	Facility Fee	Destruction of skin lesions	5.00
17261	Physician/Professional Fee	Destruction of skin lesions	84.22
17261	Facility Fee	Destruction of skin lesions	5.00
17262	Physician/Professional Fee	Destruction of skin lesions	107.74
17262	Facility Fee	Destruction of skin lesions	5.00
17263	Physician/Professional Fee	Destruction of skin lesions	119.20
17263	Facility Fee	Destruction of skin lesions	5.00
17264	Physician/Professional Fee	Destruction of skin lesions	126.48
17264	Facility Fee	Destruction of skin lesions	5.00
17266	Physician/Professional Fee	Destruction of skin lesions	146.51
17266	Facility Fee	Destruction of skin lesions	5.00
17270	Physician/Professional Fee	Destruction of skin lesions	91.14
17270	Facility Fee	Destruction of skin lesions	5.00
17271	Physician/Professional Fee	Destruction of skin lesions	102.77
17271	Facility Fee	Destruction of skin lesions	5.00
17272	Physician/Professional Fee	Destruction of skin lesions	118.84
17272	Facility Fee	Destruction of skin lesions	5.00
17273	Physician/Professional Fee	Destruction of skin lesions	134.02
17273	Facility Fee	Destruction of skin lesions	5.00
17274	Physician/Professional Fee	Destruction of skin lesions	164.87

CPT Code	Type	Description	Fee
17274	Facility Fee	Destruction of skin lesions	5.00
17276	Physician/Professional Fee	Destruction of skin lesions	199.37
17276	Facility Fee	Destruction of skin lesions	5.00
17280	Physician/Professional Fee	Destruction of skin lesions	82.89
17280	Facility Fee	Destruction of skin lesions	5.00
17281	Physician/Professional Fee	Destruction of skin lesions	115.95
17281	Facility Fee	Destruction of skin lesions	5.00
17282	Physician/Professional Fee	Destruction of skin lesions	134.51
17282	Facility Fee	Destruction of skin lesions	5.00
17283	Physician/Professional Fee	Destruction of skin lesions	168.56
17283	Facility Fee	Destruction of skin lesions	5.00
17284	Physician/Professional Fee	Destruction of skin lesions	201.94
17284	Facility Fee	Destruction of skin lesions	5.00
17286	Physician/Professional Fee	Destruction of skin lesions	276.12
17286	Facility Fee	Destruction of skin lesions	5.00
17311	Physician/Professional Fee	Mohs, 1 stage, h/n/hf/g	370.62
17311	Facility Fee	Mohs, 1 stage, h/n/hf/g	5.00
17312	Physician/Professional Fee	Mohs addl stage	197.25
17312	Facility Fee	Mohs addl stage	5.00
17313	Physician/Professional Fee	Mohs, 1 stage, t/a/l	332.19
17313	Facility Fee	Mohs, 1 stage, t/a/l	5.00
17314	Physician/Professional Fee	Mohs, addl stage, t/a/l	182.39
17314	Facility Fee	Mohs, addl stage, t/a/l	5.00
17315	Physician/Professional Fee	Mohs surg, addl block	51.62
17315	Facility Fee	Mohs surg, addl block	5.00
17340	Physician/Professional Fee	Cryotherapy of skin	44.71
17340	Facility Fee	Cryotherapy of skin	5.00
17360	Physician/Professional Fee	Skin peel therapy	94.17
17360	Facility Fee	Skin peel therapy	5.00
17380	Facility Fee	Hair removal by electrolysis	5.00
17999	Facility Fee	Skin tissue procedure	5.00
19000	Physician/Professional Fee	Drainage of breast lesion	45.74
19000	Facility Fee	Drainage of breast lesion	5.00
19001	Physician/Professional Fee	Drain breast lesion add-on	22.65
19001	Facility Fee	Drain breast lesion add-on	5.00
19020	Physician/Professional Fee	Incision of breast lesion	270.70
19020	Facility Fee	Incision of breast lesion	5.00
19030	Physician/Professional Fee	Injection for breast x-ray	79.26
19030	Facility Fee	Injection for breast x-ray	5.00
19100	Physician/Professional Fee	Bx breast percut w/o image	68.31
19100	Facility Fee	Bx breast percut w/o image	5.00
19101	Physician/Professional Fee	Biopsy of breast, open	210.21
19101	Facility Fee	Biopsy of breast, open	5.00
19102	Physician/Professional Fee	Bx breast percut w/image	104.72
19102	Facility Fee	Bx breast percut w/image	5.00
19103	Physician/Professional Fee	Bx breast percut w/device	194.43
19103	Facility Fee	Bx breast percut w/device	5.00
19105	Physician/Professional Fee	Cryosurg ablate fa, each	186.46
19105	Facility Fee	Cryosurg ablate fa, each	5.00
19110	Physician/Professional Fee	Nipple exploration	305.31
19110	Facility Fee	Nipple exploration	5.00
19112	Physician/Professional Fee	Excise breast duct fistula	273.01
19112	Facility Fee	Excise breast duct fistula	5.00
19120	Physician/Professional Fee	Removal of breast lesion	371.88
19120	Facility Fee	Removal of breast lesion	5.00
19125	Physician/Professional Fee	Excision, breast lesion	411.45

CPT Code	Type	Description	Fee
19125	Facility Fee	Excision, breast lesion	5.00
19126	Physician/Professional Fee	Excision, addl breast lesion	159.11
19126	Facility Fee	Excision, addl breast lesion	5.00
19260	Physician/Professional Fee	Removal of chest wall lesion	1184.16
19260	Facility Fee	Removal of chest wall lesion	5.00
19271	Physician/Professional Fee	Revision of chest wall	1640.55
19271	Facility Fee	Revision of chest wall	5.00
19272	Physician/Professional Fee	Extensive chest wall surgery	1803.69
19272	Facility Fee	Extensive chest wall surgery	5.00
19290	Physician/Professional Fee	Place needle wire, breast	65.94
19290	Facility Fee	Place needle wire, breast	5.00
19291	Physician/Professional Fee	Place needle wire, breast	32.91
19291	Facility Fee	Place needle wire, breast	5.00
19295	Physician/Professional Fee	Place breast clip, percut	89.78
19295	Facility Fee	Place breast clip, percut	5.00
19296	Physician/Professional Fee	Place po breast cath for rad	205.86
19296	Facility Fee	Place po breast cath for rad	5.00
19297	Physician/Professional Fee	Place breast cath for rad	93.88
19297	Facility Fee	Place breast cath for rad	5.00
19298	Physician/Professional Fee	Place breast rad tube/caths	333.94
19298	Facility Fee	Place breast rad tube/caths	5.00
19300	Physician/Professional Fee	Removal of breast tissue	363.78
19300	Facility Fee	Removal of breast tissue	5.00
19301	Physician/Professional Fee	Partical mastectomy	395.18
19301	Facility Fee	Partical mastectomy	5.00
19302	Physician/Professional Fee	P-mastectomy w/in removal	834.04
19302	Facility Fee	P-mastectomy w/in removal	5.00
19303	Physician/Professional Fee	Mast, simple, complete	844.90
19303	Facility Fee	Mast, simple, complete	5.00
19304	Physician/Professional Fee	Mast, subq	525.89
19304	Facility Fee	Mast, subq	5.00
19305	Physician/Professional Fee	Mast, radical	1035.06
19305	Facility Fee	Mast, radical	5.00
19306	Physician/Professional Fee	Mast, rad, urban type	1075.92
19306	Facility Fee	Mast, rad, urban type	5.00
19307	Physician/Professional Fee	Mast, mod rad	1081.53
19307	Facility Fee	Mast, mod rad	5.00
19316	Physician/Professional Fee	Suspension of breast	776.42
19316	Facility Fee	Suspension of breast	5.00
19318	Physician/Professional Fee	Reduction of large breast	1148.55
19318	Facility Fee	Reduction of large breast	5.00
19324	Physician/Professional Fee	Enlarge breast	479.81
19324	Facility Fee	Enlarge breast	5.00
19325	Physician/Professional Fee	Enlarge breast with implant	638.07
19325	Facility Fee	Enlarge breast with implant	5.00
19328	Physician/Professional Fee	Removal of breast implant	480.51
19328	Facility Fee	Removal of breast implant	5.00
19330	Physician/Professional Fee	Removal of implant material	612.00
19330	Facility Fee	Removal of implant material	5.00
19340	Physician/Professional Fee	Immediate breast prosthesis	396.31
19340	Facility Fee	Immediate breast prosthesis	5.00
19342	Physician/Professional Fee	Delayed breast prosthesis	902.13
19342	Facility Fee	Delayed breast prosthesis	5.00
19350	Physician/Professional Fee	Breast reconstruction	680.81
19350	Facility Fee	Breast reconstruction	5.00
19355	Physician/Professional Fee	Correct inverted nipple(s)	541.64

CPT Code	Type	Description	Fee
19355	Facility Fee	Correct inverted nipple(s)	5.00
19357	Physician/Professional Fee	Breast reconstruction	1526.81
19357	Facility Fee	Breast reconstruction	5.00
19361	Physician/Professional Fee	Breast reconstr w/lat flap	1529.72
19361	Facility Fee	Breast reconstr w/lat flap	5.00
19364	Physician/Professional Fee	Breast reconstruction	2763.29
19364	Facility Fee	Breast reconstruction	5.00
19366	Physician/Professional Fee	Breast reconstruction	1381.11
19366	Facility Fee	Breast reconstruction	5.00
19367	Physician/Professional Fee	Breast reconstruction	1812.11
19367	Facility Fee	Breast reconstruction	5.00
19368	Physician/Professional Fee	Breast reconstruction	2219.05
19368	Facility Fee	Breast reconstruction	5.00
19369	Physician/Professional Fee	Breast reconstruction	2049.77
19369	Facility Fee	Breast reconstruction	5.00
19370	Physician/Professional Fee	Surgery of breast capsule	670.86
19370	Facility Fee	Surgery of breast capsule	5.00
19371	Physician/Professional Fee	Removal of breast capsule	773.12
19371	Facility Fee	Removal of breast capsule	5.00
19380	Physician/Professional Fee	Revise breast reconstruction	755.01
19380	Facility Fee	Revise breast reconstruction	5.00
19396	Physician/Professional Fee	Design custom breast implant	134.33
19396	Facility Fee	Design custom breast implant	5.00
19499	Facility Fee	Breast surgery procedure	5.00
20000	Physician/Professional Fee	Incision of abscess	159.02
20000	Facility Fee	Incision of abscess	85.27
20005	Physician/Professional Fee	Incision of deep abscess	239.41
20005	Facility Fee	Incision of deep abscess	5.00
20100	Physician/Professional Fee	Explore wound, neck	598.08
20100	Facility Fee	Explore wound, neck	5.00
20101	Physician/Professional Fee	Explore wound, chest	200.17
20101	Facility Fee	Explore wound, chest	5.00
20102	Physician/Professional Fee	Explore wound, abdomen	241.02
20102	Facility Fee	Explore wound, abdomen	5.00
20103	Physician/Professional Fee	Explore wound, extremity	357.70
20103	Facility Fee	Explore wound, extremity	5.00
20150	Physician/Professional Fee	Excise epiphyseal bar	909.18
20150	Facility Fee	Excise epiphyseal bar	5.00
20200	Physician/Professional Fee	Muscle biopsy	92.37
20200	Facility Fee	Muscle biopsy	5.00
20205	Physician/Professional Fee	Deep muscle biopsy	146.54
20205	Facility Fee	Deep muscle biopsy	5.00
20206	Physician/Professional Fee	Needle biopsy, muscle	64.35
20206	Facility Fee	Needle biopsy, muscle	5.00
20220	Physician/Professional Fee	Bone biopsy, trocar/needle	81.31
20220	Facility Fee	Bone biopsy, trocar/needle	5.00
20225	Physician/Professional Fee	Bone biopsy, trocar/needle	122.80
20225	Facility Fee	Bone biopsy, trocar/needle	5.00
20240	Physician/Professional Fee	Bone biopsy, excisional	238.62
20240	Facility Fee	Bone biopsy, excisional	5.00
20245	Physician/Professional Fee	Bone biopsy, excisional	639.12
20245	Facility Fee	Bone biopsy, excisional	5.00
20250	Physician/Professional Fee	Open bone biopsy	375.18
20250	Facility Fee	Open bone biopsy	5.00
20251	Physician/Professional Fee	Open bone biopsy	422.35
20251	Facility Fee	Open bone biopsy	5.00

CPT Code	Type	Description	Fee
20500	Physician/Professional Fee	Injection of sinus tract	108.78
20500	Facility Fee	Injection of sinus tract	5.00
20501	Physician/Professional Fee	Inject sinus tract for x-ray	39.08
20501	Facility Fee	Inject sinus tract for x-ray	5.00
20520	Physician/Professional Fee	Removal of foreign body	148.17
20520	Facility Fee	Removal of foreign body	5.00
20525	Physician/Professional Fee	Removal of foreign body	253.95
20525	Facility Fee	Removal of foreign body	5.00
20526	Physician/Professional Fee	Ther injection, carp tunnel	60.21
20526	Facility Fee	Ther injection, carp tunnel	133.98
20550	Physician/Professional Fee	Inj tendon sheath/ligament	40.69
20550	Facility Fee	Inj tendon sheath/ligament	133.98
20551	Physician/Professional Fee	Inj tendon origin/insertion	43.47
20551	Facility Fee	Inj tendon origin/insertion	133.98
20552	Physician/Professional Fee	Inj trigger point, 1/2 muscl	34.46
20552	Facility Fee	Inj trigger point, 1/2 muscl	133.98
20553	Physician/Professional Fee	Inject trigger points, => 3	38.23
20553	Facility Fee	Inject trigger points, => 3	133.98
20600	Physician/Professional Fee	Drain/inject, joint/bursa	41.16
20600	Facility Fee	Drain/inject, joint/bursa	133.98
20605	Physician/Professional Fee	Drain/inject, joint/bursa	42.40
20605	Facility Fee	Drain/inject, joint/bursa	133.98
20610	Physician/Professional Fee	Drain/inject, joint/bursa	50.44
20610	Facility Fee	Drain/inject, joint/bursa	133.98
20612	Physician/Professional Fee	Aspirate/inj ganglion cyst	43.83
20612	Facility Fee	Aspirate/inj ganglion cyst	133.98
20615	Physician/Professional Fee	Treatment of bone cyst	165.67
20615	Facility Fee	Treatment of bone cyst	5.00
20650	Physician/Professional Fee	Insert and remove bone pin	158.70
20650	Facility Fee	Insert and remove bone pin	5.00
20660	Physician/Professional Fee	Apply, rem fixation device	179.28
20660	Facility Fee	Apply, rem fixation device	5.00
20661	Physician/Professional Fee	Application of head brace	450.32
20661	Facility Fee	Application of head brace	5.00
20662	Physician/Professional Fee	Application of pelvis brace	480.08
20662	Facility Fee	Application of pelvis brace	5.00
20663	Physician/Professional Fee	Application of thigh brace	449.30
20663	Facility Fee	Application of thigh brace	5.00
20664	Physician/Professional Fee	Halo brace application	734.16
20664	Facility Fee	Halo brace application	5.00
20665	Physician/Professional Fee	Removal of fixation device	110.19
20665	Facility Fee	Removal of fixation device	5.00
20670	Physician/Professional Fee	Removal of support implant	160.53
20670	Facility Fee	Removal of support implant	5.00
20680	Physician/Professional Fee	Removal of support implant	399.07
20680	Facility Fee	Removal of support implant	5.00
20690	Physician/Professional Fee	Apply bone fixation device	259.40
20690	Facility Fee	Apply bone fixation device	5.00
20692	Physician/Professional Fee	Apply bone fixation device	424.88
20692	Facility Fee	Apply bone fixation device	5.00
20693	Physician/Professional Fee	Adjust bone fixation device	476.64
20693	Facility Fee	Adjust bone fixation device	5.00
20694	Physician/Professional Fee	Remove bone fixation device	347.01
20694	Facility Fee	Remove bone fixation device	5.00
20802	Physician/Professional Fee	Replantation, arm, complete	2611.27
20802	Facility Fee	Replantation, arm, complete	5.00

CPT Code	Type	Description	Fee
20805	Physician/Professional Fee	Replant forearm, complete	3420.25
20805	Facility Fee	Replant forearm, complete	5.00
20808	Physician/Professional Fee	Replantation hand, complete	4315.78
20808	Facility Fee	Replantation hand, complete	5.00
20816	Physician/Professional Fee	Replantation digit, complete	2811.59
20816	Facility Fee	Replantation digit, complete	5.00
20822	Physician/Professional Fee	Replantation digit, complete	2480.06
20822	Facility Fee	Replantation digit, complete	5.00
20824	Physician/Professional Fee	Replantation thumb, complete	2787.38
20824	Facility Fee	Replantation thumb, complete	5.00
20827	Physician/Professional Fee	Replantation thumb, complete	2573.09
20827	Facility Fee	Replantation thumb, complete	5.00
20838	Physician/Professional Fee	Replantation foot, complete	2455.71
20838	Facility Fee	Replantation foot, complete	5.00
20900	Physician/Professional Fee	Removal of bone for graft	480.59
20900	Facility Fee	Removal of bone for graft	5.00
20902	Physician/Professional Fee	Removal of bone for graft	621.48
20902	Facility Fee	Removal of bone for graft	5.00
20910	Physician/Professional Fee	Remove cartilage for graft	441.09
20910	Facility Fee	Remove cartilage for graft	5.00
20912	Physician/Professional Fee	Remove cartilage for graft	497.28
20912	Facility Fee	Remove cartilage for graft	5.00
20920	Physician/Professional Fee	Removal of fascia for graft	404.54
20920	Facility Fee	Removal of fascia for graft	5.00
20922	Physician/Professional Fee	Removal of fascia for graft	485.33
20922	Facility Fee	Removal of fascia for graft	5.00
20924	Physician/Professional Fee	Removal of tendon for graft	520.83
20924	Facility Fee	Removal of tendon for graft	5.00
20926	Physician/Professional Fee	Removal of tissue for graft	439.23
20926	Facility Fee	Removal of tissue for graft	5.00
20930	Facility Fee	Spinal bone allograft	5.00
20931	Physician/Professional Fee	Spinal bone allograft	117.18
20931	Facility Fee	Spinal bone allograft	5.00
20936	Facility Fee	Spinal bone autograft	5.00
20937	Physician/Professional Fee	Spinal bone autograft	177.96
20937	Facility Fee	Spinal bone autograft	5.00
20938	Physician/Professional Fee	Spinal bone autograft	193.92
20938	Facility Fee	Spinal bone autograft	5.00
20950	Physician/Professional Fee	Fluid pressure, muscle	93.98
20950	Facility Fee	Fluid pressure, muscle	5.00
20955	Physician/Professional Fee	Fibula bone graft, microvasc	2603.85
20955	Facility Fee	Fibula bone graft, microvasc	5.00
20956	Physician/Professional Fee	Iliac bone graft, microvasc	2745.87
20956	Facility Fee	Iliac bone graft, microvasc	5.00
20957	Physician/Professional Fee	Mt bone graft, microvasc	2590.69
20957	Facility Fee	Mt bone graft, microvasc	5.00
20962	Physician/Professional Fee	Other bone graft, microvasc	2734.99
20962	Facility Fee	Other bone graft, microvasc	5.00
20969	Physician/Professional Fee	Bone/skin graft, microvasc	2887.52
20969	Facility Fee	Bone/skin graft, microvasc	5.00
20970	Physician/Professional Fee	Bone/skin graft, iliac crest	2869.84
20970	Facility Fee	Bone/skin graft, iliac crest	5.00
20972	Physician/Professional Fee	Bone/skin graft, metatarsal	2636.77
20972	Facility Fee	Bone/skin graft, metatarsal	5.00
20973	Physician/Professional Fee	Bone/skin graft, great toe	2866.98
20973	Facility Fee	Bone/skin graft, great toe	5.00

CPT Code	Type	Description	Fee
20974	Physician/Professional Fee	Electrical bone stimulation	49.31
20974	Facility Fee	Electrical bone stimulation	5.00
20975	Physician/Professional Fee	Electrical bone stimulation	183.07
20975	Facility Fee	Electrical bone stimulation	5.00
20979	Physician/Professional Fee	Us bone stimulation	38.94
20979	Facility Fee	Us bone stimulation	5.00
20982	Physician/Professional Fee	Ablate, bone tumor(s) perq	408.05
20982	Facility Fee	Ablate, bone tumor(s) perq	5.00
20999	Facility Fee	Musculoskeletal surgery	5.00
21010	Physician/Professional Fee	Incision of jaw joint	728.28
21010	Facility Fee	Incision of jaw joint	5.00
21015	Physician/Professional Fee	Resection of facial tumor	437.88
21015	Facility Fee	Resection of facial tumor	5.00
21025	Physician/Professional Fee	Excision of bone, lower jaw	847.55
21025	Facility Fee	Excision of bone, lower jaw	5.00
21026	Physician/Professional Fee	Excision of facial bone(s)	492.99
21026	Facility Fee	Excision of facial bone(s)	5.00
21029	Physician/Professional Fee	Contour of face bone lesion	629.95
21029	Facility Fee	Contour of face bone lesion	5.00
21030	Physician/Professional Fee	Excise max/zygoma b9 tumor	408.90
21030	Facility Fee	Excise max/zygoma b9 tumor	5.00
21031	Physician/Professional Fee	Remove exostosis, mandible	291.65
21031	Facility Fee	Remove exostosis, mandible	5.00
21032	Physician/Professional Fee	Remove exostosis, maxilla	286.82
21032	Facility Fee	Remove exostosis, maxilla	5.00
21034	Physician/Professional Fee	Excise max/zygoma mlg tumor	1198.82
21034	Facility Fee	Excise max/zygoma mlg tumor	5.00
21040	Physician/Professional Fee	Excise mandible lesion	398.72
21040	Facility Fee	Excise mandible lesion	5.00
21044	Physician/Professional Fee	Removal of jaw bone lesion	884.08
21044	Facility Fee	Removal of jaw bone lesion	5.00
21045	Physician/Professional Fee	Extensive jaw surgery	1222.91
21045	Facility Fee	Extensive jaw surgery	5.00
21046	Physician/Professional Fee	Remove mandible cyst complex	1085.81
21046	Facility Fee	Remove mandible cyst complex	5.00
21047	Physician/Professional Fee	Excise lwr jaw cyst w/repair	1336.42
21047	Facility Fee	Excise lwr jaw cyst w/repair	5.00
21048	Physician/Professional Fee	Remove maxilla cyst complex	1105.86
21048	Facility Fee	Remove maxilla cyst complex	5.00
21049	Physician/Professional Fee	Excis uppr jaw cyst w/repair	1271.06
21049	Facility Fee	Excis uppr jaw cyst w/repair	5.00
21050	Physician/Professional Fee	Removal of jaw joint	866.39
21050	Facility Fee	Removal of jaw joint	5.00
21060	Physician/Professional Fee	Remove jaw joint cartilage	805.79
21060	Facility Fee	Remove jaw joint cartilage	5.00
21070	Physician/Professional Fee	Remove coronoid process	650.01
21070	Facility Fee	Remove coronoid process	5.00
21076	Physician/Professional Fee	Prepare face/oral prosthesis	931.17
21076	Facility Fee	Prepare face/oral prosthesis	5.00
21077	Physician/Professional Fee	Prepare face/oral prosthesis	2357.64
21077	Facility Fee	Prepare face/oral prosthesis	5.00
21079	Physician/Professional Fee	Prepare face/oral prosthesis	1565.04
21079	Facility Fee	Prepare face/oral prosthesis	5.00
21080	Physician/Professional Fee	Prepare face/oral prosthesis	1766.00
21080	Facility Fee	Prepare face/oral prosthesis	5.00
21081	Physician/Professional Fee	Prepare face/oral prosthesis	1599.09

CPT Code	Type	Description	Fee
21081	Facility Fee	Prepare face/oral prosthesis	5.00
21082	Physician/Professional Fee	Prepare face/oral prosthesis	1464.53
21082	Facility Fee	Prepare face/oral prosthesis	5.00
21083	Physician/Professional Fee	Prepare face/oral prosthesis	1352.22
21083	Facility Fee	Prepare face/oral prosthesis	5.00
21084	Physician/Professional Fee	Prepare face/oral prosthesis	1564.57
21084	Facility Fee	Prepare face/oral prosthesis	5.00
21085	Physician/Professional Fee	Prepare face/oral prosthesis	629.03
21085	Facility Fee	Prepare face/oral prosthesis	5.00
21086	Physician/Professional Fee	Prepare face/oral prosthesis	1754.68
21086	Facility Fee	Prepare face/oral prosthesis	5.00
21087	Physician/Professional Fee	Prepare face/oral prosthesis	1740.46
21087	Facility Fee	Prepare face/oral prosthesis	5.00
21088	Facility Fee	Prepare face/oral prosthesis	5.00
21089	Facility Fee	Prepare face/oral prosthesis	5.00
21100	Physician/Professional Fee	Maxillofacial fixation	388.53
21100	Facility Fee	Maxillofacial fixation	5.00
21110	Physician/Professional Fee	Interdental fixation	618.83
21110	Facility Fee	Interdental fixation	5.00
21116	Physician/Professional Fee	Injection, jaw joint x-ray	44.36
21116	Facility Fee	Injection, jaw joint x-ray	5.00
21120	Physician/Professional Fee	Reconstruction of chin	524.32
21120	Facility Fee	Reconstruction of chin	5.00
21121	Physician/Professional Fee	Reconstruction of chin	649.01
21121	Facility Fee	Reconstruction of chin	5.00
21122	Physician/Professional Fee	Reconstruction of chin	714.67
21122	Facility Fee	Reconstruction of chin	5.00
21123	Physician/Professional Fee	Reconstruction of chin	918.59
21123	Facility Fee	Reconstruction of chin	5.00
21125	Physician/Professional Fee	Augmentation, lower jaw bone	764.69
21125	Facility Fee	Augmentation, lower jaw bone	5.00
21127	Physician/Professional Fee	Augmentation, lower jaw bone	890.49
21127	Facility Fee	Augmentation, lower jaw bone	5.00
21137	Physician/Professional Fee	Reduction of forehead	733.44
21137	Facility Fee	Reduction of forehead	5.00
21138	Physician/Professional Fee	Reduction of forehead	927.24
21138	Facility Fee	Reduction of forehead	5.00
21139	Physician/Professional Fee	Reduction of forehead	1034.32
21139	Facility Fee	Reduction of forehead	5.00
21141	Physician/Professional Fee	Reconstruct midface, left	1349.80
21141	Facility Fee	Reconstruct midface, left	5.00
21142	Physician/Professional Fee	Reconstruct midface, left	1337.36
21142	Facility Fee	Reconstruct midface, left	5.00
21143	Physician/Professional Fee	Reconstruct midface, left	1370.88
21143	Facility Fee	Reconstruct midface, left	5.00
21145	Physician/Professional Fee	Reconstruct midface, left	1542.24
21145	Facility Fee	Reconstruct midface, left	5.00
21146	Physician/Professional Fee	Reconstruct midface, left	1590.44
21146	Facility Fee	Reconstruct midface, left	5.00
21147	Physician/Professional Fee	Reconstruct midface, left	1650.51
21147	Facility Fee	Reconstruct midface, left	5.00
21150	Physician/Professional Fee	Reconstruct midface, left	1708.67
21150	Facility Fee	Reconstruct midface, left	5.00
21151	Physician/Professional Fee	Reconstruct midface, left	2000.37
21151	Facility Fee	Reconstruct midface, left	5.00
21154	Physician/Professional Fee	Reconstruct midface, left	2204.28

CPT Code	Type	Description	Fee
21154	Facility Fee	Reconstruct midface, lefort	5.00
21155	Physician/Professional Fee	Reconstruct midface, lefort	2407.39
21155	Facility Fee	Reconstruct midface, lefort	5.00
21159	Physician/Professional Fee	Reconstruct midface, lefort	2933.02
21159	Facility Fee	Reconstruct midface, lefort	5.00
21160	Physician/Professional Fee	Reconstruct midface, lefort	2998.34
21160	Facility Fee	Reconstruct midface, lefort	5.00
21172	Physician/Professional Fee	Reconstruct orbit/forehead	1731.57
21172	Facility Fee	Reconstruct orbit/forehead	5.00
21175	Physician/Professional Fee	Reconstruct orbit/forehead	2091.08
21175	Facility Fee	Reconstruct orbit/forehead	5.00
21179	Physician/Professional Fee	Reconstruct entire forehead	1491.25
21179	Facility Fee	Reconstruct entire forehead	5.00
21180	Physician/Professional Fee	Reconstruct entire forehead	1677.47
21180	Facility Fee	Reconstruct entire forehead	5.00
21181	Physician/Professional Fee	Contour cranial bone lesion	734.07
21181	Facility Fee	Contour cranial bone lesion	5.00
21182	Physician/Professional Fee	Reconstruct cranial bone	2049.44
21182	Facility Fee	Reconstruct cranial bone	5.00
21183	Physician/Professional Fee	Reconstruct cranial bone	2284.14
21183	Facility Fee	Reconstruct cranial bone	5.00
21184	Physician/Professional Fee	Reconstruct cranial bone	2529.58
21184	Facility Fee	Reconstruct cranial bone	5.00
21188	Physician/Professional Fee	Reconstruction of midface	1671.79
21188	Facility Fee	Reconstruction of midface	5.00
21193	Physician/Professional Fee	Reconst lwr jaw w/o graft	1270.94
21193	Facility Fee	Reconst lwr jaw w/o graft	5.00
21194	Physician/Professional Fee	Reconst lwr jaw w/graft	1421.93
21194	Facility Fee	Reconst lwr jaw w/graft	5.00
21195	Physician/Professional Fee	Reconst lwr jaw w/o fixation	1371.72
21195	Facility Fee	Reconst lwr jaw w/o fixation	5.00
21196	Physician/Professional Fee	Reconst lwr jaw w/fixation	1473.82
21196	Facility Fee	Reconst lwr jaw w/fixation	5.00
21198	Physician/Professional Fee	Reconstr lwr jaw segment	1147.86
21198	Facility Fee	Reconstr lwr jaw segment	5.00
21199	Physician/Professional Fee	Reconstr lwr jaw w/advance	1020.96
21199	Facility Fee	Reconstr lwr jaw w/advance	5.00
21206	Physician/Professional Fee	Reconstruct upper jaw bone	1138.24
21206	Facility Fee	Reconstruct upper jaw bone	5.00
21208	Physician/Professional Fee	Augmentation of facial bones	840.05
21208	Facility Fee	Augmentation of facial bones	5.00
21209	Physician/Professional Fee	Reduction of facial bones	652.13
21209	Facility Fee	Reduction of facial bones	5.00
21210	Physician/Professional Fee	Face bone graft	847.90
21210	Facility Fee	Face bone graft	5.00
21215	Physician/Professional Fee	Lower jaw bone graft	878.24
21215	Facility Fee	Lower jaw bone graft	5.00
21230	Physician/Professional Fee	Rib cartilage graft	782.44
21230	Facility Fee	Rib cartilage graft	5.00
21235	Physician/Professional Fee	Ear cartilage graft	561.75
21235	Facility Fee	Ear cartilage graft	5.00
21240	Physician/Professional Fee	Reconstruction of jaw joint	1144.65
21240	Facility Fee	Reconstruction of jaw joint	5.00
21242	Physician/Professional Fee	Reconstruction of jaw joint	1052.56
21242	Facility Fee	Reconstruction of jaw joint	5.00
21243	Physician/Professional Fee	Reconstruction of jaw joint	1702.39

CPT Code	Type	Description	Fee
21243	Facility Fee	Reconstruction of jaw joint	5.00
21244	Physician/Professional Fee	Reconstruction of lower jaw	1043.83
21244	Facility Fee	Reconstruction of lower jaw	5.00
21245	Physician/Professional Fee	Reconstruction of jaw	917.56
21245	Facility Fee	Reconstruction of jaw	5.00
21246	Physician/Professional Fee	Reconstruction of jaw	877.35
21246	Facility Fee	Reconstruction of jaw	5.00
21247	Physician/Professional Fee	Reconstruct lower jaw bone	1664.34
21247	Facility Fee	Reconstruct lower jaw bone	5.00
21248	Physician/Professional Fee	Reconstruction of jaw	896.03
21248	Facility Fee	Reconstruction of jaw	5.00
21249	Physician/Professional Fee	Reconstruction of jaw	1279.07
21249	Facility Fee	Reconstruction of jaw	5.00
21255	Physician/Professional Fee	Reconstruct lower jaw bone	1413.10
21255	Facility Fee	Reconstruct lower jaw bone	5.00
21256	Physician/Professional Fee	Reconstruction of orbit	1176.76
21256	Facility Fee	Reconstruction of orbit	5.00
21260	Physician/Professional Fee	Revise eye sockets	1196.56
21260	Facility Fee	Revise eye sockets	5.00
21261	Physician/Professional Fee	Revise eye sockets	2290.06
21261	Facility Fee	Revise eye sockets	5.00
21263	Physician/Professional Fee	Revise eye sockets	1975.67
21263	Facility Fee	Revise eye sockets	5.00
21267	Physician/Professional Fee	Revise eye sockets	1626.49
21267	Facility Fee	Revise eye sockets	5.00
21268	Physician/Professional Fee	Revise eye sockets	1927.03
21268	Facility Fee	Revise eye sockets	5.00
21270	Physician/Professional Fee	Augmentation, cheek bone	708.24
21270	Facility Fee	Augmentation, cheek bone	5.00
21275	Physician/Professional Fee	Revision, orbitofacial bones	814.71
21275	Facility Fee	Revision, orbitofacial bones	5.00
21280	Physician/Professional Fee	Revision of eyelid	524.09
21280	Facility Fee	Revision of eyelid	5.00
21282	Physician/Professional Fee	Revision of eyelid	352.76
21282	Facility Fee	Revision of eyelid	5.00
21295	Physician/Professional Fee	Revision of jaw muscle/bone	183.53
21295	Facility Fee	Revision of jaw muscle/bone	5.00
21296	Physician/Professional Fee	Revision of jaw muscle/bone	402.72
21296	Facility Fee	Revision of jaw muscle/bone	5.00
21299	Facility Fee	Cranio/maxillofacial surgery	5.00
21310	Physician/Professional Fee	Treatment of nose fracture	28.56
21310	Facility Fee	Treatment of nose fracture	145.27
21315	Physician/Professional Fee	Treatment of nose fracture	149.42
21315	Facility Fee	Treatment of nose fracture	145.27
21320	Physician/Professional Fee	Treatment of nose fracture	140.19
21320	Facility Fee	Treatment of nose fracture	5.00
21325	Physician/Professional Fee	Treatment of nose fracture	517.47
21325	Facility Fee	Treatment of nose fracture	5.00
21330	Physician/Professional Fee	Treatment of nose fracture	627.57
21330	Facility Fee	Treatment of nose fracture	5.00
21335	Physician/Professional Fee	Treatment of nose fracture	750.08
21335	Facility Fee	Treatment of nose fracture	5.00
21336	Physician/Professional Fee	Treat nasal septal fracture	663.73
21336	Facility Fee	Treat nasal septal fracture	5.00
21337	Physician/Professional Fee	Treat nasal septal fracture	282.28
21337	Facility Fee	Treat nasal septal fracture	5.00

CPT Code	Type	Description	Fee
21338	Physician/Professional Fee	Treat nasoethmoid fracture	842.37
21338	Facility Fee	Treat nasoethmoid fracture	5.00
21339	Physician/Professional Fee	Treat nasoethmoid fracture	913.51
21339	Facility Fee	Treat nasoethmoid fracture	5.00
21340	Physician/Professional Fee	Treatment of nose fracture	802.26
21340	Facility Fee	Treatment of nose fracture	5.00
21343	Physician/Professional Fee	Treatment of sinus fracture	1207.67
21343	Facility Fee	Treatment of sinus fracture	5.00
21344	Physician/Professional Fee	Treatment of sinus fracture	1540.86
21344	Facility Fee	Treatment of sinus fracture	5.00
21345	Physician/Professional Fee	Treat nose/jaw fracture	653.53
21345	Facility Fee	Treat nose/jaw fracture	5.00
21346	Physician/Professional Fee	Treat nose/jaw fracture	969.52
21346	Facility Fee	Treat nose/jaw fracture	5.00
21347	Physician/Professional Fee	Treat nose/jaw fracture	1194.61
21347	Facility Fee	Treat nose/jaw fracture	5.00
21348	Physician/Professional Fee	Treat nose/jaw fracture	1141.15
21348	Facility Fee	Treat nose/jaw fracture	5.00
21355	Physician/Professional Fee	Treat cheek bone fracture	315.47
21355	Facility Fee	Treat cheek bone fracture	5.00
21356	Physician/Professional Fee	Treat cheek bone fracture	378.88
21356	Facility Fee	Treat cheek bone fracture	5.00
21360	Physician/Professional Fee	Treat cheek bone fracture	532.35
21360	Facility Fee	Treat cheek bone fracture	5.00
21365	Physician/Professional Fee	Treat cheek bone fracture	1108.12
21365	Facility Fee	Treat cheek bone fracture	5.00
21366	Physician/Professional Fee	Treat cheek bone fracture	1233.39
21366	Facility Fee	Treat cheek bone fracture	5.00
21385	Physician/Professional Fee	Treat eye socket fracture	723.24
21385	Facility Fee	Treat eye socket fracture	5.00
21386	Physician/Professional Fee	Treat eye socket fracture	670.54
21386	Facility Fee	Treat eye socket fracture	5.00
21387	Physician/Professional Fee	Treat eye socket fracture	772.45
21387	Facility Fee	Treat eye socket fracture	5.00
21390	Physician/Professional Fee	Treat eye socket fracture	764.86
21390	Facility Fee	Treat eye socket fracture	5.00
21395	Physician/Professional Fee	Treat eye socket fracture	958.95
21395	Facility Fee	Treat eye socket fracture	5.00
21400	Physician/Professional Fee	Treat eye socket fracture	140.84
21400	Facility Fee	Treat eye socket fracture	447.38
21401	Physician/Professional Fee	Treat eye socket fracture	291.30
21401	Facility Fee	Treat eye socket fracture	5.00
21406	Physician/Professional Fee	Treat eye socket fracture	544.70
21406	Facility Fee	Treat eye socket fracture	5.00
21407	Physician/Professional Fee	Treat eye socket fracture	643.85
21407	Facility Fee	Treat eye socket fracture	5.00
21408	Physician/Professional Fee	Treat eye socket fracture	885.42
21408	Facility Fee	Treat eye socket fracture	5.00
21421	Physician/Professional Fee	Treat mouth roof fracture	607.62
21421	Facility Fee	Treat mouth roof fracture	5.00
21422	Physician/Professional Fee	Treat mouth roof fracture	685.50
21423	Physician/Professional Fee	Treat mouth roof fracture	816.41
21431	Physician/Professional Fee	Treat craniofacial fracture	720.56
21432	Physician/Professional Fee	Treat craniofacial fracture	688.61
21433	Physician/Professional Fee	Treat craniofacial fracture	1710.99
21435	Physician/Professional Fee	Treat craniofacial fracture	1323.34

CPT Code	Type	Description	Fee
21436	Physician/Professional Fee	Treat craniofacial fracture	1941.77
21440	Physician/Professional Fee	Treat dental ridge fracture	419.09
21440	Facility Fee	Treat dental ridge fracture	5.00
21445	Physician/Professional Fee	Treat dental ridge fracture	615.37
21445	Facility Fee	Treat dental ridge fracture	5.00
21450	Physician/Professional Fee	Treat lower jaw fracture	451.03
21450	Facility Fee	Treat lower jaw fracture	145.27
21451	Physician/Professional Fee	Treat lower jaw fracture	601.84
21451	Facility Fee	Treat lower jaw fracture	5.00
21452	Physician/Professional Fee	Treat lower jaw fracture	309.18
21452	Facility Fee	Treat lower jaw fracture	5.00
21453	Physician/Professional Fee	Treat lower jaw fracture	738.93
21453	Facility Fee	Treat lower jaw fracture	5.00
21454	Physician/Professional Fee	Treat lower jaw fracture	555.56
21454	Facility Fee	Treat lower jaw fracture	5.00
21461	Physician/Professional Fee	Treat lower jaw fracture	917.72
21461	Facility Fee	Treat lower jaw fracture	5.00
21462	Physician/Professional Fee	Treat lower jaw fracture	996.40
21462	Facility Fee	Treat lower jaw fracture	5.00
21465	Physician/Professional Fee	Treat lower jaw fracture	929.05
21465	Facility Fee	Treat lower jaw fracture	5.00
21470	Physician/Professional Fee	Treat lower jaw fracture	1194.83
21470	Facility Fee	Treat lower jaw fracture	5.00
21480	Physician/Professional Fee	Reset dislocated jaw	32.29
21480	Facility Fee	Reset dislocated jaw	145.27
21485	Physician/Professional Fee	Reset dislocated jaw	536.82
21485	Facility Fee	Reset dislocated jaw	5.00
21490	Physician/Professional Fee	Repair dislocated jaw	928.91
21490	Facility Fee	Repair dislocated jaw	5.00
21495	Physician/Professional Fee	Treat hyoid bone fracture	636.59
21495	Facility Fee	Treat hyoid bone fracture	5.00
21497	Physician/Professional Fee	Interdental wiring	531.27
21497	Facility Fee	Interdental wiring	5.00
21499	Facility Fee	Head surgery procedure	5.00
21501	Physician/Professional Fee	Drain neck/chest lesion	317.84
21501	Facility Fee	Drain neck/chest lesion	5.00
21502	Physician/Professional Fee	Drain chest lesion	537.57
21502	Facility Fee	Drain chest lesion	5.00
21510	Physician/Professional Fee	Drainage of bone lesion	483.49
21550	Physician/Professional Fee	Biopsy of neck/chest	155.97
21550	Facility Fee	Biopsy of neck/chest	5.00
21555	Physician/Professional Fee	Remove lesion, neck/chest	319.84
21555	Facility Fee	Remove lesion, neck/chest	5.00
21556	Physician/Professional Fee	Remove lesion, neck/chest	403.41
21556	Facility Fee	Remove lesion, neck/chest	5.00
21557	Physician/Professional Fee	Remove tumor, neck/chest	581.35
21557	Facility Fee	Remove tumor, neck/chest	5.00
21600	Physician/Professional Fee	Partial removal of rib	542.41
21600	Facility Fee	Partial removal of rib	5.00
21610	Physician/Professional Fee	Partial removal of rib	1048.45
21610	Facility Fee	Partial removal of rib	5.00
21615	Physician/Professional Fee	Removal of rib	698.69
21616	Physician/Professional Fee	Removal of rib and nerves	855.12
21620	Physician/Professional Fee	Partial removal of sternum	540.68
21627	Physician/Professional Fee	Sternal debridement	562.22
21630	Physician/Professional Fee	Extensive sternum surgery	1277.39

CPT Code	Type	Description	Fee
21632	Physician/Professional Fee	Extensive sternum surgery	1260.37
21685	Physician/Professional Fee	Hyoid myotomy & suspension	988.54
21685	Facility Fee	Hyoid myotomy & suspension	5.00
21700	Physician/Professional Fee	Revision of neck muscle	426.18
21700	Facility Fee	Revision of neck muscle	5.00
21705	Physician/Professional Fee	Revision of neck muscle/rib	635.69
21705	Facility Fee	Revision of neck muscle/rib	5.00
21720	Physician/Professional Fee	Revision of neck muscle	364.27
21720	Facility Fee	Revision of neck muscle	5.00
21725	Physician/Professional Fee	Revision of neck muscle	525.07
21725	Facility Fee	Revision of neck muscle	5.00
21740	Physician/Professional Fee	Reconstruction of sternum	1083.37
21740	Facility Fee	Reconstruction of sternum	5.00
21742	Facility Fee	Repair stern/nuss w/o scope	5.00
21743	Facility Fee	Repair sternum/nuss w/scope	5.00
21750	Physician/Professional Fee	Repair of sternum separation	722.43
21750	Facility Fee	Repair of sternum separation	5.00
21800	Physician/Professional Fee	Treatment of rib fracture	97.36
21800	Facility Fee	Treatment of rib fracture	99.87
21805	Physician/Professional Fee	Treatment of rib fracture	257.94
21805	Facility Fee	Treatment of rib fracture	5.00
21810	Physician/Professional Fee	Treatment of rib fracture(s)	500.96
21810	Facility Fee	Treatment of rib fracture(s)	5.00
21820	Physician/Professional Fee	Treat sternum fracture	130.59
21820	Facility Fee	Treat sternum fracture	99.87
21825	Physician/Professional Fee	Treat sternum fracture	582.72
21825	Facility Fee	Treat sternum fracture	5.00
21899	Facility Fee	Neck/chest surgery procedure	5.00
21920	Physician/Professional Fee	Biopsy soft tissue of back	149.14
21920	Facility Fee	Biopsy soft tissue of back	5.00
21925	Physician/Professional Fee	Biopsy soft tissue of back	327.66
21925	Facility Fee	Biopsy soft tissue of back	5.00
21930	Physician/Professional Fee	Remove lesion, back or flank	357.20
21930	Facility Fee	Remove lesion, back or flank	5.00
21935	Physician/Professional Fee	Remove tumor, back	1153.71
21935	Facility Fee	Remove tumor, back	5.00
22010	Physician/Professional Fee	I&d, p-spine, c/t/cerv-thor	889.00
22010	Facility Fee	I&d, p-spine, c/t/cerv-thor	5.00
22015	Physician/Professional Fee	I&d, p-spine, l/s/l	881.73
22015	Facility Fee	I&d, p-spine, l/s/l	5.00
22100	Physician/Professional Fee	Remove part of neck vertebra	795.03
22100	Facility Fee	Remove part of neck vertebra	5.00
22101	Physician/Professional Fee	Remove part, thorax vertebra	797.66
22101	Facility Fee	Remove part, thorax vertebra	5.00
22102	Physician/Professional Fee	Remove part, lumbar vertebra	800.27
22102	Facility Fee	Remove part, lumbar vertebra	5.00
22103	Physician/Professional Fee	Remove extra spine segment	147.81
22103	Facility Fee	Remove extra spine segment	5.00
22110	Physician/Professional Fee	Remove part of neck vertebra	988.72
22110	Facility Fee	Remove part of neck vertebra	5.00
22112	Physician/Professional Fee	Remove part, thorax vertebra	985.82
22112	Facility Fee	Remove part, thorax vertebra	5.00
22114	Physician/Professional Fee	Remove part, lumbar vertebra	989.71
22114	Facility Fee	Remove part, lumbar vertebra	5.00
22116	Physician/Professional Fee	Remove extra spine segment	147.96
22116	Facility Fee	Remove extra spine segment	5.00

CPT Code	Type	Description	Fee
22210	Physician/Professional Fee	Revision of neck spine	1751.09
22210	Facility Fee	Revision of neck spine	5.00
22212	Physician/Professional Fee	Revision of thorax spine	1448.02
22212	Facility Fee	Revision of thorax spine	5.00
22214	Physician/Professional Fee	Revision of lumbar spine	1469.02
22214	Facility Fee	Revision of lumbar spine	5.00
22216	Physician/Professional Fee	Revise, extra spine segment	387.81
22216	Facility Fee	Revise, extra spine segment	5.00
22220	Physician/Professional Fee	Revision of neck spine	1578.09
22220	Facility Fee	Revision of neck spine	5.00
22222	Physician/Professional Fee	Revision of thorax spine	1456.54
22222	Facility Fee	Revision of thorax spine	5.00
22224	Physician/Professional Fee	Revision of lumbar spine	1571.80
22224	Facility Fee	Revision of lumbar spine	5.00
22226	Physician/Professional Fee	Revise, extra spine segment	383.82
22226	Facility Fee	Revise, extra spine segment	5.00
22305	Physician/Professional Fee	Treat spine process fracture	170.70
22305	Facility Fee	Treat spine process fracture	5.00
22310	Physician/Professional Fee	Treat spine fracture	254.72
22310	Facility Fee	Treat spine fracture	5.00
22315	Physician/Professional Fee	Treat spine fracture	740.53
22315	Facility Fee	Treat spine fracture	5.00
22505	Physician/Professional Fee	Manipulation of spine	121.42
22505	Facility Fee	Manipulation of spine	5.00
22520	Physician/Professional Fee	Percut vertebroplasty thor	598.15
22520	Facility Fee	Percut vertebroplasty thor	5.00
22521	Physician/Professional Fee	Percut vertebroplasty lumb	566.96
22521	Facility Fee	Percut vertebroplasty lumb	5.00
22522	Physician/Professional Fee	Percut vertebroplasty add'l	250.87
22522	Facility Fee	Percut vertebroplasty add'l	5.00
22523	Physician/Professional Fee	Percut kyphoplasty, thor	633.01
22523	Facility Fee	Percut kyphoplasty, thor	5.00
22524	Physician/Professional Fee	Percut kyphoplasty, lumbar	606.00
22524	Facility Fee	Percut kyphoplasty, lumbar	5.00
22525	Physician/Professional Fee	Percut kyphoplasty, add-on	280.34
22525	Facility Fee	Percut kyphoplasty, add-on	5.00
22526	Physician/Professional Fee	Idet, single level	346.80
22526	Facility Fee	Idet, single level	5.00
22527	Physician/Professional Fee	Idet, 1 or more levels	158.34
22527	Facility Fee	Idet, 1 or more levels	5.00
22532	Physician/Professional Fee	Lat thorax spine fusion	1711.05
22533	Physician/Professional Fee	Lat lumbar spine fusion	1584.96
22534	Physician/Professional Fee	Lat thor/lumb, add/El seg	381.37
22548	Physician/Professional Fee	Neck spine fusion	1836.32
22554	Physician/Professional Fee	Neck spine fusion	1300.88
22556	Physician/Professional Fee	Thorax spine fusion	1652.74
22558	Physician/Professional Fee	Lumbar spine fusion	1507.54
22585	Physician/Professional Fee	Additional spinal fusion	353.54
22590	Physician/Professional Fee	Spine & skull spinal fusion	1514.48
22595	Physician/Professional Fee	Neck spinal fusion	1440.48
22600	Physician/Professional Fee	Neck spine fusion	1233.29
22610	Physician/Professional Fee	Thorax spine fusion	1225.28
22612	Physician/Professional Fee	Lumbar spine fusion	1593.52
22614	Physician/Professional Fee	Spine fusion, extra segment	413.88
22630	Physician/Professional Fee	Lumbar spine fusion	1528.59
22632	Physician/Professional Fee	Spine fusion, extra segment	335.06

CPT Code	Type	Description	Fee
22800	Physician/Professional Fee	Fusion of spine	1360.30
22802	Physician/Professional Fee	Fusion of spine	2171.83
22804	Physician/Professional Fee	Fusion of spine	2517.56
22808	Physician/Professional Fee	Fusion of spine	1832.36
22810	Physician/Professional Fee	Fusion of spine	2062.98
22812	Physician/Professional Fee	Fusion of spine	2242.36
22818	Physician/Professional Fee	Kyphectomy, 1-2 segments	2244.21
22819	Physician/Professional Fee	Kyphectomy, 3 or more	2532.61
22830	Physician/Professional Fee	Exploration of spinal fusion	816.03
22840	Physician/Professional Fee	Insert spine fixation device	807.84
22842	Physician/Professional Fee	Insert spine fixation device	808.63
22843	Physician/Professional Fee	Insert spine fixation device	851.19
22844	Physician/Professional Fee	Insert spine fixation device	1053.74
22845	Physician/Professional Fee	Insert spine fixation device	771.96
22846	Physician/Professional Fee	Insert spine fixation device	802.12
22847	Physician/Professional Fee	Insert spine fixation device	882.63
22848	Physician/Professional Fee	Insert pelv fixation device	383.54
22849	Physician/Professional Fee	Reinsert spinal fixation	1312.84
22850	Physician/Professional Fee	Remove spine fixation device	719.23
22851	Physician/Professional Fee	Apply spine prosth device	428.65
22852	Physician/Professional Fee	Remove spine fixation device	688.79
22855	Physician/Professional Fee	Remove spine fixation device	1102.04
22857	Physician/Professional Fee	Lumbar artif diskectomy	1469.82
22862	Physician/Professional Fee	Revise lumbar artif disc	1780.39
22865	Physician/Professional Fee	Remove lumb artif disc	1734.31
22900	Physician/Professional Fee	Remove abdominal wall lesion	390.71
22900	Facility Fee	Remove abdominal wall lesion	5.00
22999	Facility Fee	Abdomen surgery procedure	5.00
23000	Physician/Professional Fee	Removal of calcium deposits	367.45
23000	Facility Fee	Removal of calcium deposits	5.00
23020	Physician/Professional Fee	Release shoulder joint	703.87
23020	Facility Fee	Release shoulder joint	5.00
23030	Physician/Professional Fee	Drain shoulder lesion	264.55
23030	Facility Fee	Drain shoulder lesion	5.00
23031	Physician/Professional Fee	Drain shoulder bursa	228.73
23031	Facility Fee	Drain shoulder bursa	5.00
23035	Physician/Professional Fee	Drain shoulder bone lesion	723.70
23035	Facility Fee	Drain shoulder bone lesion	5.00
23040	Physician/Professional Fee	Exploratory shoulder surgery	733.03
23040	Facility Fee	Exploratory shoulder surgery	5.00
23044	Physician/Professional Fee	Exploratory shoulder surgery	583.45
23044	Facility Fee	Exploratory shoulder surgery	5.00
23065	Physician/Professional Fee	Biopsy shoulder tissues	161.32
23065	Facility Fee	Biopsy shoulder tissues	5.00
23066	Physician/Professional Fee	Biopsy shoulder tissues	343.14
23066	Facility Fee	Biopsy shoulder tissues	5.00
23075	Physician/Professional Fee	Removal of shoulder lesion	175.82
23075	Facility Fee	Removal of shoulder lesion	5.00
23076	Physician/Professional Fee	Removal of shoulder lesion	558.52
23076	Facility Fee	Removal of shoulder lesion	5.00
23077	Physician/Professional Fee	Remove tumor of shoulder	1171.75
23077	Facility Fee	Remove tumor of shoulder	5.00
23100	Physician/Professional Fee	Biopsy of shoulder joint	496.64
23100	Facility Fee	Biopsy of shoulder joint	5.00
23101	Physician/Professional Fee	Shoulder joint surgery	460.07
23101	Facility Fee	Shoulder joint surgery	5.00

CPT Code	Type	Description	Fee
23105	Physician/Professional Fee	Remove shoulder joint lining	649.91
23105	Facility Fee	Remove shoulder joint lining	5.00
23106	Physician/Professional Fee	Incision of collarbone joint	487.84
23106	Facility Fee	Incision of collarbone joint	5.00
23107	Physician/Professional Fee	Explore treat shoulder joint	676.74
23107	Facility Fee	Explore treat shoulder joint	5.00
23120	Physician/Professional Fee	Partial removal, collar bone	573.94
23120	Facility Fee	Partial removal, collar bone	5.00
23125	Physician/Professional Fee	Removal of collar bone	715.04
23125	Facility Fee	Removal of collar bone	5.00
23130	Physician/Professional Fee	Remove shoulder bone, part	619.76
23130	Facility Fee	Remove shoulder bone, part	5.00
23140	Physician/Professional Fee	Removal of bone lesion	512.53
23140	Facility Fee	Removal of bone lesion	5.00
23145	Physician/Professional Fee	Removal of bone lesion	692.38
23145	Facility Fee	Removal of bone lesion	5.00
23146	Physician/Professional Fee	Removal of bone lesion	631.11
23146	Facility Fee	Removal of bone lesion	5.00
23150	Physician/Professional Fee	Removal of humerus lesion	654.84
23150	Facility Fee	Removal of humerus lesion	5.00
23155	Physician/Professional Fee	Removal of humerus lesion	800.50
23155	Facility Fee	Removal of humerus lesion	5.00
23156	Physician/Professional Fee	Removal of humerus lesion	687.17
23156	Facility Fee	Removal of humerus lesion	5.00
23170	Physician/Professional Fee	Remove collar bone lesion	547.05
23170	Facility Fee	Remove collar bone lesion	5.00
23172	Physician/Professional Fee	Remove shoulder blade lesion	555.18
23172	Facility Fee	Remove shoulder blade lesion	5.00
23174	Physician/Professional Fee	Remove humerus lesion	766.33
23174	Facility Fee	Remove humerus lesion	5.00
23180	Physician/Professional Fee	Remove collar bone lesion	741.71
23180	Facility Fee	Remove collar bone lesion	5.00
23182	Physician/Professional Fee	Remove shoulder blade lesion	708.15
23182	Facility Fee	Remove shoulder blade lesion	5.00
23184	Physician/Professional Fee	Remove humerus lesion	795.01
23184	Facility Fee	Remove humerus lesion	5.00
23190	Physician/Professional Fee	Partial removal of scapula	566.67
23190	Facility Fee	Partial removal of scapula	5.00
23195	Physician/Professional Fee	Removal of head of humerus	754.04
23195	Facility Fee	Removal of head of humerus	5.00
23200	Physician/Professional Fee	Removal of collar bone	889.97
23200	Facility Fee	Removal of collar bone	5.00
23210	Physician/Professional Fee	Removal of shoulder blade	927.26
23210	Facility Fee	Removal of shoulder blade	5.00
23220	Physician/Professional Fee	Partial removal of humerus	1090.87
23220	Facility Fee	Partial removal of humerus	5.00
23221	Physician/Professional Fee	Partial removal of humerus	1220.46
23221	Facility Fee	Partial removal of humerus	5.00
23222	Physician/Professional Fee	Partial removal of humerus	1714.10
23222	Facility Fee	Partial removal of humerus	5.00
23330	Physician/Professional Fee	Remove shoulder foreign body	154.42
23330	Facility Fee	Remove shoulder foreign body	5.00
23331	Physician/Professional Fee	Remove shoulder foreign body	600.69
23331	Facility Fee	Remove shoulder foreign body	5.00
23332	Physician/Professional Fee	Remove shoulder foreign body	902.52
23332	Facility Fee	Remove shoulder foreign body	5.00

CPT Code	Type	Description	Fee
23350	Physician/Professional Fee	Injection for shoulder x-ray	52.05
23350	Facility Fee	Injection for shoulder x-ray	5.00
23395	Physician/Professional Fee	Muscle transfer,shoulder/arm	1302.65
23395	Facility Fee	Muscle transfer,shoulder/arm	5.00
23397	Physician/Professional Fee	Muscle transfers	1169.53
23397	Facility Fee	Muscle transfers	5.00
23400	Physician/Professional Fee	Fixation of shoulder blade	995.53
23400	Facility Fee	Fixation of shoulder blade	5.00
23405	Physician/Professional Fee	Incision of tendon & muscle	644.84
23405	Facility Fee	Incision of tendon & muscle	5.00
23406	Physician/Professional Fee	Incise tendon(s) & muscle(s)	805.10
23406	Facility Fee	Incise tendon(s) & muscle(s)	5.00
23410	Physician/Professional Fee	Repair rotator cuff, acute	921.74
23410	Facility Fee	Repair rotator cuff, acute	5.00
23412	Physician/Professional Fee	Repair rotator cuff, chronic	980.45
23412	Facility Fee	Repair rotator cuff, chronic	5.00
23415	Physician/Professional Fee	Release of shoulder ligament	756.02
23415	Facility Fee	Release of shoulder ligament	5.00
23420	Physician/Professional Fee	Repair of shoulder	1072.35
23420	Facility Fee	Repair of shoulder	5.00
23430	Physician/Professional Fee	Repair biceps tendon	760.58
23430	Facility Fee	Repair biceps tendon	5.00
23440	Physician/Professional Fee	Remove/transplant tendon	786.36
23440	Facility Fee	Remove/transplant tendon	5.00
23450	Physician/Professional Fee	Repair shoulder capsule	979.35
23450	Facility Fee	Repair shoulder capsule	5.00
23455	Physician/Professional Fee	Repair shoulder capsule	1044.23
23455	Facility Fee	Repair shoulder capsule	5.00
23460	Physician/Professional Fee	Repair shoulder capsule	1129.36
23460	Facility Fee	Repair shoulder capsule	5.00
23462	Physician/Professional Fee	Repair shoulder capsule	1100.89
23462	Facility Fee	Repair shoulder capsule	5.00
23465	Physician/Professional Fee	Repair shoulder capsule	1146.14
23465	Facility Fee	Repair shoulder capsule	5.00
23466	Physician/Professional Fee	Repair shoulder capsule	1126.67
23466	Facility Fee	Repair shoulder capsule	5.00
23470	Physician/Professional Fee	Reconstruct shoulder joint	1252.29
23470	Facility Fee	Reconstruct shoulder joint	5.00
23472	Physician/Professional Fee	Reconstruct shoulder joint	1538.33
23472	Facility Fee	Reconstruct shoulder joint	5.00
23480	Physician/Professional Fee	Revision of collar bone	845.13
23480	Facility Fee	Revision of collar bone	5.00
23485	Physician/Professional Fee	Revision of collar bone	990.36
23485	Facility Fee	Revision of collar bone	5.00
23490	Physician/Professional Fee	Reinforce clavicle	840.54
23490	Facility Fee	Reinforce clavicle	5.00
23491	Physician/Professional Fee	Reinforce shoulder bones	1050.08
23491	Facility Fee	Reinforce shoulder bones	5.00
23500	Physician/Professional Fee	Treat clavicle fracture	199.11
23500	Facility Fee	Treat clavicle fracture	99.87
23505	Physician/Professional Fee	Treat clavicle fracture	321.33
23505	Facility Fee	Treat clavicle fracture	99.87
23515	Physician/Professional Fee	Treat clavicle fracture	588.74
23515	Facility Fee	Treat clavicle fracture	5.00
23520	Physician/Professional Fee	Treat clavicle dislocation	210.69
23520	Facility Fee	Treat clavicle dislocation	99.87

CPT Code	Type	Description	Fee
23525	Physician/Professional Fee	Treat clavicle dislocation	320.88
23525	Facility Fee	Treat clavicle dislocation	99.87
23530	Physician/Professional Fee	Treat clavicle dislocation	558.27
23530	Facility Fee	Treat clavicle dislocation	5.00
23532	Physician/Professional Fee	Treat clavicle dislocation	632.91
23532	Facility Fee	Treat clavicle dislocation	5.00
23540	Physician/Professional Fee	Treat clavicle dislocation	198.68
23540	Facility Fee	Treat clavicle dislocation	99.87
23545	Physician/Professional Fee	Treat clavicle dislocation	278.46
23545	Facility Fee	Treat clavicle dislocation	99.87
23550	Physician/Professional Fee	Treat clavicle dislocation	581.11
23550	Facility Fee	Treat clavicle dislocation	5.00
23552	Physician/Professional Fee	Treat clavicle dislocation	671.14
23552	Facility Fee	Treat clavicle dislocation	5.00
23570	Physician/Professional Fee	Treat shoulder blade fx	220.36
23570	Facility Fee	Treat shoulder blade fx	99.87
23575	Physician/Professional Fee	Treat shoulder blade fx	352.86
23575	Facility Fee	Treat shoulder blade fx	99.87
23585	Physician/Professional Fee	Treat scapula fracture	703.76
23585	Facility Fee	Treat scapula fracture	5.00
23600	Physician/Professional Fee	Treat humerus fracture	281.57
23600	Facility Fee	Treat humerus fracture	99.87
23605	Physician/Professional Fee	Treat humerus fracture	424.87
23605	Facility Fee	Treat humerus fracture	99.87
23615	Physician/Professional Fee	Treat humerus fracture	829.61
23615	Facility Fee	Treat humerus fracture	5.00
23616	Physician/Professional Fee	Treat humerus fracture	1494.05
23616	Facility Fee	Treat humerus fracture	5.00
23620	Physician/Professional Fee	Treat humerus fracture	234.66
23620	Facility Fee	Treat humerus fracture	99.87
23625	Physician/Professional Fee	Treat humerus fracture	350.12
23625	Facility Fee	Treat humerus fracture	99.87
23630	Physician/Professional Fee	Treat humerus fracture	591.96
23630	Facility Fee	Treat humerus fracture	5.00
23650	Physician/Professional Fee	Treat shoulder dislocation	255.64
23650	Facility Fee	Treat shoulder dislocation	99.87
23655	Physician/Professional Fee	Treat shoulder dislocation	373.05
23655	Facility Fee	Treat shoulder dislocation	5.00
23660	Physician/Professional Fee	Treat shoulder dislocation	586.53
23660	Facility Fee	Treat shoulder dislocation	5.00
23665	Physician/Professional Fee	Treat dislocation/fracture	389.57
23665	Facility Fee	Treat dislocation/fracture	99.87
23670	Physician/Professional Fee	Treat dislocation/fracture	623.24
23670	Facility Fee	Treat dislocation/fracture	5.00
23675	Physician/Professional Fee	Treat dislocation/fracture	503.10
23675	Facility Fee	Treat dislocation/fracture	99.87
23680	Physician/Professional Fee	Treat dislocation/fracture	772.66
23680	Facility Fee	Treat dislocation/fracture	5.00
23700	Physician/Professional Fee	Fixation of shoulder	198.41
23700	Facility Fee	Fixation of shoulder	5.00
23800	Physician/Professional Fee	Fusion of shoulder joint	1029.08
23800	Facility Fee	Fusion of shoulder joint	5.00
23802	Physician/Professional Fee	Fusion of shoulder joint	1198.93
23802	Facility Fee	Fusion of shoulder joint	5.00
23900	Physician/Professional Fee	Amputation of arm & girdle	1347.74
23900	Facility Fee	Amputation of arm & girdle	5.00

CPT Code	Type	Description	Fee
23920	Physician/Professional Fee	Amputation at shoulder joint	1089.83
23920	Facility Fee	Amputation at shoulder joint	5.00
23921	Physician/Professional Fee	Amputation follow-up surgery	449.16
23921	Facility Fee	Amputation follow-up surgery	5.00
23929	Facility Fee	Shoulder surgery procedure	5.00
23930	Physician/Professional Fee	Drainage of arm lesion	218.61
23930	Facility Fee	Drainage of arm lesion	5.00
23931	Physician/Professional Fee	Drainage of arm bursa	165.64
23931	Facility Fee	Drainage of arm bursa	5.00
23935	Physician/Professional Fee	Drain arm/elbow bone lesion	511.77
23935	Facility Fee	Drain arm/elbow bone lesion	5.00
24000	Physician/Professional Fee	Exploratory elbow surgery	478.89
24000	Facility Fee	Exploratory elbow surgery	5.00
24006	Physician/Professional Fee	Release elbow joint	724.63
24006	Facility Fee	Release elbow joint	5.00
24065	Physician/Professional Fee	Biopsy arm/elbow soft tissue	160.19
24065	Facility Fee	Biopsy arm/elbow soft tissue	5.00
24066	Physician/Professional Fee	Biopsy arm/elbow soft tissue	394.92
24066	Facility Fee	Biopsy arm/elbow soft tissue	5.00
24075	Physician/Professional Fee	Remove arm/elbow lesion	309.16
24075	Facility Fee	Remove arm/elbow lesion	5.00
24076	Physician/Professional Fee	Remove arm/elbow lesion	471.09
24076	Facility Fee	Remove arm/elbow lesion	5.00
24077	Physician/Professional Fee	Remove tumor of arm/elbow	818.91
24077	Facility Fee	Remove tumor of arm/elbow	5.00
24100	Physician/Professional Fee	Biopsy elbow joint lining	403.31
24100	Facility Fee	Biopsy elbow joint lining	5.00
24101	Physician/Professional Fee	Explore/treat elbow joint	508.34
24101	Facility Fee	Explore/treat elbow joint	5.00
24102	Physician/Professional Fee	Remove elbow joint lining	627.53
24102	Facility Fee	Remove elbow joint lining	5.00
24105	Physician/Professional Fee	Removal of elbow bursa	341.51
24105	Facility Fee	Removal of elbow bursa	5.00
24110	Physician/Professional Fee	Remove humerus lesion	592.77
24110	Facility Fee	Remove humerus lesion	5.00
24115	Physician/Professional Fee	Remove/graft bone lesion	727.47
24115	Facility Fee	Remove/graft bone lesion	5.00
24116	Physician/Professional Fee	Remove/graft bone lesion	886.66
24116	Facility Fee	Remove/graft bone lesion	5.00
24120	Physician/Professional Fee	Remove elbow lesion	530.26
24120	Facility Fee	Remove elbow lesion	5.00
24125	Physician/Professional Fee	Remove/graft bone lesion	593.02
24125	Facility Fee	Remove/graft bone lesion	5.00
24126	Physician/Professional Fee	Remove/graft bone lesion	644.35
24126	Facility Fee	Remove/graft bone lesion	5.00
24130	Physician/Professional Fee	Removal of head of radius	516.60
24130	Facility Fee	Removal of head of radius	5.00
24134	Physician/Professional Fee	Removal of arm bone lesion	791.83
24134	Facility Fee	Removal of arm bone lesion	5.00
24136	Physician/Professional Fee	Remove radius bone lesion	644.49
24136	Facility Fee	Remove radius bone lesion	5.00
24138	Physician/Professional Fee	Remove elbow bone lesion	674.55
24138	Facility Fee	Remove elbow bone lesion	5.00
24140	Physician/Professional Fee	Partial removal of arm bone	769.07
24140	Facility Fee	Partial removal of arm bone	5.00
24145	Physician/Professional Fee	Partial removal of radius	654.21

CPT Code	Type	Description	Fee
24145	Facility Fee	Partial removal of radius	5.00
24147	Physician/Professional Fee	Partial removal of elbow	679.74
24147	Facility Fee	Partial removal of elbow	5.00
24149	Physician/Professional Fee	Radical resection of elbow	1153.38
24149	Facility Fee	Radical resection of elbow	5.00
24150	Physician/Professional Fee	Extensive humerus surgery	992.61
24150	Facility Fee	Extensive humerus surgery	5.00
24151	Physician/Professional Fee	Extensive humerus surgery	1150.86
24151	Facility Fee	Extensive humerus surgery	5.00
24152	Physician/Professional Fee	Extensive radius surgery	741.96
24152	Facility Fee	Extensive radius surgery	5.00
24153	Physician/Professional Fee	Extensive radius surgery	684.24
24153	Facility Fee	Extensive radius surgery	5.00
24155	Physician/Professional Fee	Removal of elbow joint	854.76
24155	Facility Fee	Removal of elbow joint	5.00
24160	Physician/Professional Fee	Remove elbow joint implant	618.28
24160	Facility Fee	Remove elbow joint implant	5.00
24164	Physician/Professional Fee	Remove radius head implant	506.46
24164	Facility Fee	Remove radius head implant	5.00
24200	Physician/Professional Fee	Removal of arm foreign body	139.79
24200	Facility Fee	Removal of arm foreign body	5.00
24201	Physician/Professional Fee	Removal of arm foreign body	370.09
24201	Facility Fee	Removal of arm foreign body	5.00
24220	Physician/Professional Fee	Injection for elbow x-ray	68.74
24220	Facility Fee	Injection for elbow x-ray	101.67
24300	Physician/Professional Fee	Manipulate elbow w/anesth	406.26
24300	Facility Fee	Manipulate elbow w/anesth	5.00
24301	Physician/Professional Fee	Muscle/tendon transfer	769.22
24301	Facility Fee	Muscle/tendon transfer	5.00
24305	Physician/Professional Fee	Arm tendon lengthening	592.06
24305	Facility Fee	Arm tendon lengthening	5.00
24310	Physician/Professional Fee	Revision of arm tendon	485.53
24310	Facility Fee	Revision of arm tendon	5.00
24320	Physician/Professional Fee	Repair of arm tendon	770.31
24320	Facility Fee	Repair of arm tendon	5.00
24330	Physician/Professional Fee	Revision of arm muscles	733.74
24330	Facility Fee	Revision of arm muscles	5.00
24331	Physician/Professional Fee	Revision of arm muscles	806.21
24331	Facility Fee	Revision of arm muscles	5.00
24332	Physician/Professional Fee	Tenolysis, triceps	607.27
24332	Facility Fee	Tenolysis, triceps	5.00
24340	Physician/Professional Fee	Repair of biceps tendon	627.44
24340	Facility Fee	Repair of biceps tendon	5.00
24341	Physician/Professional Fee	Repair arm tendon/muscle	721.70
24341	Facility Fee	Repair arm tendon/muscle	5.00
24342	Physician/Professional Fee	Repair of ruptured tendon	806.85
24342	Facility Fee	Repair of ruptured tendon	5.00
24343	Physician/Professional Fee	Repr elbow lat ligmnt w/tiss	717.31
24343	Facility Fee	Repr elbow lat ligmnt w/tiss	5.00
24344	Physician/Professional Fee	Reconstruct elbow lat ligmnt	1107.21
24344	Facility Fee	Reconstruct elbow lat ligmnt	5.00
24345	Physician/Professional Fee	Repr elbw med ligmnt w/tissu	712.75
24345	Facility Fee	Repr elbw med ligmnt w/tissu	5.00
24346	Physician/Professional Fee	Reconstruct elbow med ligmnt	1100.07
24346	Facility Fee	Reconstruct elbow med ligmnt	5.00
24350	Physician/Professional Fee	Repair of tennis elbow	458.01

CPT Code	Type	Description	Fee
24350	Facility Fee	Repair of tennis elbow	5.00
24351	Physician/Professional Fee	Repair of tennis elbow	499.14
24351	Facility Fee	Repair of tennis elbow	5.00
24352	Physician/Professional Fee	Repair of tennis elbow	531.52
24352	Facility Fee	Repair of tennis elbow	5.00
24354	Physician/Professional Fee	Repair of tennis elbow	531.29
24354	Facility Fee	Repair of tennis elbow	5.00
24356	Physician/Professional Fee	Revision of tennis elbow	545.95
24356	Facility Fee	Revision of tennis elbow	5.00
24360	Physician/Professional Fee	Reconstruct elbow joint	918.69
24360	Facility Fee	Reconstruct elbow joint	5.00
24361	Physician/Professional Fee	Reconstruct elbow joint	1031.21
24361	Facility Fee	Reconstruct elbow joint	5.00
24362	Physician/Professional Fee	Reconstruct elbow joint	1064.75
24362	Facility Fee	Reconstruct elbow joint	5.00
24363	Physician/Professional Fee	Replace elbow joint	1494.95
24363	Facility Fee	Replace elbow joint	5.00
24365	Physician/Professional Fee	Reconstruct head of radius	655.24
24365	Facility Fee	Reconstruct head of radius	5.00
24366	Physician/Professional Fee	Reconstruct head of radius	700.98
24366	Facility Fee	Reconstruct head of radius	5.00
24400	Physician/Professional Fee	Revision of humerus	841.43
24400	Facility Fee	Revision of humerus	5.00
24410	Physician/Professional Fee	Revision of humerus	1065.51
24410	Facility Fee	Revision of humerus	5.00
24420	Physician/Professional Fee	Revision of humerus	1005.21
24420	Facility Fee	Revision of humerus	5.00
24430	Physician/Professional Fee	Repair of humerus	1038.36
24430	Facility Fee	Repair of humerus	5.00
24435	Physician/Professional Fee	Repair humerus with graft	1072.92
24435	Facility Fee	Repair humerus with graft	5.00
24470	Physician/Professional Fee	Revision of elbow joint	690.82
24470	Facility Fee	Revision of elbow joint	5.00
24495	Physician/Professional Fee	Decompression of forearm	699.74
24495	Facility Fee	Decompression of forearm	5.00
24498	Physician/Professional Fee	Reinforce humerus	896.06
24498	Facility Fee	Reinforce humerus	5.00
24500	Physician/Professional Fee	Treat humerus fracture	298.35
24500	Facility Fee	Treat humerus fracture	99.87
24505	Physician/Professional Fee	Treat humerus fracture	450.03
24505	Facility Fee	Treat humerus fracture	99.87
24515	Physician/Professional Fee	Treat humerus fracture	895.98
24515	Facility Fee	Treat humerus fracture	5.00
24516	Physician/Professional Fee	Treat humerus fracture	886.29
24516	Facility Fee	Treat humerus fracture	5.00
24530	Physician/Professional Fee	Treat humerus fracture	324.70
24530	Facility Fee	Treat humerus fracture	5.00
24535	Physician/Professional Fee	Treat humerus fracture	572.52
24535	Facility Fee	Treat humerus fracture	5.00
24538	Physician/Professional Fee	Treat humerus fracture	767.06
24538	Facility Fee	Treat humerus fracture	5.00
24545	Physician/Professional Fee	Treat humerus fracture	810.22
24545	Facility Fee	Treat humerus fracture	5.00
24546	Physician/Professional Fee	Treat humerus fracture	1142.75
24546	Facility Fee	Treat humerus fracture	5.00
24560	Physician/Professional Fee	Treat humerus fracture	260.45

CPT Code	Type	Description	Fee
24560	Facility Fee	Treat humerus fracture	5.00
24565	Physician/Professional Fee	Treat humerus fracture	470.60
24565	Facility Fee	Treat humerus fracture	5.00
24566	Physician/Professional Fee	Treat humerus fracture	707.99
24566	Facility Fee	Treat humerus fracture	5.00
24575	Physician/Professional Fee	Treat humerus fracture	814.95
24575	Facility Fee	Treat humerus fracture	5.00
24576	Physician/Professional Fee	Treat humerus fracture	284.74
24576	Facility Fee	Treat humerus fracture	5.00
24577	Physician/Professional Fee	Treat humerus fracture	491.14
24577	Facility Fee	Treat humerus fracture	5.00
24579	Physician/Professional Fee	Treat humerus fracture	874.77
24579	Facility Fee	Treat humerus fracture	5.00
24582	Physician/Professional Fee	Treat humerus fracture	796.01
24582	Facility Fee	Treat humerus fracture	5.00
24586	Physician/Professional Fee	Treat elbow fracture	1123.10
24586	Facility Fee	Treat elbow fracture	5.00
24587	Physician/Professional Fee	Treat elbow fracture	1112.65
24587	Facility Fee	Treat elbow fracture	5.00
24600	Physician/Professional Fee	Treat elbow dislocation	322.42
24600	Facility Fee	Treat elbow dislocation	99.87
24605	Physician/Professional Fee	Treat elbow dislocation	458.79
24605	Facility Fee	Treat elbow dislocation	5.00
24615	Physician/Professional Fee	Treat elbow dislocation	732.68
24615	Facility Fee	Treat elbow dislocation	5.00
24620	Physician/Professional Fee	Treat elbow fracture	556.25
24620	Facility Fee	Treat elbow fracture	5.00
24635	Physician/Professional Fee	Treat elbow fracture	1139.80
24635	Facility Fee	Treat elbow fracture	5.00
24640	Physician/Professional Fee	Treat elbow dislocation	83.18
24640	Facility Fee	Treat elbow dislocation	99.87
24650	Physician/Professional Fee	Treat radius fracture	215.40
24650	Facility Fee	Treat radius fracture	5.00
24655	Physician/Professional Fee	Treat radius fracture	391.24
24655	Facility Fee	Treat radius fracture	5.00
24665	Physician/Professional Fee	Treat radius fracture	661.67
24665	Facility Fee	Treat radius fracture	5.00
24666	Physician/Professional Fee	Treat radius fracture	746.95
24666	Facility Fee	Treat radius fracture	5.00
24670	Physician/Professional Fee	Treat ulnar fracture	243.27
24670	Facility Fee	Treat ulnar fracture	99.87
24675	Physician/Professional Fee	Treat ulnar fracture	412.98
24675	Facility Fee	Treat ulnar fracture	5.00
24685	Physician/Professional Fee	Treat ulnar fracture	690.31
24685	Facility Fee	Treat ulnar fracture	5.00
24800	Physician/Professional Fee	Fusion of elbow joint	832.13
24800	Facility Fee	Fusion of elbow joint	5.00
24802	Physician/Professional Fee	Fusion/graft of elbow joint	1024.65
24802	Facility Fee	Fusion/graft of elbow joint	5.00
24900	Physician/Professional Fee	Amputation of upper arm	715.51
24900	Facility Fee	Amputation of upper arm	5.00
24920	Physician/Professional Fee	Amputation of upper arm	713.23
24920	Facility Fee	Amputation of upper arm	5.00
24925	Physician/Professional Fee	Amputation follow-up surgery	551.32
24925	Facility Fee	Amputation follow-up surgery	5.00
24930	Physician/Professional Fee	Amputation follow-up surgery	744.17

CPT Code	Type	Description	Fee
24930	Facility Fee	Amputation follow-up surgery	5.00
24931	Physician/Professional Fee	Amputate upper arm & implant	822.05
24931	Facility Fee	Amputate upper arm & implant	5.00
24935	Physician/Professional Fee	Revision of amputation	1018.23
24935	Facility Fee	Revision of amputation	5.00
24940	Facility Fee	Revision of upper arm	5.00
24999	Facility Fee	Upper arm/elbow surgery	5.00
25000	Physician/Professional Fee	Incision of tendon sheath	425.13
25000	Facility Fee	Incision of tendon sheath	5.00
25001	Physician/Professional Fee	Incise flexor carpi radialis	332.96
25001	Facility Fee	Incise flexor carpi radialis	5.00
25020	Physician/Professional Fee	Decompress forearm 1 space	638.05
25020	Facility Fee	Decompress forearm 1 space	5.00
25023	Physician/Professional Fee	Decompress forearm 1 space	1180.21
25023	Facility Fee	Decompress forearm 1 space	5.00
25024	Physician/Professional Fee	Decompress forearm 2 spaces	753.13
25024	Facility Fee	Decompress forearm 2 spaces	5.00
25025	Physician/Professional Fee	Decompress forearm 2 spaces	1128.63
25025	Facility Fee	Decompress forearm 2 spaces	5.00
25028	Physician/Professional Fee	Drainage of forearm lesion	556.27
25028	Facility Fee	Drainage of forearm lesion	5.00
25031	Physician/Professional Fee	Drainage of forearm bursa	493.85
25031	Facility Fee	Drainage of forearm bursa	5.00
25035	Physician/Professional Fee	Treat forearm bone lesion	859.60
25035	Facility Fee	Treat forearm bone lesion	5.00
25040	Physician/Professional Fee	Explore/treat wrist joint	610.61
25040	Facility Fee	Explore/treat wrist joint	5.00
25065	Physician/Professional Fee	Biopsy forearm soft tissues	162.12
25065	Facility Fee	Biopsy forearm soft tissues	5.00
25066	Physician/Professional Fee	Biopsy forearm soft tissues	465.37
25066	Facility Fee	Biopsy forearm soft tissues	5.00
25075	Physician/Professional Fee	Removal forearm lesion subcu	402.98
25075	Facility Fee	Removal forearm lesion subcu	5.00
25076	Physician/Professional Fee	Removal forearm lesion deep	595.22
25076	Facility Fee	Removal forearm lesion deep	5.00
25077	Physician/Professional Fee	Remove tumor, forearm/wrist	900.86
25077	Facility Fee	Remove tumor, forearm/wrist	5.00
25085	Physician/Professional Fee	Incision of wrist capsule	523.35
25085	Facility Fee	Incision of wrist capsule	5.00
25100	Physician/Professional Fee	Biopsy of wrist joint	382.82
25100	Facility Fee	Biopsy of wrist joint	5.00
25101	Physician/Professional Fee	Explore/treat wrist joint	443.19
25101	Facility Fee	Explore/treat wrist joint	5.00
25105	Physician/Professional Fee	Remove wrist joint lining	548.93
25105	Facility Fee	Remove wrist joint lining	5.00
25107	Physician/Professional Fee	Remove wrist joint cartilage	657.91
25107	Facility Fee	Remove wrist joint cartilage	5.00
25109	Physician/Professional Fee	Excise tendon forearm/wrist	510.43
25109	Facility Fee	Excise tendon forearm/wrist	5.00
25110	Physician/Professional Fee	Remove wrist tendon lesion	454.53
25110	Facility Fee	Remove wrist tendon lesion	5.00
25111	Physician/Professional Fee	Remove wrist tendon lesion	341.68
25111	Facility Fee	Remove wrist tendon lesion	5.00
25112	Physician/Professional Fee	Reremove wrist tendon lesion	411.67
25112	Facility Fee	Reremove wrist tendon lesion	5.00
25115	Physician/Professional Fee	Remove wrist/forearm lesion	976.69

CPT Code	Type	Description	Fee
25115	Facility Fee	Remove wrist/forearm lesion	5.00
25116	Physician/Professional Fee	Remove wrist/forearm lesion	837.53
25116	Facility Fee	Remove wrist/forearm lesion	5.00
25118	Physician/Professional Fee	Excise wrist tendon sheath	422.72
25118	Facility Fee	Excise wrist tendon sheath	5.00
25119	Physician/Professional Fee	Partial removal of ulna	567.17
25119	Facility Fee	Partial removal of ulna	5.00
25120	Physician/Professional Fee	Removal of forearm lesion	741.81
25120	Facility Fee	Removal of forearm lesion	5.00
25125	Physician/Professional Fee	Remove/graft forearm lesion	828.23
25125	Facility Fee	Remove/graft forearm lesion	5.00
25126	Physician/Professional Fee	Remove/graft forearm lesion	843.41
25126	Facility Fee	Remove/graft forearm lesion	5.00
25130	Physician/Professional Fee	Removal of wrist lesion	487.26
25130	Facility Fee	Removal of wrist lesion	5.00
25135	Physician/Professional Fee	Remove & graft wrist lesion	600.29
25135	Facility Fee	Remove & graft wrist lesion	5.00
25136	Physician/Professional Fee	Remove & graft wrist lesion	529.36
25136	Facility Fee	Remove & graft wrist lesion	5.00
25145	Physician/Professional Fee	Remove forearm bone lesion	753.50
25145	Facility Fee	Remove forearm bone lesion	5.00
25150	Physician/Professional Fee	Partial removal of ulna	640.93
25150	Facility Fee	Partial removal of ulna	5.00
25151	Physician/Professional Fee	Partial removal of radius	826.15
25151	Facility Fee	Partial removal of radius	5.00
25170	Physician/Professional Fee	Extensive forearm surgery	1083.71
25170	Facility Fee	Extensive forearm surgery	5.00
25210	Physician/Professional Fee	Removal of wrist bone	531.34
25210	Facility Fee	Removal of wrist bone	5.00
25215	Physician/Professional Fee	Removal of wrist bones	692.32
25215	Facility Fee	Removal of wrist bones	5.00
25230	Physician/Professional Fee	Partial removal of radius	473.79
25230	Facility Fee	Partial removal of radius	5.00
25240	Physician/Professional Fee	Partial removal of ulna	502.57
25240	Facility Fee	Partial removal of ulna	5.00
25246	Physician/Professional Fee	Injection for wrist x-ray	75.62
25246	Facility Fee	Injection for wrist x-ray	5.00
25248	Physician/Professional Fee	Remove forearm foreign body	565.35
25248	Facility Fee	Remove forearm foreign body	5.00
25250	Physician/Professional Fee	Removal of wrist prosthesis	533.37
25250	Facility Fee	Removal of wrist prosthesis	5.00
25251	Physician/Professional Fee	Removal of wrist prosthesis	726.11
25251	Facility Fee	Removal of wrist prosthesis	5.00
25259	Physician/Professional Fee	Manipulate wrist w/anesthes	405.32
25259	Facility Fee	Manipulate wrist w/anesthes	5.00
25260	Physician/Professional Fee	Repair forearm tendon/muscle	865.96
25260	Facility Fee	Repair forearm tendon/muscle	5.00
25263	Physician/Professional Fee	Repair forearm tendon/muscle	861.62
25263	Facility Fee	Repair forearm tendon/muscle	5.00
25265	Physician/Professional Fee	Repair forearm tendon/muscle	991.19
25265	Facility Fee	Repair forearm tendon/muscle	5.00
25270	Physician/Professional Fee	Repair forearm tendon/muscle	734.88
25270	Facility Fee	Repair forearm tendon/muscle	5.00
25272	Physician/Professional Fee	Repair forearm tendon/muscle	808.05
25272	Facility Fee	Repair forearm tendon/muscle	5.00
25274	Physician/Professional Fee	Repair forearm tendon/muscle	914.67

CPT Code	Type	Description	Fee
25274	Facility Fee	Repair forearm tendon/muscle	5.00
25275	Physician/Professional Fee	Repair forearm tendon sheath	682.79
25275	Facility Fee	Repair forearm tendon sheath	5.00
25280	Physician/Professional Fee	Revise wrist/forearm tendon	809.52
25280	Facility Fee	Revise wrist/forearm tendon	5.00
25290	Physician/Professional Fee	Incise wrist/forearm tendon	816.87
25290	Facility Fee	Incise wrist/forearm tendon	5.00
25295	Physician/Professional Fee	Release wrist/forearm tendon	763.53
25295	Facility Fee	Release wrist/forearm tendon	5.00
25300	Physician/Professional Fee	Fusion of tendons at wrist	720.38
25300	Facility Fee	Fusion of tendons at wrist	5.00
25301	Physician/Professional Fee	Fusion of tendons at wrist	688.37
25301	Facility Fee	Fusion of tendons at wrist	5.00
25310	Physician/Professional Fee	Transplant forearm tendon	866.05
25310	Facility Fee	Transplant forearm tendon	5.00
25312	Physician/Professional Fee	Transplant forearm tendon	962.88
25312	Facility Fee	Transplant forearm tendon	5.00
25315	Physician/Professional Fee	Revise palsy hand tendon(s)	1019.33
25315	Facility Fee	Revise palsy hand tendon(s)	5.00
25316	Physician/Professional Fee	Revise palsy hand tendon(s)	1175.58
25316	Facility Fee	Revise palsy hand tendon(s)	5.00
25320	Physician/Professional Fee	Repair/revise wrist joint	989.78
25320	Facility Fee	Repair/revise wrist joint	5.00
25332	Physician/Professional Fee	Revise wrist joint	865.80
25332	Facility Fee	Revise wrist joint	5.00
25335	Physician/Professional Fee	Realignment of hand	1000.40
25335	Facility Fee	Realignment of hand	5.00
25337	Physician/Professional Fee	Reconstruct ulna/radioulnar	934.49
25337	Facility Fee	Reconstruct ulna/radioulnar	5.00
25350	Physician/Professional Fee	Revision of radius	935.35
25350	Facility Fee	Revision of radius	5.00
25355	Physician/Professional Fee	Revision of radius	1025.83
25355	Facility Fee	Revision of radius	5.00
25360	Physician/Professional Fee	Revision of ulna	915.67
25360	Facility Fee	Revision of ulna	5.00
25365	Physician/Professional Fee	Revise radius & ulna	1169.33
25365	Facility Fee	Revise radius & ulna	5.00
25370	Physician/Professional Fee	Revise radius or ulna	1238.92
25370	Facility Fee	Revise radius or ulna	5.00
25375	Physician/Professional Fee	Revise radius & ulna	1224.36
25375	Facility Fee	Revise radius & ulna	5.00
25390	Physician/Professional Fee	Shorten radius or ulna	1027.19
25390	Facility Fee	Shorten radius or ulna	5.00
25391	Physician/Professional Fee	Lengthen radius or ulna	1257.61
25391	Facility Fee	Lengthen radius or ulna	5.00
25392	Physician/Professional Fee	Shorten radius & ulna	1247.24
25392	Facility Fee	Shorten radius & ulna	5.00
25393	Physician/Professional Fee	Lengthen radius & ulna	1410.40
25393	Facility Fee	Lengthen radius & ulna	5.00
25394	Physician/Professional Fee	Repair carpal bone, shorten	778.60
25394	Facility Fee	Repair carpal bone, shorten	5.00
25400	Physician/Professional Fee	Repair radius or ulna	1076.21
25400	Facility Fee	Repair radius or ulna	5.00
25405	Physician/Professional Fee	Repair/graft radius or ulna	1313.61
25405	Facility Fee	Repair/graft radius or ulna	5.00
25415	Physician/Professional Fee	Repair radius & ulna	1230.30

CPT Code	Type	Description	Fee
25415	Facility Fee	Repair radius & ulna	5.00
25420	Physician/Professional Fee	Repair/graft radius & ulna	1438.45
25420	Facility Fee	Repair/graft radius & ulna	5.00
25425	Physician/Professional Fee	Repair/graft radius or ulna	1421.36
25425	Facility Fee	Repair/graft radius or ulna	5.00
25426	Physician/Professional Fee	Repair/graft radius & ulna	1354.78
25426	Facility Fee	Repair/graft radius & ulna	5.00
25430	Physician/Professional Fee	Vasc graft into carpal bone	706.52
25430	Facility Fee	Vasc graft into carpal bone	5.00
25431	Physician/Professional Fee	Repair nonunion carpal bone	806.60
25431	Facility Fee	Repair nonunion carpal bone	5.00
25440	Physician/Professional Fee	Repair/graft wrist bone	826.91
25440	Facility Fee	Repair/graft wrist bone	5.00
25441	Physician/Professional Fee	Reconstruct wrist joint	966.06
25441	Facility Fee	Reconstruct wrist joint	5.00
25442	Physician/Professional Fee	Reconstruct wrist joint	820.38
25442	Facility Fee	Reconstruct wrist joint	5.00
25443	Physician/Professional Fee	Reconstruct wrist joint	786.61
25443	Facility Fee	Reconstruct wrist joint	5.00
25444	Physician/Professional Fee	Reconstruct wrist joint	845.53
25444	Facility Fee	Reconstruct wrist joint	5.00
25445	Physician/Professional Fee	Reconstruct wrist joint	740.25
25445	Facility Fee	Reconstruct wrist joint	5.00
25446	Physician/Professional Fee	Wrist replacement	1201.40
25446	Facility Fee	Wrist replacement	5.00
25447	Physician/Professional Fee	Repair wrist joint(s)	819.90
25447	Facility Fee	Repair wrist joint(s)	5.00
25449	Physician/Professional Fee	Remove wrist joint implant	1057.98
25449	Facility Fee	Remove wrist joint implant	5.00
25450	Physician/Professional Fee	Revision of wrist joint	747.11
25450	Facility Fee	Revision of wrist joint	5.00
25455	Physician/Professional Fee	Revision of wrist joint	806.21
25455	Facility Fee	Revision of wrist joint	5.00
25490	Physician/Professional Fee	Reinforce radius	951.45
25490	Facility Fee	Reinforce radius	5.00
25491	Physician/Professional Fee	Reinforce ulna	998.54
25491	Facility Fee	Reinforce ulna	5.00
25492	Physician/Professional Fee	Reinforce radius and ulna	1142.99
25492	Facility Fee	Reinforce radius and ulna	5.00
25500	Physician/Professional Fee	Treat fracture of radius	223.58
25500	Facility Fee	Treat fracture of radius	99.87
25505	Physician/Professional Fee	Treat fracture of radius	454.56
25505	Facility Fee	Treat fracture of radius	5.00
25515	Physician/Professional Fee	Treat fracture of radius	709.79
25515	Facility Fee	Treat fracture of radius	5.00
25520	Physician/Professional Fee	Treat fracture of radius	523.48
25520	Facility Fee	Treat fracture of radius	5.00
25525	Physician/Professional Fee	Treat fracture of radius	952.16
25525	Facility Fee	Treat fracture of radius	5.00
25526	Physician/Professional Fee	Treat fracture of radius	1114.02
25526	Facility Fee	Treat fracture of radius	5.00
25530	Physician/Professional Fee	Treat fracture of ulna	215.83
25530	Facility Fee	Treat fracture of ulna	99.87
25535	Physician/Professional Fee	Treat fracture of ulna	446.18
25535	Facility Fee	Treat fracture of ulna	5.00
25545	Physician/Professional Fee	Treat fracture of ulna	703.23

CPT Code	Type	Description	Fee
25545	Facility Fee	Treat fracture of ulna	5.00
25560	Physician/Professional Fee	Treat fracture radius & ulna	219.19
25560	Facility Fee	Treat fracture radius & ulna	5.00
25565	Physician/Professional Fee	Treat fracture radius & ulna	470.30
25565	Facility Fee	Treat fracture radius & ulna	5.00
25574	Physician/Professional Fee	Treat fracture radius & ulna	619.31
25574	Facility Fee	Treat fracture radius & ulna	5.00
25575	Physician/Professional Fee	Treat fracture radius/ulna	905.17
25575	Facility Fee	Treat fracture radius/ulna	5.00
25600	Physician/Professional Fee	Treat fracture radius/ulna	243.68
25600	Facility Fee	Treat fracture radius/ulna	5.00
25605	Physician/Professional Fee	Treat fracture radius/ulna	558.69
25605	Facility Fee	Treat fracture radius/ulna	5.00
25606	Physician/Professional Fee	Treat fx distal radial	703.47
25606	Facility Fee	Treat fx distal radial	5.00
25607	Physician/Professional Fee	Treat fx rad extra-articul	700.46
25607	Facility Fee	Treat fx rad extra-articul	5.00
25608	Physician/Professional Fee	Treat fx rad intra-articul	797.34
25608	Facility Fee	Treat fx rad intra-articul	5.00
25609	Physician/Professional Fee	Treat fx radial 3+ frag	1015.13
25609	Facility Fee	Treat fx radial 3+ frag	5.00
25622	Physician/Professional Fee	Treat wrist bone fracture	249.62
25622	Facility Fee	Treat wrist bone fracture	5.00
25624	Physician/Professional Fee	Treat wrist bone fracture	411.17
25624	Facility Fee	Treat wrist bone fracture	5.00
25628	Physician/Professional Fee	Treat wrist bone fracture	725.90
25628	Facility Fee	Treat wrist bone fracture	5.00
25630	Physician/Professional Fee	Treat wrist bone fracture	253.42
25630	Facility Fee	Treat wrist bone fracture	5.00
25635	Physician/Professional Fee	Treat wrist bone fracture	364.19
25635	Facility Fee	Treat wrist bone fracture	5.00
25645	Physician/Professional Fee	Treat wrist bone fracture	585.10
25645	Facility Fee	Treat wrist bone fracture	5.00
25650	Physician/Professional Fee	Treat wrist bone fracture	269.97
25650	Facility Fee	Treat wrist bone fracture	5.00
25651	Physician/Professional Fee	Pin ulnar styloid fracture	470.45
25651	Facility Fee	Pin ulnar styloid fracture	5.00
25652	Physician/Professional Fee	Treat fracture ulnar styloid	624.24
25652	Facility Fee	Treat fracture ulnar styloid	5.00
25660	Physician/Professional Fee	Treat wrist dislocation	398.52
25660	Facility Fee	Treat wrist dislocation	5.00
25670	Physician/Professional Fee	Treat wrist dislocation	626.18
25670	Facility Fee	Treat wrist dislocation	5.00
25671	Physician/Professional Fee	Pin radioulnar dislocation	524.20
25671	Facility Fee	Pin radioulnar dislocation	5.00
25675	Physician/Professional Fee	Treat wrist dislocation	390.81
25675	Facility Fee	Treat wrist dislocation	5.00
25676	Physician/Professional Fee	Treat wrist dislocation	648.13
25676	Facility Fee	Treat wrist dislocation	5.00
25680	Physician/Professional Fee	Treat wrist fracture	449.57
25680	Facility Fee	Treat wrist fracture	5.00
25685	Physician/Professional Fee	Treat wrist fracture	742.77
25685	Facility Fee	Treat wrist fracture	5.00
25690	Physician/Professional Fee	Treat wrist dislocation	464.81
25690	Facility Fee	Treat wrist dislocation	5.00
25695	Physician/Professional Fee	Treat wrist dislocation	647.98

CPT Code	Type	Description	Fee
25695	Facility Fee	Treat wrist dislocation	5.00
25800	Physician/Professional Fee	Fusion of wrist joint	790.19
25800	Facility Fee	Fusion of wrist joint	5.00
25805	Physician/Professional Fee	Fusion/graft of wrist joint	905.21
25805	Facility Fee	Fusion/graft of wrist joint	5.00
25810	Physician/Professional Fee	Fusion/graft of wrist joint	899.61
25810	Facility Fee	Fusion/graft of wrist joint	5.00
25820	Physician/Professional Fee	Fusion of hand bones	639.39
25820	Facility Fee	Fusion of hand bones	5.00
25825	Physician/Professional Fee	Fuse hand bones with graft	778.35
25825	Facility Fee	Fuse hand bones with graft	5.00
25830	Physician/Professional Fee	Fusion, radioulnar jnt/ulna	1027.66
25830	Facility Fee	Fusion, radioulnar jnt/ulna	5.00
25900	Physician/Professional Fee	Amputation of forearm	900.99
25900	Facility Fee	Amputation of forearm	5.00
25905	Physician/Professional Fee	Amputation of forearm	887.21
25905	Facility Fee	Amputation of forearm	5.00
25907	Physician/Professional Fee	Amputation follow-up surgery	798.58
25907	Facility Fee	Amputation follow-up surgery	5.00
25909	Physician/Professional Fee	Amputation follow-up surgery	883.82
25909	Facility Fee	Amputation follow-up surgery	5.00
25915	Physician/Professional Fee	Amputation of forearm	1434.17
25915	Facility Fee	Amputation of forearm	5.00
25920	Physician/Professional Fee	Amputate hand at wrist	698.72
25920	Facility Fee	Amputate hand at wrist	5.00
25922	Physician/Professional Fee	Amputate hand at wrist	613.14
25922	Facility Fee	Amputate hand at wrist	5.00
25924	Physician/Professional Fee	Amputation follow-up surgery	697.76
25924	Facility Fee	Amputation follow-up surgery	5.00
25927	Physician/Professional Fee	Amputation of hand	846.54
25927	Facility Fee	Amputation of hand	5.00
25929	Physician/Professional Fee	Amputation follow-up surgery	568.39
25929	Facility Fee	Amputation follow-up surgery	5.00
25931	Physician/Professional Fee	Amputation follow-up surgery	796.81
25931	Facility Fee	Amputation follow-up surgery	5.00
25999	Facility Fee	Forearm or wrist surgery	5.00
26010	Physician/Professional Fee	Drainage of finger abscess	132.49
26010	Facility Fee	Drainage of finger abscess	5.00
26011	Physician/Professional Fee	Drainage of finger abscess	189.13
26011	Facility Fee	Drainage of finger abscess	5.00
26020	Physician/Professional Fee	Drain hand tendon sheath	432.37
26020	Facility Fee	Drain hand tendon sheath	5.00
26025	Physician/Professional Fee	Drainage of palm bursa	423.03
26025	Facility Fee	Drainage of palm bursa	5.00
26030	Physician/Professional Fee	Drainage of palm bursa(s)	496.17
26030	Facility Fee	Drainage of palm bursa(s)	5.00
26034	Physician/Professional Fee	Treat hand bone lesion	538.00
26034	Facility Fee	Treat hand bone lesion	5.00
26035	Physician/Professional Fee	Decompress fingers/hand	797.96
26035	Facility Fee	Decompress fingers/hand	5.00
26037	Physician/Professional Fee	Decompress fingers/hand	576.02
26037	Facility Fee	Decompress fingers/hand	5.00
26040	Physician/Professional Fee	Release palm contracture	313.11
26040	Facility Fee	Release palm contracture	5.00
26045	Physician/Professional Fee	Release palm contracture	472.90
26045	Facility Fee	Release palm contracture	5.00

CPT Code	Type	Description	Fee
26055	Physician/Professional Fee	Incise finger tendon sheath	295.06
26055	Facility Fee	Incise finger tendon sheath	5.00
26060	Physician/Professional Fee	Incision of finger tendon	267.06
26060	Facility Fee	Incision of finger tendon	5.00
26070	Physician/Professional Fee	Explore/treat hand joint	294.27
26070	Facility Fee	Explore/treat hand joint	5.00
26075	Physician/Professional Fee	Explore/treat finger joint	317.59
26075	Facility Fee	Explore/treat finger joint	5.00
26080	Physician/Professional Fee	Explore/treat finger joint	386.93
26080	Facility Fee	Explore/treat finger joint	5.00
26100	Physician/Professional Fee	Biopsy hand joint lining	327.19
26100	Facility Fee	Biopsy hand joint lining	5.00
26105	Physician/Professional Fee	Biopsy finger joint lining	335.28
26105	Facility Fee	Biopsy finger joint lining	5.00
26110	Physician/Professional Fee	Biopsy finger joint lining	319.47
26110	Facility Fee	Biopsy finger joint lining	5.00
26115	Physician/Professional Fee	Removal hand lesion subcut	365.15
26115	Facility Fee	Removal hand lesion subcut	5.00
26116	Physician/Professional Fee	Removal hand lesion, deep	486.91
26116	Facility Fee	Removal hand lesion, deep	5.00
26117	Physician/Professional Fee	Remove tumor, hand/finger	653.66
26117	Facility Fee	Remove tumor, hand/finger	5.00
26121	Physician/Professional Fee	Release palm contracture	607.80
26121	Facility Fee	Release palm contracture	5.00
26123	Physician/Professional Fee	Release palm contracture	813.30
26123	Facility Fee	Release palm contracture	5.00
26125	Physician/Professional Fee	Release palm contracture	289.79
26125	Facility Fee	Release palm contracture	5.00
26130	Physician/Professional Fee	Remove wrist joint lining	458.23
26130	Facility Fee	Remove wrist joint lining	5.00
26135	Physician/Professional Fee	Revise finger joint, each	561.77
26135	Facility Fee	Revise finger joint, each	5.00
26140	Physician/Professional Fee	Revise finger joint, each	511.41
26140	Facility Fee	Revise finger joint, each	5.00
26145	Physician/Professional Fee	Tendon excision, palm/finger	519.02
26145	Facility Fee	Tendon excision, palm/finger	5.00
26160	Physician/Professional Fee	Remove tendon sheath lesion	320.42
26160	Facility Fee	Remove tendon sheath lesion	5.00
26170	Physician/Professional Fee	Removal of palm tendon, each	408.20
26170	Facility Fee	Removal of palm tendon, each	5.00
26180	Physician/Professional Fee	Removal of finger tendon	445.75
26180	Facility Fee	Removal of finger tendon	5.00
26185	Physician/Professional Fee	Remove finger bone	517.37
26185	Facility Fee	Remove finger bone	5.00
26200	Physician/Professional Fee	Remove hand bone lesion	456.05
26200	Facility Fee	Remove hand bone lesion	5.00
26205	Physician/Professional Fee	Remove/graft bone lesion	612.80
26205	Facility Fee	Remove/graft bone lesion	5.00
26210	Physician/Professional Fee	Removal of finger lesion	445.26
26210	Facility Fee	Removal of finger lesion	5.00
26215	Physician/Professional Fee	Remove/graft finger lesion	559.72
26215	Facility Fee	Remove/graft finger lesion	5.00
26230	Physician/Professional Fee	Partial removal of hand bone	513.63
26230	Facility Fee	Partial removal of hand bone	5.00
26235	Physician/Professional Fee	Partial removal, finger bone	502.56
26235	Facility Fee	Partial removal, finger bone	5.00

CPT Code	Type	Description	Fee
26236	Physician/Professional Fee	Partial removal, finger bone	446.17
26236	Facility Fee	Partial removal, finger bone	5.00
26250	Physician/Professional Fee	Extensive hand surgery	578.54
26250	Facility Fee	Extensive hand surgery	5.00
26255	Physician/Professional Fee	Extensive hand surgery	918.91
26255	Facility Fee	Extensive hand surgery	5.00
26260	Physician/Professional Fee	Extensive finger surgery	552.07
26260	Facility Fee	Extensive finger surgery	5.00
26261	Physician/Professional Fee	Extensive finger surgery	652.64
26261	Facility Fee	Extensive finger surgery	5.00
26262	Physician/Professional Fee	Partial removal of finger	462.08
26262	Facility Fee	Partial removal of finger	5.00
26320	Physician/Professional Fee	Removal of implant from hand	348.82
26320	Facility Fee	Removal of implant from hand	5.00
26340	Physician/Professional Fee	Manipulate finger w/anesth	320.06
26340	Facility Fee	Manipulate finger w/anesth	5.00
26350	Physician/Professional Fee	Repair finger/hand tendon	837.85
26350	Facility Fee	Repair finger/hand tendon	5.00
26352	Physician/Professional Fee	Repair/graft hand tendon	935.50
26352	Facility Fee	Repair/graft hand tendon	5.00
26356	Physician/Professional Fee	Repair finger/hand tendon	1168.07
26356	Facility Fee	Repair finger/hand tendon	5.00
26357	Physician/Professional Fee	Repair finger/hand tendon	985.68
26357	Facility Fee	Repair finger/hand tendon	5.00
26358	Physician/Professional Fee	Repair/graft hand tendon	1047.49
26358	Facility Fee	Repair/graft hand tendon	5.00
26370	Physician/Professional Fee	Repair finger/hand tendon	900.22
26370	Facility Fee	Repair finger/hand tendon	5.00
26372	Physician/Professional Fee	Repair/graft hand tendon	1029.44
26372	Facility Fee	Repair/graft hand tendon	5.00
26373	Physician/Professional Fee	Repair finger/hand tendon	982.59
26373	Facility Fee	Repair finger/hand tendon	5.00
26390	Physician/Professional Fee	Revise hand/finger tendon	920.67
26390	Facility Fee	Revise hand/finger tendon	5.00
26392	Physician/Professional Fee	Repair/graft hand tendon	1100.75
26392	Facility Fee	Repair/graft hand tendon	5.00
26410	Physician/Professional Fee	Repair hand tendon	671.76
26410	Facility Fee	Repair hand tendon	5.00
26412	Physician/Professional Fee	Repair/graft hand tendon	794.98
26412	Facility Fee	Repair/graft hand tendon	5.00
26415	Physician/Professional Fee	Excision, hand/finger tendon	798.55
26415	Facility Fee	Excision, hand/finger tendon	5.00
26416	Physician/Professional Fee	Graft hand or finger tendon	945.34
26416	Facility Fee	Graft hand or finger tendon	5.00
26418	Physician/Professional Fee	Repair finger tendon	675.24
26418	Facility Fee	Repair finger tendon	5.00
26420	Physician/Professional Fee	Repair/graft finger tendon	828.68
26420	Facility Fee	Repair/graft finger tendon	5.00
26426	Physician/Professional Fee	Repair finger/hand tendon	785.21
26426	Facility Fee	Repair finger/hand tendon	5.00
26428	Physician/Professional Fee	Repair/graft finger tendon	859.44
26428	Facility Fee	Repair/graft finger tendon	5.00
26432	Physician/Professional Fee	Repair finger tendon	581.40
26432	Facility Fee	Repair finger tendon	5.00
26433	Physician/Professional Fee	Repair finger tendon	623.87
26433	Facility Fee	Repair finger tendon	5.00

CPT Code	Type	Description	Fee
26434	Physician/Professional Fee	Repair/graft finger tendon	721.07
26434	Facility Fee	Repair/graft finger tendon	5.00
26437	Physician/Professional Fee	Realignment of tendons	709.33
26437	Facility Fee	Realignment of tendons	5.00
26440	Physician/Professional Fee	Release palm/finger tendon	745.29
26440	Facility Fee	Release palm/finger tendon	5.00
26442	Physician/Professional Fee	Release palm & finger tendon	1037.68
26442	Facility Fee	Release palm & finger tendon	5.00
26445	Physician/Professional Fee	Release hand/finger tendon	703.27
26445	Facility Fee	Release hand/finger tendon	5.00
26449	Physician/Professional Fee	Release forearm/hand tendon	982.40
26449	Facility Fee	Release forearm/hand tendon	5.00
26450	Physician/Professional Fee	Incision of palm tendon	452.33
26450	Facility Fee	Incision of palm tendon	5.00
26455	Physician/Professional Fee	Incision of finger tendon	448.60
26455	Facility Fee	Incision of finger tendon	5.00
26460	Physician/Professional Fee	Incise hand/finger tendon	435.95
26460	Facility Fee	Incise hand/finger tendon	5.00
26471	Physician/Professional Fee	Fusion of finger tendons	694.30
26471	Facility Fee	Fusion of finger tendons	5.00
26474	Physician/Professional Fee	Fusion of finger tendons	678.85
26474	Facility Fee	Fusion of finger tendons	5.00
26476	Physician/Professional Fee	Tendon lengthening	658.20
26476	Facility Fee	Tendon lengthening	5.00
26477	Physician/Professional Fee	Tendon shortening	663.35
26477	Facility Fee	Tendon shortening	5.00
26478	Physician/Professional Fee	Lengthening of hand tendon	716.81
26478	Facility Fee	Lengthening of hand tendon	5.00
26479	Physician/Professional Fee	Shortening of hand tendon	707.03
26479	Facility Fee	Shortening of hand tendon	5.00
26480	Physician/Professional Fee	Transplant hand tendon	880.96
26480	Facility Fee	Transplant hand tendon	5.00
26483	Physician/Professional Fee	Transplant/graft hand tendon	968.22
26483	Facility Fee	Transplant/graft hand tendon	5.00
26485	Physician/Professional Fee	Transplant palm tendon	936.04
26485	Facility Fee	Transplant palm tendon	5.00
26489	Physician/Professional Fee	Transplant/graft palm tendon	904.42
26489	Facility Fee	Transplant/graft palm tendon	5.00
26490	Physician/Professional Fee	Revise thumb tendon	867.85
26490	Facility Fee	Revise thumb tendon	5.00
26492	Physician/Professional Fee	Tendon transfer with graft	953.26
26492	Facility Fee	Tendon transfer with graft	5.00
26494	Physician/Professional Fee	Hand tendon/muscle transfer	877.80
26494	Facility Fee	Hand tendon/muscle transfer	5.00
26496	Physician/Professional Fee	Revise thumb tendon	937.69
26496	Facility Fee	Revise thumb tendon	5.00
26497	Physician/Professional Fee	Finger tendon transfer	946.26
26497	Facility Fee	Finger tendon transfer	5.00
26498	Physician/Professional Fee	Finger tendon transfer	1237.18
26498	Facility Fee	Finger tendon transfer	5.00
26499	Physician/Professional Fee	Revision of finger	898.39
26499	Facility Fee	Revision of finger	5.00
26500	Physician/Professional Fee	Hand tendon reconstruction	711.34
26500	Facility Fee	Hand tendon reconstruction	5.00
26502	Physician/Professional Fee	Hand tendon reconstruction	786.59
26502	Facility Fee	Hand tendon reconstruction	5.00

CPT Code	Type	Description	Fee
26508	Physician/Professional Fee	Release thumb contracture	722.94
26508	Facility Fee	Release thumb contracture	5.00
26510	Physician/Professional Fee	Thumb tendon transfer	682.90
26510	Facility Fee	Thumb tendon transfer	5.00
26516	Physician/Professional Fee	Fusion of knuckle joint	790.95
26516	Facility Fee	Fusion of knuckle joint	5.00
26517	Physician/Professional Fee	Fusion of knuckle joints	917.88
26517	Facility Fee	Fusion of knuckle joints	5.00
26518	Physician/Professional Fee	Fusion of knuckle joints	918.37
26518	Facility Fee	Fusion of knuckle joints	5.00
26520	Physician/Professional Fee	Release knuckle contracture	776.74
26520	Facility Fee	Release knuckle contracture	5.00
26525	Physician/Professional Fee	Release finger contracture	781.35
26525	Facility Fee	Release finger contracture	5.00
26530	Physician/Professional Fee	Revise knuckle joint	540.12
26530	Facility Fee	Revise knuckle joint	5.00
26531	Physician/Professional Fee	Revise knuckle with implant	629.77
26531	Facility Fee	Revise knuckle with implant	5.00
26535	Physician/Professional Fee	Revise finger joint	382.62
26535	Facility Fee	Revise finger joint	5.00
26536	Physician/Professional Fee	Revise/implant finger joint	683.69
26536	Facility Fee	Revise/implant finger joint	5.00
26540	Physician/Professional Fee	Repair hand joint	747.75
26540	Facility Fee	Repair hand joint	5.00
26541	Physician/Professional Fee	Repair hand joint with graft	898.01
26541	Facility Fee	Repair hand joint with graft	5.00
26542	Physician/Professional Fee	Repair hand joint with graft	767.73
26542	Facility Fee	Repair hand joint with graft	5.00
26545	Physician/Professional Fee	Reconstruct finger joint	780.02
26545	Facility Fee	Reconstruct finger joint	5.00
26546	Physician/Professional Fee	Repair nonunion hand	1050.06
26546	Facility Fee	Repair nonunion hand	5.00
26548	Physician/Professional Fee	Reconstruct finger joint	853.94
26548	Facility Fee	Reconstruct finger joint	5.00
26550	Physician/Professional Fee	Construct thumb replacement	1607.24
26550	Facility Fee	Construct thumb replacement	5.00
26551	Physician/Professional Fee	Great toe-hand transfer	3302.76
26551	Facility Fee	Great toe-hand transfer	5.00
26553	Physician/Professional Fee	Single transfer, toe-hand	2781.74
26553	Facility Fee	Single transfer, toe-hand	5.00
26554	Physician/Professional Fee	Double transfer, toe-hand	3797.07
26554	Facility Fee	Double transfer, toe-hand	5.00
26555	Physician/Professional Fee	Positional change of finger	1445.67
26555	Facility Fee	Positional change of finger	5.00
26556	Physician/Professional Fee	Toe joint transfer	3163.13
26556	Facility Fee	Toe joint transfer	5.00
26560	Physician/Professional Fee	Repair of web finger	626.14
26560	Facility Fee	Repair of web finger	5.00
26561	Physician/Professional Fee	Repair of web finger	955.61
26561	Facility Fee	Repair of web finger	5.00
26562	Physician/Professional Fee	Repair of web finger	1385.92
26562	Facility Fee	Repair of web finger	5.00
26565	Physician/Professional Fee	Correct metacarpal flaw	762.79
26565	Facility Fee	Correct metacarpal flaw	5.00
26567	Physician/Professional Fee	Correct finger deformity	767.74
26567	Facility Fee	Correct finger deformity	5.00

CPT Code	Type	Description	Fee
26568	Physician/Professional Fee	Lengthen metacarpal/finger	1001.15
26568	Facility Fee	Lengthen metacarpal/finger	5.00
26580	Physician/Professional Fee	Repair hand deformity	1352.02
26580	Facility Fee	Repair hand deformity	5.00
26587	Physician/Professional Fee	Reconstruct extra finger	964.53
26587	Facility Fee	Reconstruct extra finger	5.00
26590	Physician/Professional Fee	Repair finger deformity	1332.66
26590	Facility Fee	Repair finger deformity	5.00
26591	Physician/Professional Fee	Repair muscles of hand	523.11
26591	Facility Fee	Repair muscles of hand	5.00
26593	Physician/Professional Fee	Release muscles of hand	673.72
26593	Facility Fee	Release muscles of hand	5.00
26596	Physician/Professional Fee	Excision constricting tissue	745.12
26596	Facility Fee	Excision constricting tissue	5.00
26600	Physician/Professional Fee	Treat metacarpal fracture	225.25
26600	Facility Fee	Treat metacarpal fracture	99.87
26605	Physician/Professional Fee	Treat metacarpal fracture	280.84
26605	Facility Fee	Treat metacarpal fracture	5.00
26607	Physician/Professional Fee	Treat metacarpal fracture	484.24
26607	Facility Fee	Treat metacarpal fracture	5.00
26608	Physician/Professional Fee	Treat metacarpal fracture	488.89
26608	Facility Fee	Treat metacarpal fracture	5.00
26615	Physician/Professional Fee	Treat metacarpal fracture	449.46
26615	Facility Fee	Treat metacarpal fracture	5.00
26641	Physician/Professional Fee	Treat thumb dislocation	312.92
26641	Facility Fee	Treat thumb dislocation	5.00
26645	Physician/Professional Fee	Treat thumb fracture	364.21
26645	Facility Fee	Treat thumb fracture	99.87
26650	Physician/Professional Fee	Treat thumb fracture	522.97
26650	Facility Fee	Treat thumb fracture	5.00
26665	Physician/Professional Fee	Treat thumb fracture	590.95
26665	Facility Fee	Treat thumb fracture	5.00
26670	Physician/Professional Fee	Treat hand dislocation	277.23
26670	Facility Fee	Treat hand dislocation	5.00
26675	Physician/Professional Fee	Treat hand dislocation	388.55
26675	Facility Fee	Treat hand dislocation	5.00
26676	Physician/Professional Fee	Pin hand dislocation	514.38
26676	Facility Fee	Pin hand dislocation	5.00
26685	Physician/Professional Fee	Treat hand dislocation	553.69
26685	Facility Fee	Treat hand dislocation	5.00
26686	Physician/Professional Fee	Treat hand dislocation	626.39
26686	Facility Fee	Treat hand dislocation	5.00
26700	Physician/Professional Fee	Treat knuckle dislocation	273.33
26700	Facility Fee	Treat knuckle dislocation	5.00
26705	Physician/Professional Fee	Treat knuckle dislocation	362.06
26705	Facility Fee	Treat knuckle dislocation	5.00
26706	Physician/Professional Fee	Pin knuckle dislocation	433.57
26706	Facility Fee	Pin knuckle dislocation	5.00
26715	Physician/Professional Fee	Treat knuckle dislocation	474.68
26715	Facility Fee	Treat knuckle dislocation	5.00
26720	Physician/Professional Fee	Treat finger fracture, each	162.59
26720	Facility Fee	Treat finger fracture, each	5.00
26725	Physician/Professional Fee	Treat finger fracture, each	292.70
26725	Facility Fee	Treat finger fracture, each	5.00
26727	Physician/Professional Fee	Treat finger fracture, each	481.91
26727	Facility Fee	Treat finger fracture, each	5.00

CPT Code	Type	Description	Fee
26735	Physician/Professional Fee	Treat finger fracture, each	486.55
26735	Facility Fee	Treat finger fracture, each	5.00
26740	Physician/Professional Fee	Treat finger fracture, each	200.43
26740	Facility Fee	Treat finger fracture, each	99.87
26742	Physician/Professional Fee	Treat finger fracture, each	327.72
26742	Facility Fee	Treat finger fracture, each	99.87
26746	Physician/Professional Fee	Treat finger fracture, each	479.29
26746	Facility Fee	Treat finger fracture, each	5.00
26750	Physician/Professional Fee	Treat finger fracture, each	160.95
26750	Facility Fee	Treat finger fracture, each	5.00
26755	Physician/Professional Fee	Treat finger fracture, each	259.19
26755	Facility Fee	Treat finger fracture, each	5.00
26756	Physician/Professional Fee	Pin finger fracture, each	426.64
26756	Facility Fee	Pin finger fracture, each	5.00
26765	Physician/Professional Fee	Treat finger fracture, each	362.68
26765	Facility Fee	Treat finger fracture, each	5.00
26770	Physician/Professional Fee	Treat finger dislocation	226.89
26770	Facility Fee	Treat finger dislocation	99.87
26775	Physician/Professional Fee	Treat finger dislocation	322.07
26775	Facility Fee	Treat finger dislocation	5.00
26776	Physician/Professional Fee	Pin finger dislocation	454.38
26776	Facility Fee	Pin finger dislocation	5.00
26785	Physician/Professional Fee	Treat finger dislocation	369.82
26785	Facility Fee	Treat finger dislocation	5.00
26820	Physician/Professional Fee	Thumb fusion with graft	877.03
26820	Facility Fee	Thumb fusion with graft	5.00
26841	Physician/Professional Fee	Fusion of thumb	831.99
26841	Facility Fee	Fusion of thumb	5.00
26842	Physician/Professional Fee	Thumb fusion with graft	885.90
26842	Facility Fee	Thumb fusion with graft	5.00
26843	Physician/Professional Fee	Fusion of hand joint	812.86
26843	Facility Fee	Fusion of hand joint	5.00
26844	Physician/Professional Fee	Fusion/graft of hand joint	906.02
26844	Facility Fee	Fusion/graft of hand joint	5.00
26850	Physician/Professional Fee	Fusion of knuckle	783.31
26850	Facility Fee	Fusion of knuckle	5.00
26852	Physician/Professional Fee	Fusion of knuckle with graft	877.03
26852	Facility Fee	Fusion of knuckle with graft	5.00
26860	Physician/Professional Fee	Fusion of finger joint	649.31
26860	Facility Fee	Fusion of finger joint	5.00
26861	Physician/Professional Fee	Fusion of finger jnt, add-on	109.82
26861	Facility Fee	Fusion of finger jnt, add-on	5.00
26862	Physician/Professional Fee	Fusion/graft of finger joint	808.66
26862	Facility Fee	Fusion/graft of finger joint	5.00
26863	Physician/Professional Fee	Fuse/graft added joint	245.64
26863	Facility Fee	Fuse/graft added joint	5.00
26910	Physician/Professional Fee	Amputate metacarpal bone	777.30
26910	Facility Fee	Amputate metacarpal bone	5.00
26951	Physician/Professional Fee	Amputation of finger/thumb	662.63
26951	Facility Fee	Amputation of finger/thumb	5.00
26952	Physician/Professional Fee	Amputation of finger/thumb	734.56
26952	Facility Fee	Amputation of finger/thumb	5.00
26989	Facility Fee	Hand/finger surgery	5.00
26990	Physician/Professional Fee	Drainage of pelvis lesion	629.29
26990	Facility Fee	Drainage of pelvis lesion	5.00
26991	Physician/Professional Fee	Drainage of pelvis bursa	519.79

CPT Code	Type	Description	Fee
26991	Facility Fee	Drainage of pelvis bursa	5.00
26992	Physician/Professional Fee	Drainage of bone lesion	989.33
26992	Facility Fee	Drainage of bone lesion	5.00
27000	Physician/Professional Fee	Incision of hip tendon	460.12
27000	Facility Fee	Incision of hip tendon	5.00
27001	Physician/Professional Fee	Incision of hip tendon	552.79
27001	Facility Fee	Incision of hip tendon	5.00
27003	Physician/Professional Fee	Incision of hip tendon	592.12
27003	Facility Fee	Incision of hip tendon	5.00
27005	Physician/Professional Fee	Incision of hip tendon	747.77
27005	Facility Fee	Incision of hip tendon	5.00
27006	Physician/Professional Fee	Incision of hip tendons	753.78
27006	Facility Fee	Incision of hip tendons	5.00
27025	Physician/Professional Fee	Incision of hip/thigh fascia	887.24
27025	Facility Fee	Incision of hip/thigh fascia	5.00
27030	Physician/Professional Fee	Drainage of hip joint	968.74
27030	Facility Fee	Drainage of hip joint	5.00
27033	Physician/Professional Fee	Exploration of hip joint	999.46
27033	Facility Fee	Exploration of hip joint	5.00
27035	Physician/Professional Fee	Denervation of hip joint	1168.48
27035	Facility Fee	Denervation of hip joint	5.00
27036	Physician/Professional Fee	Excision of hip joint/muscle	1012.80
27036	Facility Fee	Excision of hip joint/muscle	5.00
27040	Physician/Professional Fee	Biopsy of soft tissues	198.80
27040	Facility Fee	Biopsy of soft tissues	5.00
27041	Physician/Professional Fee	Biopsy of soft tissues	688.50
27041	Facility Fee	Biopsy of soft tissues	5.00
27047	Physician/Professional Fee	Remove hip/pelvis lesion	511.25
27047	Facility Fee	Remove hip/pelvis lesion	5.00
27048	Physician/Professional Fee	Remove hip/pelvis lesion	471.18
27048	Facility Fee	Remove hip/pelvis lesion	5.00
27049	Physician/Professional Fee	Remove tumor, hip/pelvis	981.76
27049	Facility Fee	Remove tumor, hip/pelvis	5.00
27050	Physician/Professional Fee	Biopsy of sacroiliac joint	374.63
27050	Facility Fee	Biopsy of sacroiliac joint	5.00
27052	Physician/Professional Fee	Biopsy of hip joint	553.57
27052	Facility Fee	Biopsy of hip joint	5.00
27054	Physician/Professional Fee	Removal of hip joint lining	688.95
27054	Facility Fee	Removal of hip joint lining	5.00
27060	Physician/Professional Fee	Removal of ischial bursa	427.43
27060	Facility Fee	Removal of ischial bursa	5.00
27062	Physician/Professional Fee	Remove femur lesion/bursa	456.34
27062	Facility Fee	Remove femur lesion/bursa	5.00
27065	Physician/Professional Fee	Removal of hip bone lesion	500.57
27065	Facility Fee	Removal of hip bone lesion	5.00
27066	Physician/Professional Fee	Removal of hip bone lesion	817.46
27066	Facility Fee	Removal of hip bone lesion	5.00
27067	Physician/Professional Fee	Remove/graft hip bone lesion	1034.01
27067	Facility Fee	Remove/graft hip bone lesion	5.00
27070	Physician/Professional Fee	Partial removal of hip bone	857.83
27070	Facility Fee	Partial removal of hip bone	5.00
27071	Physician/Professional Fee	Partial removal of hip bone	932.07
27071	Facility Fee	Partial removal of hip bone	5.00
27075	Physician/Professional Fee	Extensive hip surgery	2323.09
27075	Facility Fee	Extensive hip surgery	5.00
27076	Physician/Professional Fee	Extensive hip surgery	1612.42

CPT Code	Type	Description	Fee
27076	Facility Fee	Extensive hip surgery	5.00
27077	Physician/Professional Fee	Extensive hip surgery	2697.60
27077	Facility Fee	Extensive hip surgery	5.00
27078	Physician/Professional Fee	Extensive hip surgery	1021.20
27078	Facility Fee	Extensive hip surgery	5.00
27079	Physician/Professional Fee	Extensive hip surgery	997.28
27079	Facility Fee	Extensive hip surgery	5.00
27080	Physician/Professional Fee	Removal of tail bone	486.91
27080	Facility Fee	Removal of tail bone	5.00
27086	Physician/Professional Fee	Remove hip foreign body	153.32
27086	Facility Fee	Remove hip foreign body	5.00
27087	Physician/Professional Fee	Remove hip foreign body	639.70
27087	Facility Fee	Remove hip foreign body	5.00
27090	Physician/Professional Fee	Removal of hip prosthesis	851.62
27090	Facility Fee	Removal of hip prosthesis	5.00
27091	Physician/Professional Fee	Removal of hip prosthesis	1599.03
27091	Facility Fee	Removal of hip prosthesis	5.00
27093	Physician/Professional Fee	Injection for hip x-ray	71.67
27093	Facility Fee	Injection for hip x-ray	5.00
27095	Physician/Professional Fee	Injection for hip x-ray	80.96
27095	Facility Fee	Injection for hip x-ray	5.00
27096	Physician/Professional Fee	Inject sacroiliac joint	67.52
27096	Facility Fee	Inject sacroiliac joint	5.00
27097	Physician/Professional Fee	Revision of hip tendon	662.14
27097	Facility Fee	Revision of hip tendon	5.00
27098	Physician/Professional Fee	Transfer tendon to pelvis	647.91
27098	Facility Fee	Transfer tendon to pelvis	5.00
27100	Physician/Professional Fee	Transfer of abdominal muscle	831.17
27100	Facility Fee	Transfer of abdominal muscle	5.00
27105	Physician/Professional Fee	Transfer of spinal muscle	874.48
27105	Facility Fee	Transfer of spinal muscle	5.00
27110	Physician/Professional Fee	Transfer of iliopsoas muscle	957.47
27110	Facility Fee	Transfer of iliopsoas muscle	5.00
27111	Physician/Professional Fee	Transfer of iliopsoas muscle	903.09
27111	Facility Fee	Transfer of iliopsoas muscle	5.00
27120	Physician/Professional Fee	Reconstruction of hip socket	1297.13
27120	Facility Fee	Reconstruction of hip socket	5.00
27122	Physician/Professional Fee	Reconstruction of hip socket	1128.49
27122	Facility Fee	Reconstruction of hip socket	5.00
27125	Physician/Professional Fee	Partial hip replacement	1132.33
27125	Facility Fee	Partial hip replacement	5.00
27130	Physician/Professional Fee	Total hip arthroplasty	1461.34
27130	Facility Fee	Total hip arthroplasty	5.00
27132	Physician/Professional Fee	Total hip arthroplasty	1713.93
27132	Facility Fee	Total hip arthroplasty	5.00
27134	Physician/Professional Fee	Revise hip joint replacement	1995.24
27134	Facility Fee	Revise hip joint replacement	5.00
27137	Physician/Professional Fee	Revise hip joint replacement	1520.63
27137	Facility Fee	Revise hip joint replacement	5.00
27138	Physician/Professional Fee	Revise hip joint replacement	1581.88
27138	Facility Fee	Revise hip joint replacement	5.00
27140	Physician/Professional Fee	Transplant femur ridge	921.38
27140	Facility Fee	Transplant femur ridge	5.00
27146	Physician/Professional Fee	Incision of hip bone	1288.63
27146	Facility Fee	Incision of hip bone	5.00
27147	Physician/Professional Fee	Revision of hip bone	1472.29

CPT Code	Type	Description	Fee
27147	Facility Fee	Revision of hip bone	5.00
27151	Physician/Professional Fee	Incision of hip bones	1385.56
27151	Facility Fee	Incision of hip bones	5.00
27156	Physician/Professional Fee	Revision of hip bones	1752.62
27156	Facility Fee	Revision of hip bones	5.00
27158	Physician/Professional Fee	Revision of pelvis	1294.04
27158	Facility Fee	Revision of pelvis	5.00
27161	Physician/Professional Fee	Incision of neck of femur	1248.39
27161	Facility Fee	Incision of neck of femur	5.00
27165	Physician/Professional Fee	Incision/fixation of femur	1378.21
27165	Facility Fee	Incision/fixation of femur	5.00
27170	Physician/Professional Fee	Repair/graft femur head/neck	1200.70
27170	Facility Fee	Repair/graft femur head/neck	5.00
27175	Physician/Professional Fee	Treat slipped epiphysis	666.15
27175	Facility Fee	Treat slipped epiphysis	5.00
27176	Physician/Professional Fee	Treat slipped epiphysis	920.41
27176	Facility Fee	Treat slipped epiphysis	5.00
27177	Physician/Professional Fee	Treat slipped epiphysis	1124.99
27177	Facility Fee	Treat slipped epiphysis	5.00
27178	Physician/Professional Fee	Treat slipped epiphysis	896.53
27178	Facility Fee	Treat slipped epiphysis	5.00
27179	Physician/Professional Fee	Revise head/neck of femur	995.21
27179	Facility Fee	Revise head/neck of femur	5.00
27181	Physician/Professional Fee	Treat slipped epiphysis	1072.05
27181	Facility Fee	Treat slipped epiphysis	5.00
27185	Physician/Professional Fee	Revision of femur epiphysis	747.27
27185	Facility Fee	Revision of femur epiphysis	5.00
27187	Physician/Professional Fee	Reinforce hip bones	1021.01
27187	Facility Fee	Reinforce hip bones	5.00
27193	Physician/Professional Fee	Treat pelvic ring fracture	465.78
27193	Facility Fee	Treat pelvic ring fracture	5.00
27194	Physician/Professional Fee	Treat pelvic ring fracture	742.13
27194	Facility Fee	Treat pelvic ring fracture	5.00
27200	Physician/Professional Fee	Treat tail bone fracture	170.29
27200	Facility Fee	Treat tail bone fracture	5.00
27202	Physician/Professional Fee	Treat tail bone fracture	977.32
27202	Facility Fee	Treat tail bone fracture	5.00
27215	Physician/Professional Fee	Treat pelvic fracture(s)	745.73
27215	Facility Fee	Treat pelvic fracture(s)	5.00
27216	Physician/Professional Fee	Treat pelvic ring fracture	1070.18
27216	Facility Fee	Treat pelvic ring fracture	5.00
27217	Physician/Professional Fee	Treat pelvic ring fracture	1036.47
27217	Facility Fee	Treat pelvic ring fracture	5.00
27218	Physician/Professional Fee	Treat pelvic ring fracture	1367.27
27218	Facility Fee	Treat pelvic ring fracture	5.00
27220	Physician/Professional Fee	Treat hip socket fracture	519.53
27220	Facility Fee	Treat hip socket fracture	5.00
27222	Physician/Professional Fee	Treat hip socket fracture	996.81
27222	Facility Fee	Treat hip socket fracture	5.00
27226	Physician/Professional Fee	Treat hip wall fracture	993.49
27226	Facility Fee	Treat hip wall fracture	5.00
27227	Physician/Professional Fee	Treat hip fracture(s)	1694.98
27227	Facility Fee	Treat hip fracture(s)	5.00
27228	Physician/Professional Fee	Treat hip fracture(s)	1946.49
27228	Facility Fee	Treat hip fracture(s)	5.00
27230	Physician/Professional Fee	Treat thigh fracture	458.61

CPT Code	Type	Description	Fee
27230	Facility Fee	Treat thigh fracture	5.00
27232	Physician/Professional Fee	Treat thigh fracture	782.47
27232	Facility Fee	Treat thigh fracture	5.00
27235	Physician/Professional Fee	Treat thigh fracture	932.97
27235	Facility Fee	Treat thigh fracture	5.00
27236	Physician/Professional Fee	Treat thigh fracture	1192.78
27236	Facility Fee	Treat thigh fracture	5.00
27238	Physician/Professional Fee	Treat thigh fracture	453.40
27238	Facility Fee	Treat thigh fracture	5.00
27240	Physician/Professional Fee	Treat thigh fracture	963.81
27240	Facility Fee	Treat thigh fracture	5.00
27244	Physician/Professional Fee	Treat thigh fracture	1184.52
27244	Facility Fee	Treat thigh fracture	5.00
27245	Physician/Professional Fee	Treat thigh fracture	1453.36
27245	Facility Fee	Treat thigh fracture	5.00
27246	Physician/Professional Fee	Treat thigh fracture	386.57
27246	Facility Fee	Treat thigh fracture	5.00
27248	Physician/Professional Fee	Treat thigh fracture	796.08
27248	Facility Fee	Treat thigh fracture	5.00
27250	Physician/Professional Fee	Treat hip dislocation	479.63
27250	Facility Fee	Treat hip dislocation	5.00
27252	Physician/Professional Fee	Treat hip dislocation	764.02
27252	Facility Fee	Treat hip dislocation	5.00
27253	Physician/Professional Fee	Treat hip dislocation	971.51
27253	Facility Fee	Treat hip dislocation	5.00
27254	Physician/Professional Fee	Treat hip dislocation	1292.70
27254	Facility Fee	Treat hip dislocation	5.00
27256	Physician/Professional Fee	Treat hip dislocation	251.77
27256	Facility Fee	Treat hip dislocation	5.00
27257	Physician/Professional Fee	Treat hip dislocation	335.76
27257	Facility Fee	Treat hip dislocation	5.00
27258	Physician/Professional Fee	Treat hip dislocation	1126.43
27258	Facility Fee	Treat hip dislocation	5.00
27259	Physician/Professional Fee	Treat hip dislocation	1558.17
27259	Facility Fee	Treat hip dislocation	5.00
27265	Physician/Professional Fee	Treat hip dislocation	406.98
27265	Facility Fee	Treat hip dislocation	5.00
27266	Physician/Professional Fee	Treat hip dislocation	588.71
27266	Facility Fee	Treat hip dislocation	5.00
27275	Physician/Professional Fee	Manipulation of hip joint	185.39
27275	Facility Fee	Manipulation of hip joint	5.00
27280	Physician/Professional Fee	Fusion of sacroiliac joint	1042.19
27280	Facility Fee	Fusion of sacroiliac joint	5.00
27282	Physician/Professional Fee	Fusion of pubic bones	832.65
27282	Facility Fee	Fusion of pubic bones	5.00
27284	Physician/Professional Fee	Fusion of hip joint	1652.21
27284	Facility Fee	Fusion of hip joint	5.00
27286	Physician/Professional Fee	Fusion of hip joint	1670.75
27286	Facility Fee	Fusion of hip joint	5.00
27290	Physician/Professional Fee	Amputation of leg at hip	1591.05
27290	Facility Fee	Amputation of leg at hip	5.00
27295	Physician/Professional Fee	Amputation of leg at hip	1279.87
27295	Facility Fee	Amputation of leg at hip	5.00
27299	Facility Fee	Pelvis/hip joint surgery	5.00
27301	Physician/Professional Fee	Drain thigh/knee lesion	494.84
27301	Facility Fee	Drain thigh/knee lesion	5.00

CPT Code	Type	Description	Fee
27303	Physician/Professional Fee	Drainage of bone lesion	650.51
27303	Facility Fee	Drainage of bone lesion	5.00
27305	Physician/Professional Fee	Incise thigh tendon & fascia	474.00
27305	Facility Fee	Incise thigh tendon & fascia	5.00
27306	Physician/Professional Fee	Incision of thigh tendon	396.14
27306	Facility Fee	Incision of thigh tendon	5.00
27307	Physician/Professional Fee	Incision of thigh tendons	479.40
27307	Facility Fee	Incision of thigh tendons	5.00
27310	Physician/Professional Fee	Exploration of knee joint	733.68
27310	Facility Fee	Exploration of knee joint	5.00
27323	Physician/Professional Fee	Biopsy, thigh soft tissues	174.01
27323	Facility Fee	Biopsy, thigh soft tissues	5.00
27324	Physician/Professional Fee	Biopsy, thigh soft tissues	383.03
27324	Facility Fee	Biopsy, thigh soft tissues	5.00
27325	Physician/Professional Fee	Neurectomy, hamstring	514.27
27325	Facility Fee	Neurectomy, hamstring	5.00
27326	Physician/Professional Fee	Neurectomy, popliteal	488.70
27326	Facility Fee	Neurectomy, popliteal	5.00
27327	Physician/Professional Fee	Removal of thigh lesion	346.24
27327	Facility Fee	Removal of thigh lesion	5.00
27328	Physician/Professional Fee	Removal of thigh lesion	418.26
27328	Facility Fee	Removal of thigh lesion	5.00
27329	Physician/Professional Fee	Remove tumor, thigh/knee	1025.82
27329	Facility Fee	Remove tumor, thigh/knee	5.00
27330	Physician/Professional Fee	Biopsy, knee joint lining	404.82
27330	Facility Fee	Biopsy, knee joint lining	5.00
27331	Physician/Professional Fee	Explore/treat knee joint	482.04
27331	Facility Fee	Explore/treat knee joint	5.00
27332	Physician/Professional Fee	Removal of knee cartilage	649.43
27332	Facility Fee	Removal of knee cartilage	5.00
27333	Physician/Professional Fee	Removal of knee cartilage	591.82
27333	Facility Fee	Removal of knee cartilage	5.00
27334	Physician/Professional Fee	Remove knee joint lining	692.06
27334	Facility Fee	Remove knee joint lining	5.00
27335	Physician/Professional Fee	Remove knee joint lining	781.58
27335	Facility Fee	Remove knee joint lining	5.00
27340	Physician/Professional Fee	Removal of kneecap bursa	370.71
27340	Facility Fee	Removal of kneecap bursa	5.00
27345	Physician/Professional Fee	Removal of knee cyst	487.40
27345	Facility Fee	Removal of knee cyst	5.00
27347	Physician/Professional Fee	Remove knee cyst	505.71
27347	Facility Fee	Remove knee cyst	5.00
27350	Physician/Professional Fee	Removal of kneecap	661.75
27350	Facility Fee	Removal of kneecap	5.00
27355	Physician/Professional Fee	Remove femur lesion	615.37
27355	Facility Fee	Remove femur lesion	5.00
27356	Physician/Professional Fee	Remove femur lesion/graft	747.43
27356	Facility Fee	Remove femur lesion/graft	5.00
27357	Physician/Professional Fee	Remove femur lesion/graft	830.60
27357	Facility Fee	Remove femur lesion/graft	5.00
27358	Physician/Professional Fee	Remove femur lesion/fixation	300.60
27358	Facility Fee	Remove femur lesion/fixation	5.00
27360	Physician/Professional Fee	Partial removal, leg bone(s)	872.99
27360	Facility Fee	Partial removal, leg bone(s)	5.00
27365	Physician/Professional Fee	Extensive leg surgery	1237.65
27365	Facility Fee	Extensive leg surgery	5.00

CPT Code	Type	Description	Fee
27370	Physician/Professional Fee	Injection for knee x-ray	51.07
27370	Facility Fee	Injection for knee x-ray	5.00
27372	Physician/Professional Fee	Removal of foreign body	410.90
27372	Facility Fee	Removal of foreign body	5.00
27380	Physician/Professional Fee	Repair of kneecap tendon	611.91
27380	Facility Fee	Repair of kneecap tendon	5.00
27381	Physician/Professional Fee	Repair/graft kneecap tendon	824.85
27381	Facility Fee	Repair/graft kneecap tendon	5.00
27385	Physician/Professional Fee	Repair of thigh muscle	654.73
27385	Facility Fee	Repair of thigh muscle	5.00
27386	Physician/Professional Fee	Repair/graft of thigh muscle	857.72
27386	Facility Fee	Repair/graft of thigh muscle	5.00
27390	Physician/Professional Fee	Incision of thigh tendon	444.93
27390	Facility Fee	Incision of thigh tendon	5.00
27391	Physician/Professional Fee	Incision of thigh tendons	583.53
27391	Facility Fee	Incision of thigh tendons	5.00
27392	Physician/Professional Fee	Incision of thigh tendons	717.95
27392	Facility Fee	Incision of thigh tendons	5.00
27393	Physician/Professional Fee	Lengthening of thigh tendon	517.74
27393	Facility Fee	Lengthening of thigh tendon	5.00
27394	Physician/Professional Fee	Lengthening of thigh tendons	667.07
27394	Facility Fee	Lengthening of thigh tendons	5.00
27395	Physician/Professional Fee	Lengthening of thigh tendons	897.91
27395	Facility Fee	Lengthening of thigh tendons	5.00
27396	Physician/Professional Fee	Transplant of thigh tendon	629.61
27396	Facility Fee	Transplant of thigh tendon	5.00
27397	Physician/Professional Fee	Transplants of thigh tendons	899.34
27397	Facility Fee	Transplants of thigh tendons	5.00
27400	Physician/Professional Fee	Revise thigh muscles/tendons	681.73
27400	Facility Fee	Revise thigh muscles/tendons	5.00
27403	Physician/Professional Fee	Repair of knee cartilage	657.07
27403	Facility Fee	Repair of knee cartilage	5.00
27405	Physician/Professional Fee	Repair of knee ligament	689.83
27405	Facility Fee	Repair of knee ligament	5.00
27407	Physician/Professional Fee	Repair of knee ligament	791.94
27407	Facility Fee	Repair of knee ligament	5.00
27409	Physician/Professional Fee	Repair of knee ligaments	982.64
27409	Facility Fee	Repair of knee ligaments	5.00
27412	Physician/Professional Fee	Autochondrocyte implant knee	1662.27
27412	Facility Fee	Autochondrocyte implant knee	5.00
27415	Physician/Professional Fee	Osteochondral knee allograft	1397.13
27415	Facility Fee	Osteochondral knee allograft	5.00
27418	Physician/Professional Fee	Repair degenerated kneecap	851.94
27418	Facility Fee	Repair degenerated kneecap	5.00
27420	Physician/Professional Fee	Revision of unstable kneecap	765.37
27420	Facility Fee	Revision of unstable kneecap	5.00
27422	Physician/Professional Fee	Revision of unstable kneecap	762.62
27422	Facility Fee	Revision of unstable kneecap	5.00
27424	Physician/Professional Fee	Revision/removal of kneecap	762.93
27424	Facility Fee	Revision/removal of kneecap	5.00
27425	Physician/Professional Fee	Lat retinacular release open	453.76
27425	Facility Fee	Lat retinacular release open	5.00
27427	Physician/Professional Fee	Reconstruction, knee	732.47
27427	Facility Fee	Reconstruction, knee	5.00
27428	Physician/Professional Fee	Reconstruction, knee	1113.43
27428	Facility Fee	Reconstruction, knee	5.00

CPT Code	Type	Description	Fee
27429	Physician/Professional Fee	Reconstruction, knee	1243.24
27429	Facility Fee	Reconstruction, knee	5.00
27430	Physician/Professional Fee	Revision of thigh muscles	756.71
27430	Facility Fee	Revision of thigh muscles	5.00
27435	Physician/Professional Fee	Incision of knee joint	804.71
27435	Facility Fee	Incision of knee joint	5.00
27437	Physician/Professional Fee	Revise kneecap	673.38
27437	Facility Fee	Revise kneecap	5.00
27438	Physician/Professional Fee	Revise kneecap with implant	852.93
27438	Facility Fee	Revise kneecap with implant	5.00
27440	Physician/Professional Fee	Revision of knee joint	730.29
27440	Facility Fee	Revision of knee joint	5.00
27441	Physician/Professional Fee	Revision of knee joint	776.38
27441	Facility Fee	Revision of knee joint	5.00
27442	Physician/Professional Fee	Revision of knee joint	889.13
27442	Facility Fee	Revision of knee joint	5.00
27443	Physician/Professional Fee	Revision of knee joint	837.75
27443	Facility Fee	Revision of knee joint	5.00
27445	Physician/Professional Fee	Revision of knee joint	1290.50
27445	Facility Fee	Revision of knee joint	5.00
27446	Physician/Professional Fee	Revision of knee joint	1151.44
27446	Facility Fee	Revision of knee joint	5.00
27447	Physician/Professional Fee	Total knee arthroplasty	1573.87
27447	Facility Fee	Total knee arthroplasty	5.00
27448	Physician/Professional Fee	Incision of thigh	842.66
27448	Facility Fee	Incision of thigh	5.00
27450	Physician/Professional Fee	Incision of thigh	1045.92
27450	Facility Fee	Incision of thigh	5.00
27454	Physician/Professional Fee	Realignment of thigh bone	1314.84
27454	Facility Fee	Realignment of thigh bone	5.00
27455	Physician/Professional Fee	Realignment of knee	968.39
27455	Facility Fee	Realignment of knee	5.00
27457	Physician/Professional Fee	Realignment of knee	995.47
27457	Facility Fee	Realignment of knee	5.00
27465	Physician/Professional Fee	Shortening of thigh bone	1195.57
27465	Facility Fee	Shortening of thigh bone	5.00
27466	Physician/Professional Fee	Lengthening of thigh bone	1209.11
27466	Facility Fee	Lengthening of thigh bone	5.00
27468	Physician/Professional Fee	Shorten/lengthen thighs	1352.60
27468	Facility Fee	Shorten/lengthen thighs	5.00
27470	Physician/Professional Fee	Repair of thigh	1203.29
27470	Facility Fee	Repair of thigh	5.00
27472	Physician/Professional Fee	Repair/graft of thigh	1304.64
27472	Facility Fee	Repair/graft of thigh	5.00
27475	Physician/Professional Fee	Surgery to stop leg growth	675.51
27475	Facility Fee	Surgery to stop leg growth	5.00
27477	Physician/Professional Fee	Surgery to stop leg growth	746.05
27477	Facility Fee	Surgery to stop leg growth	5.00
27479	Physician/Professional Fee	Surgery to stop leg growth	932.93
27479	Facility Fee	Surgery to stop leg growth	5.00
27485	Physician/Professional Fee	Surgery to stop leg growth	687.58
27485	Facility Fee	Surgery to stop leg growth	5.00
27486	Physician/Professional Fee	Revise/replace knee joint	1437.03
27486	Facility Fee	Revise/replace knee joint	5.00
27487	Physician/Professional Fee	Revise/replace knee joint	1812.88
27487	Facility Fee	Revise/replace knee joint	5.00

CPT Code	Type	Description	Fee
27488	Physician/Professional Fee	Removal of knee prosthesis	1215.55
27488	Facility Fee	Removal of knee prosthesis	5.00
27495	Physician/Professional Fee	Reinforce thigh	1161.79
27495	Facility Fee	Reinforce thigh	5.00
27496	Physician/Professional Fee	Decompression of thigh/knee	512.37
27496	Facility Fee	Decompression of thigh/knee	5.00
27497	Physician/Professional Fee	Decompression of thigh/knee	545.22
27497	Facility Fee	Decompression of thigh/knee	5.00
27498	Physician/Professional Fee	Decompression of thigh/knee	603.29
27498	Facility Fee	Decompression of thigh/knee	5.00
27499	Physician/Professional Fee	Decompression of thigh/knee	672.19
27499	Facility Fee	Decompression of thigh/knee	5.00
27500	Physician/Professional Fee	Treatment of thigh fracture	472.95
27500	Facility Fee	Treatment of thigh fracture	99.87
27501	Physician/Professional Fee	Treatment of thigh fracture	494.06
27501	Facility Fee	Treatment of thigh fracture	5.00
27502	Physician/Professional Fee	Treatment of thigh fracture	806.70
27502	Facility Fee	Treatment of thigh fracture	5.00
27503	Physician/Professional Fee	Treatment of thigh fracture	814.33
27503	Facility Fee	Treatment of thigh fracture	5.00
27506	Physician/Professional Fee	Treatment of thigh fracture	1343.03
27506	Facility Fee	Treatment of thigh fracture	5.00
27507	Physician/Professional Fee	Treatment of thigh fracture	1011.68
27507	Facility Fee	Treatment of thigh fracture	5.00
27508	Physician/Professional Fee	Treatment of thigh fracture	487.40
27508	Facility Fee	Treatment of thigh fracture	5.00
27509	Physician/Professional Fee	Treatment of thigh fracture	667.34
27509	Facility Fee	Treatment of thigh fracture	5.00
27510	Physician/Professional Fee	Treatment of thigh fracture	710.25
27510	Facility Fee	Treatment of thigh fracture	5.00
27511	Physician/Professional Fee	Treatment of thigh fracture	1049.03
27511	Facility Fee	Treatment of thigh fracture	5.00
27513	Physician/Professional Fee	Treatment of thigh fracture	1390.05
27513	Facility Fee	Treatment of thigh fracture	5.00
27514	Physician/Professional Fee	Treatment of thigh fracture	1357.56
27514	Facility Fee	Treatment of thigh fracture	5.00
27516	Physician/Professional Fee	Treat thigh fx growth plate	460.49
27516	Facility Fee	Treat thigh fx growth plate	5.00
27517	Physician/Professional Fee	Treat thigh fx growth plate	676.23
27517	Facility Fee	Treat thigh fx growth plate	5.00
27519	Physician/Professional Fee	Treat thigh fx growth plate	1143.16
27519	Facility Fee	Treat thigh fx growth plate	5.00
27520	Physician/Professional Fee	Treat kneecap fracture	273.54
27520	Facility Fee	Treat kneecap fracture	5.00
27524	Physician/Professional Fee	Treat kneecap fracture	774.29
27524	Facility Fee	Treat kneecap fracture	5.00
27530	Physician/Professional Fee	Treat knee fracture	357.12
27530	Facility Fee	Treat knee fracture	5.00
27532	Physician/Professional Fee	Treat knee fracture	583.85
27532	Facility Fee	Treat knee fracture	5.00
27535	Physician/Professional Fee	Treat knee fracture	914.64
27535	Facility Fee	Treat knee fracture	5.00
27536	Physician/Professional Fee	Treat knee fracture	1204.10
27536	Facility Fee	Treat knee fracture	5.00
27538	Physician/Professional Fee	Treat knee fracture(s)	431.03
27538	Facility Fee	Treat knee fracture(s)	5.00

CPT Code	Type	Description	Fee
27540	Physician/Professional Fee	Treat knee fracture	960.54
27540	Facility Fee	Treat knee fracture	5.00
27550	Physician/Professional Fee	Treat knee dislocation	448.56
27550	Facility Fee	Treat knee dislocation	5.00
27552	Physician/Professional Fee	Treat knee dislocation	630.68
27552	Facility Fee	Treat knee dislocation	5.00
27556	Physician/Professional Fee	Treat knee dislocation	1107.21
27556	Facility Fee	Treat knee dislocation	5.00
27557	Physician/Professional Fee	Treat knee dislocation	1269.60
27557	Facility Fee	Treat knee dislocation	5.00
27558	Physician/Professional Fee	Treat knee dislocation	1296.03
27558	Facility Fee	Treat knee dislocation	5.00
27560	Physician/Professional Fee	Treat kneecap dislocation	295.60
27560	Facility Fee	Treat kneecap dislocation	5.00
27562	Physician/Professional Fee	Treat kneecap dislocation	447.91
27562	Facility Fee	Treat kneecap dislocation	5.00
27566	Physician/Professional Fee	Treat kneecap dislocation	916.23
27566	Facility Fee	Treat kneecap dislocation	5.00
27570	Physician/Professional Fee	Fixation of knee joint	149.21
27570	Facility Fee	Fixation of knee joint	5.00
27580	Physician/Professional Fee	Fusion of knee	1486.59
27580	Facility Fee	Fusion of knee	5.00
27590	Physician/Professional Fee	Amputate leg at thigh	824.30
27590	Facility Fee	Amputate leg at thigh	5.00
27591	Physician/Professional Fee	Amputate leg at thigh	930.04
27591	Facility Fee	Amputate leg at thigh	5.00
27592	Physician/Professional Fee	Amputate leg at thigh	701.86
27592	Facility Fee	Amputate leg at thigh	5.00
27594	Physician/Professional Fee	Amputation follow-up surgery	514.44
27594	Facility Fee	Amputation follow-up surgery	5.00
27596	Physician/Professional Fee	Amputation follow-up surgery	743.47
27596	Facility Fee	Amputation follow-up surgery	5.00
27598	Physician/Professional Fee	Amputate lower leg at knee	753.76
27598	Facility Fee	Amputate lower leg at knee	5.00
27599	Facility Fee	Leg surgery procedure	5.00
27600	Physician/Professional Fee	Decompression of lower leg	433.59
27600	Facility Fee	Decompression of lower leg	5.00
27601	Physician/Professional Fee	Decompression of lower leg	446.76
27601	Facility Fee	Decompression of lower leg	5.00
27602	Physician/Professional Fee	Decompression of lower leg	530.38
27602	Facility Fee	Decompression of lower leg	5.00
27603	Physician/Professional Fee	Drain lower leg lesion	388.72
27603	Facility Fee	Drain lower leg lesion	5.00
27604	Physician/Professional Fee	Drain lower leg bursa	353.60
27604	Facility Fee	Drain lower leg bursa	5.00
27605	Physician/Professional Fee	Incision of achilles tendon	213.81
27605	Facility Fee	Incision of achilles tendon	5.00
27606	Physician/Professional Fee	Incision of achilles tendon	312.06
27606	Facility Fee	Incision of achilles tendon	5.00
27607	Physician/Professional Fee	Treat lower leg bone lesion	616.23
27607	Facility Fee	Treat lower leg bone lesion	5.00
27610	Physician/Professional Fee	Explore/treat ankle joint	668.93
27610	Facility Fee	Explore/treat ankle joint	5.00
27612	Physician/Professional Fee	Exploration of ankle joint	585.51
27612	Facility Fee	Exploration of ankle joint	5.00
27613	Physician/Professional Fee	Biopsy lower leg soft tissue	164.33

CPT Code	Type	Description	Fee
27613	Facility Fee	Biopsy lower leg soft tissue	5.00
27614	Physician/Professional Fee	Biopsy lower leg soft tissue	422.19
27614	Facility Fee	Biopsy lower leg soft tissue	5.00
27615	Physician/Professional Fee	Remove tumor, lower leg	924.42
27615	Facility Fee	Remove tumor, lower leg	5.00
27618	Physician/Professional Fee	Remove lower leg lesion	381.80
27618	Facility Fee	Remove lower leg lesion	5.00
27619	Physician/Professional Fee	Remove lower leg lesion	600.32
27619	Facility Fee	Remove lower leg lesion	5.00
27620	Physician/Professional Fee	Explore/treat ankle joint	480.05
27620	Facility Fee	Explore/treat ankle joint	5.00
27625	Physician/Professional Fee	Remove ankle joint lining	618.03
27625	Facility Fee	Remove ankle joint lining	5.00
27626	Physician/Professional Fee	Remove ankle joint lining	665.77
27626	Facility Fee	Remove ankle joint lining	5.00
27630	Physician/Professional Fee	Removal of tendon lesion	385.32
27630	Facility Fee	Removal of tendon lesion	5.00
27635	Physician/Professional Fee	Remove lower leg bone lesion	612.36
27635	Facility Fee	Remove lower leg bone lesion	5.00
27637	Physician/Professional Fee	Remove/graft leg bone lesion	773.10
27637	Facility Fee	Remove/graft leg bone lesion	5.00
27638	Physician/Professional Fee	Remove/graft leg bone lesion	802.03
27638	Facility Fee	Remove/graft leg bone lesion	5.00
27640	Physician/Professional Fee	Partial removal of tibia	927.89
27640	Facility Fee	Partial removal of tibia	5.00
27641	Physician/Professional Fee	Partial removal of fibula	748.19
27641	Facility Fee	Partial removal of fibula	5.00
27645	Physician/Professional Fee	Extensive lower leg surgery	1113.05
27645	Facility Fee	Extensive lower leg surgery	5.00
27646	Physician/Professional Fee	Extensive lower leg surgery	999.77
27646	Facility Fee	Extensive lower leg surgery	5.00
27647	Physician/Professional Fee	Extensive ankle/heel surgery	844.27
27647	Facility Fee	Extensive ankle/heel surgery	5.00
27648	Physician/Professional Fee	Injection for ankle x-ray	51.07
27648	Facility Fee	Injection for ankle x-ray	5.00
27650	Physician/Professional Fee	Repair achilles tendon	727.08
27650	Facility Fee	Repair achilles tendon	5.00
27652	Physician/Professional Fee	Repair/graft achilles tendon	775.39
27652	Facility Fee	Repair/graft achilles tendon	5.00
27654	Physician/Professional Fee	Repair of achilles tendon	724.43
27654	Facility Fee	Repair of achilles tendon	5.00
27656	Physician/Professional Fee	Repair leg fascia defect	354.06
27656	Facility Fee	Repair leg fascia defect	5.00
27658	Physician/Professional Fee	Repair of leg tendon, each	400.38
27658	Facility Fee	Repair of leg tendon, each	5.00
27659	Physician/Professional Fee	Repair of leg tendon, each	527.50
27659	Facility Fee	Repair of leg tendon, each	5.00
27664	Physician/Professional Fee	Repair of leg tendon, each	385.43
27664	Facility Fee	Repair of leg tendon, each	5.00
27665	Physician/Professional Fee	Repair of leg tendon, each	439.03
27665	Facility Fee	Repair of leg tendon, each	5.00
27675	Physician/Professional Fee	Repair lower leg tendons	538.25
27675	Facility Fee	Repair lower leg tendons	5.00
27676	Physician/Professional Fee	Repair lower leg tendons	640.76
27676	Facility Fee	Repair lower leg tendons	5.00
27680	Physician/Professional Fee	Release of lower leg tendon	455.83

CPT Code	Type	Description	Fee
27680	Facility Fee	Release of lower leg tendon	5.00
27681	Physician/Professional Fee	Release of lower leg tendons	534.90
27681	Facility Fee	Release of lower leg tendons	5.00
27685	Physician/Professional Fee	Revision of lower leg tendon	499.68
27685	Facility Fee	Revision of lower leg tendon	5.00
27686	Physician/Professional Fee	Revise lower leg tendons	589.05
27686	Facility Fee	Revise lower leg tendons	5.00
27687	Physician/Professional Fee	Revision of calf tendon	484.83
27687	Facility Fee	Revision of calf tendon	5.00
27690	Physician/Professional Fee	Revise lower leg tendon	636.36
27690	Facility Fee	Revise lower leg tendon	5.00
27691	Physician/Professional Fee	Revise lower leg tendon	753.89
27691	Facility Fee	Revise lower leg tendon	5.00
27692	Physician/Professional Fee	Revise additional leg tendon	116.18
27692	Facility Fee	Revise additional leg tendon	5.00
27695	Physician/Professional Fee	Repair of ankle ligament	520.31
27695	Facility Fee	Repair of ankle ligament	5.00
27696	Physician/Professional Fee	Repair of ankle ligaments	618.57
27696	Facility Fee	Repair of ankle ligaments	5.00
27698	Physician/Professional Fee	Repair of ankle ligament	684.30
27698	Facility Fee	Repair of ankle ligament	5.00
27700	Physician/Professional Fee	Revision of ankle joint	630.08
27700	Facility Fee	Revision of ankle joint	5.00
27702	Physician/Professional Fee	Reconstruct ankle joint	1032.69
27702	Facility Fee	Reconstruct ankle joint	5.00
27703	Physician/Professional Fee	Reconstruction, ankle joint	1173.81
27703	Facility Fee	Reconstruction, ankle joint	5.00
27704	Physician/Professional Fee	Removal of ankle implant	565.41
27704	Facility Fee	Removal of ankle implant	5.00
27705	Physician/Professional Fee	Incision of tibia	791.55
27705	Facility Fee	Incision of tibia	5.00
27707	Physician/Professional Fee	Incision of fibula	405.68
27707	Facility Fee	Incision of fibula	5.00
27709	Physician/Professional Fee	Incision of tibia & fibula	1058.44
27709	Facility Fee	Incision of tibia & fibula	5.00
27712	Physician/Professional Fee	Realignment of lower leg	1099.98
27712	Facility Fee	Realignment of lower leg	5.00
27715	Physician/Professional Fee	Revision of lower leg	1088.51
27715	Facility Fee	Revision of lower leg	5.00
27720	Physician/Professional Fee	Repair of tibia	904.52
27720	Facility Fee	Repair of tibia	5.00
27722	Physician/Professional Fee	Repair/graft of tibia	900.06
27722	Facility Fee	Repair/graft of tibia	5.00
27724	Physician/Professional Fee	Repair/graft of tibia	1314.83
27724	Facility Fee	Repair/graft of tibia	5.00
27725	Physician/Professional Fee	Repair of lower leg	1215.15
27725	Facility Fee	Repair of lower leg	5.00
27727	Physician/Professional Fee	Repair of lower leg	1044.05
27727	Facility Fee	Repair of lower leg	5.00
27730	Physician/Professional Fee	Repair of tibia epiphysis	599.70
27730	Facility Fee	Repair of tibia epiphysis	5.00
27732	Physician/Professional Fee	Repair of fibula epiphysis	432.96
27732	Facility Fee	Repair of fibula epiphysis	5.00
27734	Physician/Professional Fee	Repair lower leg epiphyses	633.50
27734	Facility Fee	Repair lower leg epiphyses	5.00
27740	Physician/Professional Fee	Repair of leg epiphyses	731.51

CPT Code	Type	Description	Fee
27740	Facility Fee	Repair of leg epiphyses	5.00
27742	Physician/Professional Fee	Repair of leg epiphyses	683.72
27742	Facility Fee	Repair of leg epiphyses	5.00
27745	Physician/Professional Fee	Reinforce tibia	777.67
27745	Facility Fee	Reinforce tibia	5.00
27750	Physician/Professional Fee	Treatment of tibia fracture	303.59
27750	Facility Fee	Treatment of tibia fracture	99.87
27752	Physician/Professional Fee	Treatment of tibia fracture	498.14
27752	Facility Fee	Treatment of tibia fracture	99.87
27756	Physician/Professional Fee	Treatment of tibia fracture	578.76
27756	Facility Fee	Treatment of tibia fracture	5.00
27758	Physician/Professional Fee	Treatment of tibia fracture	904.41
27758	Facility Fee	Treatment of tibia fracture	5.00
27759	Physician/Professional Fee	Treatment of tibia fracture	1028.88
27759	Facility Fee	Treatment of tibia fracture	5.00
27760	Physician/Professional Fee	Treatment of ankle fracture	286.53
27760	Facility Fee	Treatment of ankle fracture	99.87
27762	Physician/Professional Fee	Treatment of ankle fracture	445.82
27762	Facility Fee	Treatment of ankle fracture	99.87
27766	Physician/Professional Fee	Treatment of ankle fracture	668.61
27766	Facility Fee	Treatment of ankle fracture	5.00
27780	Physician/Professional Fee	Treatment of fibula fracture	254.31
27780	Facility Fee	Treatment of fibula fracture	5.00
27781	Physician/Professional Fee	Treatment of fibula fracture	386.02
27781	Facility Fee	Treatment of fibula fracture	5.00
27784	Physician/Professional Fee	Treatment of fibula fracture	582.11
27784	Facility Fee	Treatment of fibula fracture	5.00
27786	Physician/Professional Fee	Treatment of ankle fracture	267.99
27786	Facility Fee	Treatment of ankle fracture	99.87
27788	Physician/Professional Fee	Treatment of ankle fracture	387.90
27788	Facility Fee	Treatment of ankle fracture	99.87
27792	Physician/Professional Fee	Treatment of ankle fracture	622.86
27792	Facility Fee	Treatment of ankle fracture	5.00
27808	Physician/Professional Fee	Treatment of ankle fracture	283.05
27808	Facility Fee	Treatment of ankle fracture	99.87
27810	Physician/Professional Fee	Treatment of ankle fracture	435.17
27810	Facility Fee	Treatment of ankle fracture	99.87
27814	Physician/Professional Fee	Treatment of ankle fracture	822.75
27814	Facility Fee	Treatment of ankle fracture	5.00
27816	Physician/Professional Fee	Treatment of ankle fracture	270.43
27816	Facility Fee	Treatment of ankle fracture	5.00
27818	Physician/Professional Fee	Treatment of ankle fracture	447.48
27818	Facility Fee	Treatment of ankle fracture	5.00
27822	Physician/Professional Fee	Treatment of ankle fracture	948.22
27822	Facility Fee	Treatment of ankle fracture	5.00
27823	Physician/Professional Fee	Treatment of ankle fracture	1070.60
27823	Facility Fee	Treatment of ankle fracture	5.00
27824	Physician/Professional Fee	Treat lower leg fracture	286.93
27824	Facility Fee	Treat lower leg fracture	5.00
27825	Physician/Professional Fee	Treat lower leg fracture	502.01
27825	Facility Fee	Treat lower leg fracture	5.00
27826	Physician/Professional Fee	Treat lower leg fracture	739.46
27826	Facility Fee	Treat lower leg fracture	5.00
27827	Physician/Professional Fee	Treat lower leg fracture	1186.96
27827	Facility Fee	Treat lower leg fracture	5.00
27828	Physician/Professional Fee	Treat lower leg fracture	1342.69

CPT Code	Type	Description	Fee
27828	Facility Fee	Treat lower leg fracture	5.00
27829	Physician/Professional Fee	Treat lower leg joint	520.65
27829	Facility Fee	Treat lower leg joint	5.00
27830	Physician/Professional Fee	Treat lower leg dislocation	324.91
27830	Facility Fee	Treat lower leg dislocation	99.87
27831	Physician/Professional Fee	Treat lower leg dislocation	381.89
27831	Facility Fee	Treat lower leg dislocation	5.00
27832	Physician/Professional Fee	Treat lower leg dislocation	529.97
27832	Facility Fee	Treat lower leg dislocation	5.00
27840	Physician/Professional Fee	Treat ankle dislocation	346.76
27840	Facility Fee	Treat ankle dislocation	5.00
27842	Physician/Professional Fee	Treat ankle dislocation	483.81
27842	Facility Fee	Treat ankle dislocation	5.00
27846	Physician/Professional Fee	Treat ankle dislocation	758.77
27846	Facility Fee	Treat ankle dislocation	5.00
27848	Physician/Professional Fee	Treat ankle dislocation	885.32
27848	Facility Fee	Treat ankle dislocation	5.00
27860	Physician/Professional Fee	Fixation of ankle joint	181.59
27860	Facility Fee	Fixation of ankle joint	5.00
27870	Physician/Professional Fee	Fusion of ankle joint, open	1073.05
27870	Facility Fee	Fusion of ankle joint, open	5.00
27871	Physician/Professional Fee	Fusion of tibiofibular joint	712.72
27871	Facility Fee	Fusion of tibiofibular joint	5.00
27880	Physician/Professional Fee	Amputation of lower leg	915.19
27880	Facility Fee	Amputation of lower leg	5.00
27881	Physician/Professional Fee	Amputation of lower leg	917.87
27881	Facility Fee	Amputation of lower leg	5.00
27882	Physician/Professional Fee	Amputation of lower leg	664.68
27882	Facility Fee	Amputation of lower leg	5.00
27884	Physician/Professional Fee	Amputation follow-up surgery	596.52
27884	Facility Fee	Amputation follow-up surgery	5.00
27886	Physician/Professional Fee	Amputation follow-up surgery	679.28
27886	Facility Fee	Amputation follow-up surgery	5.00
27888	Physician/Professional Fee	Amputation of foot at ankle	733.65
27888	Facility Fee	Amputation of foot at ankle	5.00
27889	Physician/Professional Fee	Amputation of foot at ankle	705.39
27889	Facility Fee	Amputation of foot at ankle	5.00
27892	Physician/Professional Fee	Decompression of leg	555.19
27892	Facility Fee	Decompression of leg	5.00
27893	Physician/Professional Fee	Decompression of leg	552.66
27893	Facility Fee	Decompression of leg	5.00
27894	Physician/Professional Fee	Decompression of leg	838.07
27894	Facility Fee	Decompression of leg	5.00
27899	Facility Fee	Leg/ankle surgery procedure	5.00
28001	Physician/Professional Fee	Drainage of bursa of foot	192.38
28001	Facility Fee	Drainage of bursa of foot	5.00
28002	Physician/Professional Fee	Treatment of foot infection	392.70
28002	Facility Fee	Treatment of foot infection	5.00
28003	Physician/Professional Fee	Treatment of foot infection	581.99
28003	Facility Fee	Treatment of foot infection	5.00
28005	Physician/Professional Fee	Treat foot bone lesion	632.85
28005	Facility Fee	Treat foot bone lesion	5.00
28008	Physician/Professional Fee	Incision of foot fascia	320.21
28008	Facility Fee	Incision of foot fascia	5.00
28010	Physician/Professional Fee	Incision of toe tendon	220.22
28010	Facility Fee	Incision of toe tendon	5.00

CPT Code	Type	Description	Fee
28011	Physician/Professional Fee	Incision of toe tendons	313.18
28011	Facility Fee	Incision of toe tendons	5.00
28020	Physician/Professional Fee	Exploration of foot joint	383.00
28020	Facility Fee	Exploration of foot joint	5.00
28022	Physician/Professional Fee	Exploration of foot joint	354.57
28022	Facility Fee	Exploration of foot joint	5.00
28024	Physician/Professional Fee	Exploration of toe joint	343.41
28024	Facility Fee	Exploration of toe joint	5.00
28035	Physician/Professional Fee	Decompression of tibia nerve	383.84
28035	Facility Fee	Decompression of tibia nerve	5.00
28043	Physician/Professional Fee	Excision of foot lesion	279.58
28043	Facility Fee	Excision of foot lesion	5.00
28045	Physician/Professional Fee	Excision of foot lesion	347.63
28045	Facility Fee	Excision of foot lesion	5.00
28046	Physician/Professional Fee	Resection of tumor, foot	702.46
28046	Facility Fee	Resection of tumor, foot	5.00
28050	Physician/Professional Fee	Biopsy of foot joint lining	329.46
28050	Facility Fee	Biopsy of foot joint lining	5.00
28052	Physician/Professional Fee	Biopsy of foot joint lining	306.81
28052	Facility Fee	Biopsy of foot joint lining	5.00
28054	Physician/Professional Fee	Biopsy of toe joint lining	278.61
28054	Facility Fee	Biopsy of toe joint lining	5.00
28055	Physician/Professional Fee	Neurectomy, foot	406.65
28055	Facility Fee	Neurectomy, foot	5.00
28060	Physician/Professional Fee	Partial removal, foot fascia	381.02
28060	Facility Fee	Partial removal, foot fascia	5.00
28062	Physician/Professional Fee	Removal of foot fascia	439.46
28062	Facility Fee	Removal of foot fascia	5.00
28070	Physician/Professional Fee	Removal of foot joint lining	373.66
28070	Facility Fee	Removal of foot joint lining	5.00
28072	Physician/Professional Fee	Removal of foot joint lining	371.02
28072	Facility Fee	Removal of foot joint lining	5.00
28080	Physician/Professional Fee	Removal of foot lesion	351.51
28080	Facility Fee	Removal of foot lesion	5.00
28086	Physician/Professional Fee	Excise foot tendon sheath	395.34
28086	Facility Fee	Excise foot tendon sheath	5.00
28088	Physician/Professional Fee	Excise foot tendon sheath	324.23
28088	Facility Fee	Excise foot tendon sheath	5.00
28090	Physician/Professional Fee	Removal of foot lesion	329.43
28090	Facility Fee	Removal of foot lesion	5.00
28092	Physician/Professional Fee	Removal of toe lesions	298.69
28092	Facility Fee	Removal of toe lesions	5.00
28100	Physician/Professional Fee	Removal of ankle/heel lesion	432.75
28100	Facility Fee	Removal of ankle/heel lesion	5.00
28102	Physician/Professional Fee	Remove/graft foot lesion	569.33
28102	Facility Fee	Remove/graft foot lesion	5.00
28103	Physician/Professional Fee	Remove/graft foot lesion	464.19
28103	Facility Fee	Remove/graft foot lesion	5.00
28104	Physician/Professional Fee	Removal of foot lesion	377.07
28104	Facility Fee	Removal of foot lesion	5.00
28106	Physician/Professional Fee	Remove/graft foot lesion	487.41
28106	Facility Fee	Remove/graft foot lesion	5.00
28107	Physician/Professional Fee	Remove/graft foot lesion	406.72
28107	Facility Fee	Remove/graft foot lesion	5.00
28108	Physician/Professional Fee	Removal of toe lesions	309.89
28108	Facility Fee	Removal of toe lesions	5.00

CPT Code	Type	Description	Fee
28110	Physician/Professional Fee	Part removal of metatarsal	307.00
28110	Facility Fee	Part removal of metatarsal	5.00
28111	Physician/Professional Fee	Part removal of metatarsal	361.49
28111	Facility Fee	Part removal of metatarsal	5.00
28112	Physician/Professional Fee	Part removal of metatarsal	337.72
28112	Facility Fee	Part removal of metatarsal	5.00
28113	Physician/Professional Fee	Part removal of metatarsal	426.59
28113	Facility Fee	Part removal of metatarsal	5.00
28114	Physician/Professional Fee	Removal of metatarsal heads	832.68
28114	Facility Fee	Removal of metatarsal heads	5.00
28116	Physician/Professional Fee	Revision of foot	586.30
28116	Facility Fee	Revision of foot	5.00
28118	Physician/Professional Fee	Removal of heel bone	432.21
28118	Facility Fee	Removal of heel bone	5.00
28119	Physician/Professional Fee	Removal of heel spur	381.75
28119	Facility Fee	Removal of heel spur	5.00
28120	Physician/Professional Fee	Part removal of ankle/heel	417.75
28120	Facility Fee	Part removal of ankle/heel	5.00
28122	Physician/Professional Fee	Partial removal of foot bone	531.60
28122	Facility Fee	Partial removal of foot bone	5.00
28124	Physician/Professional Fee	Partial removal of toe	354.68
28124	Facility Fee	Partial removal of toe	5.00
28126	Physician/Professional Fee	Partial removal of toe	271.39
28126	Facility Fee	Partial removal of toe	5.00
28130	Physician/Professional Fee	Removal of ankle bone	662.55
28130	Facility Fee	Removal of ankle bone	5.00
28140	Physician/Professional Fee	Removal of metatarsal	486.17
28140	Facility Fee	Removal of metatarsal	5.00
28150	Physician/Professional Fee	Removal of toe	308.42
28150	Facility Fee	Removal of toe	5.00
28153	Physician/Professional Fee	Partial removal of toe	269.64
28153	Facility Fee	Partial removal of toe	5.00
28160	Physician/Professional Fee	Partial removal of toe	295.66
28160	Facility Fee	Partial removal of toe	5.00
28171	Physician/Professional Fee	Extensive foot surgery	636.02
28171	Facility Fee	Extensive foot surgery	5.00
28173	Physician/Professional Fee	Extensive foot surgery	585.60
28173	Facility Fee	Extensive foot surgery	5.00
28175	Physician/Professional Fee	Extensive foot surgery	408.68
28175	Facility Fee	Extensive foot surgery	5.00
28190	Physician/Professional Fee	Removal of foot foreign body	142.30
28190	Facility Fee	Removal of foot foreign body	5.00
28192	Physician/Professional Fee	Removal of foot foreign body	345.09
28192	Facility Fee	Removal of foot foreign body	5.00
28193	Physician/Professional Fee	Removal of foot foreign body	402.17
28193	Facility Fee	Removal of foot foreign body	5.00
28200	Physician/Professional Fee	Repair of foot tendon	340.83
28200	Facility Fee	Repair of foot tendon	5.00
28202	Physician/Professional Fee	Repair/graft of foot tendon	473.72
28202	Facility Fee	Repair/graft of foot tendon	5.00
28208	Physician/Professional Fee	Repair of foot tendon	322.60
28208	Facility Fee	Repair of foot tendon	5.00
28210	Physician/Professional Fee	Repair/graft of foot tendon	433.71
28210	Facility Fee	Repair/graft of foot tendon	5.00
28220	Physician/Professional Fee	Release of foot tendon	330.98
28220	Facility Fee	Release of foot tendon	5.00

CPT Code	Type	Description	Fee
28222	Physician/Professional Fee	Release of foot tendons	400.06
28222	Facility Fee	Release of foot tendons	5.00
28225	Physician/Professional Fee	Release of foot tendon	274.69
28225	Facility Fee	Release of foot tendon	5.00
28226	Physician/Professional Fee	Release of foot tendons	344.58
28226	Facility Fee	Release of foot tendons	5.00
28230	Physician/Professional Fee	Incision of foot tendon(s)	325.76
28230	Facility Fee	Incision of foot tendon(s)	5.00
28232	Physician/Professional Fee	Incision of toe tendon	276.91
28232	Facility Fee	Incision of toe tendon	5.00
28234	Physician/Professional Fee	Incision of foot tendon	282.66
28234	Facility Fee	Incision of foot tendon	5.00
28238	Physician/Professional Fee	Revision of foot tendon	528.56
28238	Facility Fee	Revision of foot tendon	5.00
28240	Physician/Professional Fee	Release of big toe	325.78
28240	Facility Fee	Release of big toe	5.00
28250	Physician/Professional Fee	Revision of foot fascia	419.80
28250	Facility Fee	Revision of foot fascia	5.00
28260	Physician/Professional Fee	Release of midfoot joint	545.22
28260	Facility Fee	Release of midfoot joint	5.00
28261	Physician/Professional Fee	Revision of foot tendon	827.91
28261	Facility Fee	Revision of foot tendon	5.00
28262	Physician/Professional Fee	Revision of foot and ankle	1164.96
28262	Facility Fee	Revision of foot and ankle	5.00
28264	Physician/Professional Fee	Release of midfoot joint	736.52
28264	Facility Fee	Release of midfoot joint	5.00
28270	Physician/Professional Fee	Release of foot contracture	355.96
28270	Facility Fee	Release of foot contracture	5.00
28272	Physician/Professional Fee	Release of toe joint, each	276.83
28272	Facility Fee	Release of toe joint, each	5.00
28280	Physician/Professional Fee	Fusion of toes	400.33
28280	Facility Fee	Fusion of toes	5.00
28285	Physician/Professional Fee	Repair of hammertoe	337.11
28285	Facility Fee	Repair of hammertoe	5.00
28286	Physician/Professional Fee	Repair of hammertoe	325.98
28286	Facility Fee	Repair of hammertoe	5.00
28288	Physician/Professional Fee	Partial removal of foot bone	444.76
28288	Facility Fee	Partial removal of foot bone	5.00
28289	Physician/Professional Fee	Repair hallux rigidus	575.04
28289	Facility Fee	Repair hallux rigidus	5.00
28290	Physician/Professional Fee	Correction of bunion	432.75
28290	Facility Fee	Correction of bunion	5.00
28292	Physician/Professional Fee	Correction of bunion	595.36
28292	Facility Fee	Correction of bunion	5.00
28293	Physician/Professional Fee	Correction of bunion	715.29
28293	Facility Fee	Correction of bunion	5.00
28294	Physician/Professional Fee	Correction of bunion	552.63
28294	Facility Fee	Correction of bunion	5.00
28296	Physician/Professional Fee	Correction of bunion	606.28
28296	Facility Fee	Correction of bunion	5.00
28297	Physician/Professional Fee	Correction of bunion	643.57
28297	Facility Fee	Correction of bunion	5.00
28298	Physician/Professional Fee	Correction of bunion	538.28
28298	Facility Fee	Correction of bunion	5.00
28299	Physician/Professional Fee	Correction of bunion	718.59
28299	Facility Fee	Correction of bunion	5.00

CPT Code	Type	Description	Fee
28300	Physician/Professional Fee	Incision of heel bone	695.36
28300	Facility Fee	Incision of heel bone	5.00
28302	Physician/Professional Fee	Incision of ankle bone	683.14
28302	Facility Fee	Incision of ankle bone	5.00
28304	Physician/Professional Fee	Incision of midfoot bones	621.67
28304	Facility Fee	Incision of midfoot bones	5.00
28305	Physician/Professional Fee	Incise/graft midfoot bones	708.63
28305	Facility Fee	Incise/graft midfoot bones	5.00
28306	Physician/Professional Fee	Incision of metatarsal	421.09
28306	Facility Fee	Incision of metatarsal	5.00
28307	Physician/Professional Fee	Incision of metatarsal	483.57
28307	Facility Fee	Incision of metatarsal	5.00
28308	Physician/Professional Fee	Incision of metatarsal	379.88
28308	Facility Fee	Incision of metatarsal	5.00
28309	Physician/Professional Fee	Incision of metatarsals	917.70
28309	Facility Fee	Incision of metatarsals	5.00
28310	Physician/Professional Fee	Revision of big toe	375.42
28310	Facility Fee	Revision of big toe	5.00
28312	Physician/Professional Fee	Revision of toe	342.08
28312	Facility Fee	Revision of toe	5.00
28313	Physician/Professional Fee	Repair deformity of toe	406.34
28313	Facility Fee	Repair deformity of toe	5.00
28315	Physician/Professional Fee	Removal of sesamoid bone	343.53
28315	Facility Fee	Removal of sesamoid bone	5.00
28320	Physician/Professional Fee	Repair of foot bones	664.94
28320	Facility Fee	Repair of foot bones	5.00
28322	Physician/Professional Fee	Repair of metatarsals	613.60
28322	Facility Fee	Repair of metatarsals	5.00
28340	Physician/Professional Fee	Resect enlarged toe tissue	466.35
28340	Facility Fee	Resect enlarged toe tissue	5.00
28341	Physician/Professional Fee	Resect enlarged toe	551.13
28341	Facility Fee	Resect enlarged toe	5.00
28344	Physician/Professional Fee	Repair extra toe(s)	327.03
28344	Facility Fee	Repair extra toe(s)	5.00
28345	Physician/Professional Fee	Repair webbed toe(s)	439.51
28345	Facility Fee	Repair webbed toe(s)	5.00
28360	Physician/Professional Fee	Reconstruct cleft foot	1017.73
28360	Facility Fee	Reconstruct cleft foot	5.00
28400	Physician/Professional Fee	Treatment of heel fracture	224.70
28400	Facility Fee	Treatment of heel fracture	99.87
28405	Physician/Professional Fee	Treatment of heel fracture	384.54
28405	Facility Fee	Treatment of heel fracture	99.87
28406	Physician/Professional Fee	Treatment of heel fracture	555.07
28406	Facility Fee	Treatment of heel fracture	5.00
28415	Physician/Professional Fee	Treat heel fracture	1277.59
28415	Facility Fee	Treat heel fracture	5.00
28420	Physician/Professional Fee	Treat/graft heel fracture	1244.41
28420	Facility Fee	Treat/graft heel fracture	5.00
28430	Physician/Professional Fee	Treatment of ankle fracture	200.32
28430	Facility Fee	Treatment of ankle fracture	5.00
28435	Physician/Professional Fee	Treatment of ankle fracture	299.75
28435	Facility Fee	Treatment of ankle fracture	5.00
28436	Physician/Professional Fee	Treatment of ankle fracture	449.34
28436	Facility Fee	Treatment of ankle fracture	5.00
28445	Physician/Professional Fee	Treat ankle fracture	1169.75
28445	Facility Fee	Treat ankle fracture	5.00

CPT Code	Type	Description	Fee
28450	Physician/Professional Fee	Treat midfoot fracture, each	187.71
28450	Facility Fee	Treat midfoot fracture, each	5.00
28455	Physician/Professional Fee	Treat midfoot fracture, each	274.44
28455	Facility Fee	Treat midfoot fracture, each	5.00
28456	Physician/Professional Fee	Treat midfoot fracture	290.60
28456	Facility Fee	Treat midfoot fracture	5.00
28465	Physician/Professional Fee	Treat midfoot fracture, each	556.97
28465	Facility Fee	Treat midfoot fracture, each	5.00
28470	Physician/Professional Fee	Treat metatarsal fracture	188.60
28470	Facility Fee	Treat metatarsal fracture	5.00
28475	Physician/Professional Fee	Treat metatarsal fracture	255.63
28475	Facility Fee	Treat metatarsal fracture	5.00
28476	Physician/Professional Fee	Treat metatarsal fracture	355.20
28476	Facility Fee	Treat metatarsal fracture	5.00
28485	Physician/Professional Fee	Treat metatarsal fracture	465.18
28485	Facility Fee	Treat metatarsal fracture	5.00
28490	Physician/Professional Fee	Treat big toe fracture	117.85
28490	Facility Fee	Treat big toe fracture	99.87
28495	Physician/Professional Fee	Treat big toe fracture	154.12
28495	Facility Fee	Treat big toe fracture	5.00
28496	Physician/Professional Fee	Treat big toe fracture	235.44
28496	Facility Fee	Treat big toe fracture	5.00
28505	Physician/Professional Fee	Treat big toe fracture	322.39
28505	Facility Fee	Treat big toe fracture	5.00
28510	Physician/Professional Fee	Treatment of toe fracture	113.42
28510	Facility Fee	Treatment of toe fracture	5.00
28515	Physician/Professional Fee	Treatment of toe fracture	142.88
28515	Facility Fee	Treatment of toe fracture	5.00
28525	Physician/Professional Fee	Treat toe fracture	283.11
28525	Facility Fee	Treat toe fracture	5.00
28530	Physician/Professional Fee	Treat sesamoid bone fracture	106.07
28530	Facility Fee	Treat sesamoid bone fracture	5.00
28531	Physician/Professional Fee	Treat sesamoid bone fracture	193.15
28531	Facility Fee	Treat sesamoid bone fracture	5.00
28540	Physician/Professional Fee	Treat foot dislocation	189.58
28540	Facility Fee	Treat foot dislocation	5.00
28545	Physician/Professional Fee	Treat foot dislocation	210.03
28545	Facility Fee	Treat foot dislocation	5.00
28546	Physician/Professional Fee	Treat foot dislocation	318.50
28546	Facility Fee	Treat foot dislocation	5.00
28555	Physician/Professional Fee	Repair foot dislocation	506.91
28555	Facility Fee	Repair foot dislocation	5.00
28570	Physician/Professional Fee	Treat foot dislocation	168.04
28570	Facility Fee	Treat foot dislocation	5.00
28575	Physician/Professional Fee	Treat foot dislocation	303.42
28575	Facility Fee	Treat foot dislocation	5.00
28576	Physician/Professional Fee	Treat foot dislocation	366.12
28576	Facility Fee	Treat foot dislocation	5.00
28585	Physician/Professional Fee	Repair foot dislocation	585.97
28585	Facility Fee	Repair foot dislocation	5.00
28600	Physician/Professional Fee	Treat foot dislocation	193.63
28600	Facility Fee	Treat foot dislocation	5.00
28605	Physician/Professional Fee	Treat foot dislocation	251.13
28605	Facility Fee	Treat foot dislocation	5.00
28606	Physician/Professional Fee	Treat foot dislocation	408.17
28606	Facility Fee	Treat foot dislocation	5.00

CPT Code	Type	Description	Fee
28615	Physician/Professional Fee	Repair foot dislocation	708.06
28615	Facility Fee	Repair foot dislocation	5.00
28630	Physician/Professional Fee	Treat toe dislocation	112.10
28630	Facility Fee	Treat toe dislocation	5.00
28635	Physician/Professional Fee	Treat toe dislocation	143.27
28635	Facility Fee	Treat toe dislocation	5.00
28636	Physician/Professional Fee	Treat toe dislocation	222.88
28636	Facility Fee	Treat toe dislocation	5.00
28645	Physician/Professional Fee	Repair toe dislocation	315.80
28645	Facility Fee	Repair toe dislocation	5.00
28660	Physician/Professional Fee	Treat toe dislocation	83.85
28660	Facility Fee	Treat toe dislocation	5.00
28665	Physician/Professional Fee	Treat toe dislocation	140.18
28665	Facility Fee	Treat toe dislocation	5.00
28666	Physician/Professional Fee	Treat toe dislocation	216.23
28666	Facility Fee	Treat toe dislocation	5.00
28675	Physician/Professional Fee	Repair of toe dislocation	263.92
28675	Facility Fee	Repair of toe dislocation	5.00
28705	Physician/Professional Fee	Fusion of foot bones	1353.85
28705	Facility Fee	Fusion of foot bones	5.00
28715	Physician/Professional Fee	Fusion of foot bones	1004.82
28715	Facility Fee	Fusion of foot bones	5.00
28725	Physician/Professional Fee	Fusion of foot bones	840.48
28725	Facility Fee	Fusion of foot bones	5.00
28730	Physician/Professional Fee	Fusion of foot bones	861.14
28730	Facility Fee	Fusion of foot bones	5.00
28735	Physician/Professional Fee	Fusion of foot bones	823.56
28735	Facility Fee	Fusion of foot bones	5.00
28737	Physician/Professional Fee	Revision of foot bones	730.08
28737	Facility Fee	Revision of foot bones	5.00
28740	Physician/Professional Fee	Fusion of foot bones	647.45
28740	Facility Fee	Fusion of foot bones	5.00
28750	Physician/Professional Fee	Fusion of big toe joint	623.96
28750	Facility Fee	Fusion of big toe joint	5.00
28755	Physician/Professional Fee	Fusion of big toe joint	354.82
28755	Facility Fee	Fusion of big toe joint	5.00
28760	Physician/Professional Fee	Fusion of big toe joint	597.56
28760	Facility Fee	Fusion of big toe joint	5.00
28800	Physician/Professional Fee	Amputation of midfoot	596.05
28800	Facility Fee	Amputation of midfoot	5.00
28805	Physician/Professional Fee	Amputation thru metatarsal	742.68
28805	Facility Fee	Amputation thru metatarsal	5.00
28810	Physician/Professional Fee	Amputation toe & metatarsal	455.71
28810	Facility Fee	Amputation toe & metatarsal	5.00
28820	Physician/Professional Fee	Amputation of toe	360.71
28820	Facility Fee	Amputation of toe	5.00
28825	Physician/Professional Fee	Partial amputation of toe	299.81
28825	Facility Fee	Partial amputation of toe	5.00
28890	Physician/Professional Fee	High energy eswt, plantar f	228.84
28890	Facility Fee	High energy eswt, plantar f	5.00
28899	Facility Fee	Foot/toes surgery procedure	5.00
29000	Physician/Professional Fee	Application of body cast	171.57
29000	Facility Fee	Application of body cast	5.00
29010	Physician/Professional Fee	Application of body cast	161.60
29010	Facility Fee	Application of body cast	5.00
29015	Physician/Professional Fee	Application of body cast	165.08

CPT Code	Type	Description	Fee
29015	Facility Fee	Application of body cast	5.00
29020	Physician/Professional Fee	Application of body cast	148.53
29020	Facility Fee	Application of body cast	5.00
29025	Physician/Professional Fee	Application of body cast	179.43
29025	Facility Fee	Application of body cast	5.00
29035	Physician/Professional Fee	Application of body cast	141.00
29035	Facility Fee	Application of body cast	5.00
29040	Physician/Professional Fee	Application of body cast	158.13
29040	Facility Fee	Application of body cast	5.00
29044	Physician/Professional Fee	Application of body cast	168.84
29044	Facility Fee	Application of body cast	5.00
29046	Physician/Professional Fee	Application of body cast	189.40
29046	Facility Fee	Application of body cast	5.00
29049	Physician/Professional Fee	Application of figure eight	60.43
29049	Facility Fee	Application of figure eight	5.00
29055	Physician/Professional Fee	Application of shoulder cast	136.71
29055	Facility Fee	Application of shoulder cast	134.95
29058	Physician/Professional Fee	Application of shoulder cast	83.96
29058	Facility Fee	Application of shoulder cast	53.16
29065	Physician/Professional Fee	Application of long arm cast	68.66
29065	Facility Fee	Application of long arm cast	134.95
29075	Physician/Professional Fee	Application of forearm cast	61.78
29075	Facility Fee	Application of forearm cast	134.95
29085	Physician/Professional Fee	Apply hand/wrist cast	64.37
29085	Facility Fee	Apply hand/wrist cast	62.84
29086	Physician/Professional Fee	Apply finger cast	46.74
29086	Facility Fee	Apply finger cast	62.84
29105	Physician/Professional Fee	Apply long arm splint	57.98
29105	Facility Fee	Apply long arm splint	62.84
29125	Physician/Professional Fee	Apply forearm splint	41.11
29125	Facility Fee	Apply forearm splint	62.84
29126	Physician/Professional Fee	Apply forearm splint	50.60
29126	Facility Fee	Apply forearm splint	62.84
29130	Physician/Professional Fee	Application of finger splint	27.85
29130	Facility Fee	Application of finger splint	62.84
29131	Physician/Professional Fee	Application of finger splint	31.61
29131	Facility Fee	Application of finger splint	62.84
29200	Physician/Professional Fee	Strapping of chest	39.50
29200	Facility Fee	Strapping of chest	62.84
29220	Physician/Professional Fee	Strapping of low back	41.28
29220	Facility Fee	Strapping of low back	62.84
29240	Physician/Professional Fee	Strapping of shoulder	43.86
29240	Facility Fee	Strapping of shoulder	62.84
29260	Physician/Professional Fee	Strapping of elbow or wrist	35.77
29260	Facility Fee	Strapping of elbow or wrist	62.84
29280	Physician/Professional Fee	Strapping of hand or finger	33.95
29280	Facility Fee	Strapping of hand or finger	62.84
29305	Physician/Professional Fee	Application of hip cast	160.32
29305	Facility Fee	Application of hip cast	5.00
29325	Physician/Professional Fee	Application of hip casts	180.25
29325	Facility Fee	Application of hip casts	5.00
29345	Physician/Professional Fee	Application of long leg cast	103.52
29345	Facility Fee	Application of long leg cast	134.95
29355	Physician/Professional Fee	Application of long leg cast	111.16
29355	Facility Fee	Application of long leg cast	134.95
29358	Physician/Professional Fee	Apply long leg cast brace	105.92

CPT Code	Type	Description	Fee
29358	Facility Fee	Apply long leg cast brace	134.95
29365	Physician/Professional Fee	Application of long leg cast	89.84
29365	Facility Fee	Application of long leg cast	134.95
29405	Physician/Professional Fee	Apply short leg cast	66.18
29405	Facility Fee	Apply short leg cast	134.95
29425	Physician/Professional Fee	Apply short leg cast	72.98
29425	Facility Fee	Apply short leg cast	134.95
29435	Physician/Professional Fee	Apply short leg cast	88.52
29435	Facility Fee	Apply short leg cast	134.95
29440	Physician/Professional Fee	Addition of walker to cast	34.86
29440	Facility Fee	Addition of walker to cast	62.84
29445	Physician/Professional Fee	Apply rigid leg cast	114.95
29445	Facility Fee	Apply rigid leg cast	134.95
29450	Physician/Professional Fee	Application of leg cast	129.30
29450	Facility Fee	Application of leg cast	62.84
29505	Physician/Professional Fee	Application, long leg splint	47.23
29505	Facility Fee	Application, long leg splint	62.84
29515	Physician/Professional Fee	Application lower leg splint	49.58
29515	Facility Fee	Application lower leg splint	62.84
29520	Physician/Professional Fee	Strapping of hip	40.47
29520	Facility Fee	Strapping of hip	62.84
29530	Physician/Professional Fee	Strapping of knee	37.02
29530	Facility Fee	Strapping of knee	62.84
29540	Physician/Professional Fee	Strapping of ankle and/or ft	34.01
29540	Facility Fee	Strapping of ankle and/or ft	62.84
29550	Physician/Professional Fee	Strapping of toes	31.52
29550	Facility Fee	Strapping of toes	62.84
29580	Physician/Professional Fee	Application of paste boot	37.29
29580	Facility Fee	Application of paste boot	62.84
29590	Physician/Professional Fee	Application of foot splint	42.86
29590	Facility Fee	Application of foot splint	62.84
29700	Physician/Professional Fee	Removal/revision of cast	35.30
29700	Facility Fee	Removal/revision of cast	62.84
29705	Physician/Professional Fee	Removal/revision of cast	48.09
29705	Facility Fee	Removal/revision of cast	62.84
29710	Physician/Professional Fee	Removal/revision of cast	85.21
29710	Facility Fee	Removal/revision of cast	134.95
29715	Physician/Professional Fee	Removal/revision of cast	54.53
29715	Facility Fee	Removal/revision of cast	62.84
29720	Physician/Professional Fee	Repair of body cast	44.98
29720	Facility Fee	Repair of body cast	62.84
29730	Physician/Professional Fee	Windowing of cast	46.05
29730	Facility Fee	Windowing of cast	62.84
29740	Physician/Professional Fee	Wedging of cast	67.73
29740	Facility Fee	Wedging of cast	62.84
29750	Physician/Professional Fee	Wedging of clubfoot cast	76.13
29750	Facility Fee	Wedging of clubfoot cast	62.84
29799	Facility Fee	Casting/strapping procedure	62.84
29800	Physician/Professional Fee	Jaw arthroscopy/surgery	559.50
29800	Facility Fee	Jaw arthroscopy/surgery	5.00
29804	Physician/Professional Fee	Jaw arthroscopy/surgery	672.57
29804	Facility Fee	Jaw arthroscopy/surgery	5.00
29805	Physician/Professional Fee	Shoulder arthroscopy, dx	486.43
29805	Facility Fee	Shoulder arthroscopy, dx	5.00
29806	Physician/Professional Fee	Shoulder arthroscopy/surgery	1091.39
29806	Facility Fee	Shoulder arthroscopy/surgery	5.00

CPT Code	Type	Description	Fee
29807	Physician/Professional Fee	Shoulder arthroscopy/surgery	1064.61
29807	Facility Fee	Shoulder arthroscopy/surgery	5.00
29819	Physician/Professional Fee	Shoulder arthroscopy/surgery	606.00
29819	Facility Fee	Shoulder arthroscopy/surgery	5.00
29820	Physician/Professional Fee	Shoulder arthroscopy/surgery	558.56
29820	Facility Fee	Shoulder arthroscopy/surgery	5.00
29821	Physician/Professional Fee	Shoulder arthroscopy/surgery	610.80
29821	Facility Fee	Shoulder arthroscopy/surgery	5.00
29822	Physician/Professional Fee	Shoulder arthroscopy/surgery	594.41
29822	Facility Fee	Shoulder arthroscopy/surgery	5.00
29823	Physician/Professional Fee	Shoulder arthroscopy/surgery	647.86
29823	Facility Fee	Shoulder arthroscopy/surgery	5.00
29824	Physician/Professional Fee	Shoulder arthroscopy/surgery	684.92
29824	Facility Fee	Shoulder arthroscopy/surgery	5.00
29825	Physician/Professional Fee	Shoulder arthroscopy/surgery	605.12
29825	Facility Fee	Shoulder arthroscopy/surgery	5.00
29826	Physician/Professional Fee	Shoulder arthroscopy/surgery	693.39
29826	Facility Fee	Shoulder arthroscopy/surgery	5.00
29827	Physician/Professional Fee	Arthroscop rotator cuff repr	1126.71
29827	Facility Fee	Arthroscop rotator cuff repr	5.00
29830	Physician/Professional Fee	Elbow arthroscopy	467.41
29830	Facility Fee	Elbow arthroscopy	5.00
29834	Physician/Professional Fee	Elbow arthroscopy/surgery	509.39
29834	Facility Fee	Elbow arthroscopy/surgery	5.00
29835	Physician/Professional Fee	Elbow arthroscopy/surgery	520.81
29835	Facility Fee	Elbow arthroscopy/surgery	5.00
29836	Physician/Professional Fee	Elbow arthroscopy/surgery	599.18
29836	Facility Fee	Elbow arthroscopy/surgery	5.00
29837	Physician/Professional Fee	Elbow arthroscopy/surgery	546.87
29837	Facility Fee	Elbow arthroscopy/surgery	5.00
29838	Physician/Professional Fee	Elbow arthroscopy/surgery	612.56
29838	Facility Fee	Elbow arthroscopy/surgery	5.00
29840	Physician/Professional Fee	Wrist arthroscopy	455.99
29840	Facility Fee	Wrist arthroscopy	5.00
29843	Physician/Professional Fee	Wrist arthroscopy/surgery	488.13
29843	Facility Fee	Wrist arthroscopy/surgery	5.00
29844	Physician/Professional Fee	Wrist arthroscopy/surgery	511.78
29844	Facility Fee	Wrist arthroscopy/surgery	5.00
29845	Physician/Professional Fee	Wrist arthroscopy/surgery	580.10
29845	Facility Fee	Wrist arthroscopy/surgery	5.00
29846	Physician/Professional Fee	Wrist arthroscopy/surgery	536.01
29846	Facility Fee	Wrist arthroscopy/surgery	5.00
29847	Physician/Professional Fee	Wrist arthroscopy/surgery	553.69
29847	Facility Fee	Wrist arthroscopy/surgery	5.00
29848	Physician/Professional Fee	Wrist endoscopy/surgery	496.20
29848	Facility Fee	Wrist endoscopy/surgery	5.00
29850	Physician/Professional Fee	Knee arthroscopy/surgery	559.36
29850	Facility Fee	Knee arthroscopy/surgery	5.00
29851	Physician/Professional Fee	Knee arthroscopy/surgery	961.10
29851	Facility Fee	Knee arthroscopy/surgery	5.00
29855	Physician/Professional Fee	Tibial arthroscopy/surgery	811.97
29855	Facility Fee	Tibial arthroscopy/surgery	5.00
29856	Physician/Professional Fee	Tibial arthroscopy/surgery	1034.36
29856	Facility Fee	Tibial arthroscopy/surgery	5.00
29860	Physician/Professional Fee	Hip arthroscopy, dx	661.20
29860	Facility Fee	Hip arthroscopy, dx	5.00

CPT Code	Type	Description	Fee
29861	Physician/Professional Fee	Hip arthroscopy/surgery	725.27
29861	Facility Fee	Hip arthroscopy/surgery	5.00
29862	Physician/Professional Fee	Hip arthroscopy/surgery	814.37
29862	Facility Fee	Hip arthroscopy/surgery	5.00
29863	Physician/Professional Fee	Hip arthroscopy/surgery	805.46
29863	Facility Fee	Hip arthroscopy/surgery	5.00
29866	Physician/Professional Fee	Autgrft implnt, knee w/scope	1079.04
29866	Facility Fee	Autgrft implnt, knee w/scope	5.00
29867	Physician/Professional Fee	Allgrft implnt, knee w/scope	1305.48
29867	Facility Fee	Allgrft implnt, knee w/scope	5.00
29868	Physician/Professional Fee	Meniscal tmspl, knee w/scope	1744.55
29868	Facility Fee	Meniscal tmspl, knee w/scope	5.00
29870	Physician/Professional Fee	Knee arthroscopy, dx	419.62
29870	Facility Fee	Knee arthroscopy, dx	5.00
29871	Physician/Professional Fee	Knee arthroscopy/drainage	523.93
29871	Facility Fee	Knee arthroscopy/drainage	5.00
29873	Physician/Professional Fee	Knee arthroscopy/surgery	532.07
29873	Facility Fee	Knee arthroscopy/surgery	5.00
29874	Physician/Professional Fee	Knee arthroscopy/surgery	549.39
29874	Facility Fee	Knee arthroscopy/surgery	5.00
29875	Physician/Professional Fee	Knee arthroscopy/surgery	511.79
29875	Facility Fee	Knee arthroscopy/surgery	5.00
29876	Physician/Professional Fee	Knee arthroscopy/surgery	658.93
29876	Facility Fee	Knee arthroscopy/surgery	5.00
29877	Physician/Professional Fee	Knee arthroscopy/surgery	623.75
29877	Facility Fee	Knee arthroscopy/surgery	5.00
29879	Physician/Professional Fee	Knee arthroscopy/surgery	667.50
29879	Facility Fee	Knee arthroscopy/surgery	5.00
29880	Physician/Professional Fee	Knee arthroscopy/surgery	696.59
29880	Facility Fee	Knee arthroscopy/surgery	5.00
29881	Physician/Professional Fee	Knee arthroscopy/surgery	649.73
29881	Facility Fee	Knee arthroscopy/surgery	5.00
29882	Physician/Professional Fee	Knee arthroscopy/surgery	699.58
29882	Facility Fee	Knee arthroscopy/surgery	5.00
29883	Physician/Professional Fee	Knee arthroscopy/surgery	863.71
29883	Facility Fee	Knee arthroscopy/surgery	5.00
29884	Physician/Professional Fee	Knee arthroscopy/surgery	621.32
29884	Facility Fee	Knee arthroscopy/surgery	5.00
29885	Physician/Professional Fee	Knee arthroscopy/surgery	753.44
29885	Facility Fee	Knee arthroscopy/surgery	5.00
29886	Physician/Professional Fee	Knee arthroscopy/surgery	635.61
29886	Facility Fee	Knee arthroscopy/surgery	5.00
29887	Physician/Professional Fee	Knee arthroscopy/surgery	749.75
29887	Facility Fee	Knee arthroscopy/surgery	5.00
29888	Physician/Professional Fee	Knee arthroscopy/surgery	1016.30
29888	Facility Fee	Knee arthroscopy/surgery	5.00
29889	Physician/Professional Fee	Knee arthroscopy/surgery	1236.40
29889	Facility Fee	Knee arthroscopy/surgery	5.00
29891	Physician/Professional Fee	Ankle arthroscopy/surgery	708.00
29891	Facility Fee	Ankle arthroscopy/surgery	5.00
29892	Physician/Professional Fee	Ankle arthroscopy/surgery	736.87
29892	Facility Fee	Ankle arthroscopy/surgery	5.00
29893	Physician/Professional Fee	Scope, plantar fasciotomy	423.61
29893	Facility Fee	Scope, plantar fasciotomy	5.00
29894	Physician/Professional Fee	Ankle arthroscopy/surgery	531.45
29894	Facility Fee	Ankle arthroscopy/surgery	5.00

CPT Code	Type	Description	Fee
29895	Physician/Professional Fee	Ankle arthroscopy/surgery	520.42
29895	Facility Fee	Ankle arthroscopy/surgery	5.00
29897	Physician/Professional Fee	Ankle arthroscopy/surgery	547.26
29897	Facility Fee	Ankle arthroscopy/surgery	5.00
29898	Physician/Professional Fee	Ankle arthroscopy/surgery	606.47
29898	Facility Fee	Ankle arthroscopy/surgery	5.00
29899	Physician/Professional Fee	Ankle arthroscopy/surgery	1076.07
29899	Facility Fee	Ankle arthroscopy/surgery	5.00
29900	Physician/Professional Fee	Mcp joint arthroscopy, dx	483.81
29900	Facility Fee	Mcp joint arthroscopy, dx	5.00
29901	Physician/Professional Fee	Mcp joint arthroscopy, surg	534.87
29901	Facility Fee	Mcp joint arthroscopy, surg	5.00
29902	Physician/Professional Fee	Mcp joint arthroscopy, surg	545.62
29902	Facility Fee	Mcp joint arthroscopy, surg	5.00
29999	Facility Fee	Arthroscopy of joint	5.00
30000	Physician/Professional Fee	Drainage of nose lesion	115.54
30000	Facility Fee	Drainage of nose lesion	5.00
30020	Physician/Professional Fee	Drainage of nose lesion	118.64
30020	Facility Fee	Drainage of nose lesion	5.00
30100	Physician/Professional Fee	Intranasal biopsy	71.17
30100	Facility Fee	Intranasal biopsy	5.00
30110	Physician/Professional Fee	Removal of nose polyp(s)	130.45
30110	Facility Fee	Removal of nose polyp(s)	5.00
30115	Physician/Professional Fee	Removal of nose polyp(s)	422.86
30115	Facility Fee	Removal of nose polyp(s)	5.00
30117	Physician/Professional Fee	Removal of intranasal lesion	327.48
30117	Facility Fee	Removal of intranasal lesion	5.00
30118	Physician/Professional Fee	Removal of intranasal lesion	769.56
30118	Facility Fee	Removal of intranasal lesion	5.00
30120	Physician/Professional Fee	Revision of nose	461.66
30120	Facility Fee	Revision of nose	5.00
30124	Physician/Professional Fee	Removal of nose lesion	280.93
30124	Facility Fee	Removal of nose lesion	5.00
30125	Physician/Professional Fee	Removal of nose lesion	633.18
30125	Facility Fee	Removal of nose lesion	5.00
30130	Physician/Professional Fee	Excise inferior turbinate	376.96
30130	Facility Fee	Excise inferior turbinate	5.00
30140	Physician/Professional Fee	Resect inferior turbinate	414.71
30140	Facility Fee	Resect inferior turbinate	5.00
30150	Physician/Professional Fee	Partial removal of nose	830.14
30150	Facility Fee	Partial removal of nose	5.00
30160	Physician/Professional Fee	Removal of nose	813.13
30160	Facility Fee	Removal of nose	5.00
30200	Physician/Professional Fee	Injection treatment of nose	61.32
30200	Facility Fee	Injection treatment of nose	5.00
30210	Physician/Professional Fee	Nasal sinus therapy	99.10
30210	Facility Fee	Nasal sinus therapy	5.00
30220	Physician/Professional Fee	Insert nasal septal button	125.30
30220	Facility Fee	Insert nasal septal button	5.00
30300	Physician/Professional Fee	Remove nasal foreign body	123.76
30300	Facility Fee	Remove nasal foreign body	36.15
30310	Physician/Professional Fee	Remove nasal foreign body	209.51
30310	Facility Fee	Remove nasal foreign body	973.23
30320	Physician/Professional Fee	Remove nasal foreign body	476.46
30320	Facility Fee	Remove nasal foreign body	973.23
30400	Physician/Professional Fee	Reconstruction of nose	1080.72

CPT Code	Type	Description	Fee
30400	Facility Fee	Reconstruction of nose	5.00
30410	Physician/Professional Fee	Reconstruction of nose	1308.14
30410	Facility Fee	Reconstruction of nose	5.00
30420	Physician/Professional Fee	Reconstruction of nose	1403.59
30420	Facility Fee	Reconstruction of nose	5.00
30430	Physician/Professional Fee	Revision of nose	984.97
30430	Facility Fee	Revision of nose	5.00
30435	Physician/Professional Fee	Revision of nose	1293.50
30435	Facility Fee	Revision of nose	5.00
30450	Physician/Professional Fee	Revision of nose	1667.11
30450	Facility Fee	Revision of nose	5.00
30460	Physician/Professional Fee	Revision of nose	811.14
30460	Facility Fee	Revision of nose	5.00
30462	Physician/Professional Fee	Revision of nose	1636.91
30462	Facility Fee	Revision of nose	5.00
30465	Physician/Professional Fee	Repair nasal stenosis	984.76
30465	Facility Fee	Repair nasal stenosis	5.00
30520	Physician/Professional Fee	Repair of nasal septum	564.13
30520	Facility Fee	Repair of nasal septum	5.00
30540	Physician/Professional Fee	Repair nasal defect	687.92
30540	Facility Fee	Repair nasal defect	5.00
30545	Physician/Professional Fee	Repair nasal defect	974.61
30545	Facility Fee	Repair nasal defect	5.00
30560	Physician/Professional Fee	Release of nasal adhesions	140.79
30560	Facility Fee	Release of nasal adhesions	5.00
30580	Physician/Professional Fee	Repair upper jaw fistula	515.94
30580	Facility Fee	Repair upper jaw fistula	5.00
30600	Physician/Professional Fee	Repair mouth/nose fistula	452.41
30600	Facility Fee	Repair mouth/nose fistula	5.00
30620	Physician/Professional Fee	Intranasal reconstruction	618.54
30620	Facility Fee	Intranasal reconstruction	5.00
30630	Physician/Professional Fee	Repair nasal septum defect	620.69
30630	Facility Fee	Repair nasal septum defect	5.00
30801	Physician/Professional Fee	Ablate inf turbinate, superf	128.29
30801	Facility Fee	Ablate inf turbinate, superf	5.00
30802	Physician/Professional Fee	Cauterization, inner nose	182.67
30802	Facility Fee	Cauterization, inner nose	447.38
30901	Physician/Professional Fee	Control of nosebleed	60.76
30901	Facility Fee	Control of nosebleed	69.86
30903	Physician/Professional Fee	Control of nosebleed	80.47
30903	Facility Fee	Control of nosebleed	69.86
30905	Physician/Professional Fee	Control of nosebleed	106.67
30905	Facility Fee	Control of nosebleed	69.86
30906	Physician/Professional Fee	Repeat control of nosebleed	141.63
30906	Facility Fee	Repeat control of nosebleed	69.86
30915	Physician/Professional Fee	Ligation, nasal sinus artery	570.34
30915	Facility Fee	Ligation, nasal sinus artery	5.00
30920	Physician/Professional Fee	Ligation, upper jaw artery	811.06
30920	Facility Fee	Ligation, upper jaw artery	5.00
30930	Physician/Professional Fee	Ther fx, nasal inf turbinate	120.61
30930	Facility Fee	Ther fx, nasal inf turbinate	5.00
30999	Facility Fee	Nasal surgery procedure	5.00
31000	Physician/Professional Fee	Irrigation, maxillary sinus	105.04
31000	Facility Fee	Irrigation, maxillary sinus	5.00
31002	Physician/Professional Fee	Irrigation, sphenoid sinus	209.81
31002	Facility Fee	Irrigation, sphenoid sinus	5.00

CPT Code	Type	Description	Fee
31020	Physician/Professional Fee	Exploration, maxillary sinus	346.08
31020	Facility Fee	Exploration, maxillary sinus	5.00
31030	Physician/Professional Fee	Exploration, maxillary sinus	521.06
31030	Facility Fee	Exploration, maxillary sinus	5.00
31032	Physician/Professional Fee	Explore sinus, remove polyps	569.10
31032	Facility Fee	Explore sinus, remove polyps	5.00
31040	Physician/Professional Fee	Exploration behind upper jaw	781.79
31040	Facility Fee	Exploration behind upper jaw	5.00
31050	Physician/Professional Fee	Exploration, sphenoid sinus	485.97
31050	Facility Fee	Exploration, sphenoid sinus	5.00
31051	Physician/Professional Fee	Sphenoid sinus surgery	636.58
31051	Facility Fee	Sphenoid sinus surgery	5.00
31070	Physician/Professional Fee	Exploration of frontal sinus	427.89
31070	Facility Fee	Exploration of frontal sinus	5.00
31075	Physician/Professional Fee	Exploration of frontal sinus	779.94
31075	Facility Fee	Exploration of frontal sinus	5.00
31080	Physician/Professional Fee	Removal of frontal sinus	1055.19
31080	Facility Fee	Removal of frontal sinus	5.00
31081	Physician/Professional Fee	Removal of frontal sinus	1209.35
31081	Facility Fee	Removal of frontal sinus	5.00
31084	Physician/Professional Fee	Removal of frontal sinus	1149.03
31084	Facility Fee	Removal of frontal sinus	5.00
31085	Physician/Professional Fee	Removal of frontal sinus	1217.75
31085	Facility Fee	Removal of frontal sinus	5.00
31086	Physician/Professional Fee	Removal of frontal sinus	1115.22
31086	Facility Fee	Removal of frontal sinus	5.00
31087	Physician/Professional Fee	Removal of frontal sinus	1098.92
31087	Facility Fee	Removal of frontal sinus	5.00
31090	Physician/Professional Fee	Exploration of sinuses	975.01
31090	Facility Fee	Exploration of sinuses	5.00
31200	Physician/Professional Fee	Removal of ethmoid sinus	578.26
31200	Facility Fee	Removal of ethmoid sinus	5.00
31201	Physician/Professional Fee	Removal of ethmoid sinus	728.04
31201	Facility Fee	Removal of ethmoid sinus	5.00
31205	Physician/Professional Fee	Removal of ethmoid sinus	898.61
31205	Facility Fee	Removal of ethmoid sinus	5.00
31225	Physician/Professional Fee	Removal of upper jaw	1775.84
31225	Facility Fee	Removal of upper jaw	5.00
31230	Physician/Professional Fee	Removal of upper jaw	1989.51
31230	Facility Fee	Removal of upper jaw	5.00
31231	Physician/Professional Fee	Nasal endoscopy, dx	79.61
31231	Facility Fee	Nasal endoscopy, dx	5.00
31233	Physician/Professional Fee	Nasal/sinus endoscopy, dx	145.32
31233	Facility Fee	Nasal/sinus endoscopy, dx	5.00
31235	Physician/Professional Fee	Nasal/sinus endoscopy, dx	172.90
31235	Facility Fee	Nasal/sinus endoscopy, dx	5.00
31237	Physician/Professional Fee	Nasal/sinus endoscopy, surg	192.12
31237	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31238	Physician/Professional Fee	Nasal/sinus endoscopy, surg	209.78
31238	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31239	Physician/Professional Fee	Nasal/sinus endoscopy, surg	687.50
31239	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31240	Physician/Professional Fee	Nasal/sinus endoscopy, surg	171.92
31240	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31254	Physician/Professional Fee	Revision of ethmoid sinus	294.68
31254	Facility Fee	Revision of ethmoid sinus	5.00

CPT Code	Type	Description	Fee
31255	Physician/Professional Fee	Removal of ethmoid sinus	436.23
31255	Facility Fee	Removal of ethmoid sinus	5.00
31256	Physician/Professional Fee	Exploration maxillary sinus	213.75
31256	Facility Fee	Exploration maxillary sinus	5.00
31267	Physician/Professional Fee	Endoscopy, maxillary sinus	344.27
31267	Facility Fee	Endoscopy, maxillary sinus	5.00
31276	Physician/Professional Fee	Sinus endoscopy, surgical	549.58
31276	Facility Fee	Sinus endoscopy, surgical	5.00
31287	Physician/Professional Fee	Nasal/sinus endoscopy, surg	251.31
31287	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31288	Physician/Professional Fee	Nasal/sinus endoscopy, surg	291.26
31288	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31290	Physician/Professional Fee	Nasal/sinus endoscopy, surg	1200.47
31290	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31291	Physician/Professional Fee	Nasal/sinus endoscopy, surg	1263.91
31291	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31292	Physician/Professional Fee	Nasal/sinus endoscopy, surg	1039.80
31292	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31293	Physician/Professional Fee	Nasal/sinus endoscopy, surg	1131.15
31293	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31294	Physician/Professional Fee	Nasal/sinus endoscopy, surg	1300.71
31294	Facility Fee	Nasal/sinus endoscopy, surg	5.00
31299	Facility Fee	Sinus surgery procedure	5.00
31300	Physician/Professional Fee	Removal of larynx lesion	1249.67
31300	Facility Fee	Removal of larynx lesion	5.00
31320	Physician/Professional Fee	Diagnostic incision, larynx	660.58
31320	Facility Fee	Diagnostic incision, larynx	5.00
31360	Physician/Professional Fee	Removal of larynx	1865.21
31360	Facility Fee	Removal of larynx	5.00
31365	Physician/Professional Fee	Removal of larynx	2353.63
31365	Facility Fee	Removal of larynx	5.00
31367	Physician/Professional Fee	Partial removal of larynx	2097.41
31367	Facility Fee	Partial removal of larynx	5.00
31368	Physician/Professional Fee	Partial removal of larynx	2381.81
31368	Facility Fee	Partial removal of larynx	5.00
31370	Physician/Professional Fee	Partial removal of larynx	1999.25
31370	Facility Fee	Partial removal of larynx	5.00
31375	Physician/Professional Fee	Partial removal of larynx	1869.32
31375	Facility Fee	Partial removal of larynx	5.00
31380	Physician/Professional Fee	Partial removal of larynx	1857.37
31380	Facility Fee	Partial removal of larynx	5.00
31382	Physician/Professional Fee	Partial removal of larynx	2014.89
31382	Facility Fee	Partial removal of larynx	5.00
31390	Physician/Professional Fee	Removal of larynx & pharynx	2658.81
31390	Facility Fee	Removal of larynx & pharynx	5.00
31395	Physician/Professional Fee	Reconstruct larynx & pharynx	2868.93
31395	Facility Fee	Reconstruct larynx & pharynx	5.00
31400	Physician/Professional Fee	Revision of larynx	1024.16
31400	Facility Fee	Revision of larynx	5.00
31420	Physician/Professional Fee	Removal of epiglottis	837.91
31420	Facility Fee	Removal of epiglottis	5.00
31500	Physician/Professional Fee	Insert emergency airway	112.34
31500	Facility Fee	Insert emergency airway	5.00
31502	Physician/Professional Fee	Change of windpipe airway	36.28
31502	Facility Fee	Change of windpipe airway	5.00
31505	Physician/Professional Fee	Diagnostic laryngoscopy	50.14

CPT Code	Type	Description	Fee
31505	Facility Fee	Diagnostic laryngoscopy	45.61
31510	Physician/Professional Fee	Laryngoscopy with biopsy	126.01
31510	Facility Fee	Laryngoscopy with biopsy	876.43
31511	Physician/Professional Fee	Remove foreign body, larynx	129.15
31511	Facility Fee	Remove foreign body, larynx	83.27
31512	Physician/Professional Fee	Removal of larynx lesion	135.83
31512	Facility Fee	Removal of larynx lesion	876.43
31513	Physician/Professional Fee	Injection into vocal cord	140.26
31513	Facility Fee	Injection into vocal cord	83.27
31515	Physician/Professional Fee	Laryngoscopy for aspiration	113.90
31515	Facility Fee	Laryngoscopy for aspiration	5.00
31520	Physician/Professional Fee	Dx laryngoscopy, newborn	162.47
31520	Facility Fee	Dx laryngoscopy, newborn	5.00
31525	Physician/Professional Fee	Dx laryngoscopy excl nb	169.11
31525	Facility Fee	Dx laryngoscopy excl nb	5.00
31526	Physician/Professional Fee	Dx laryngoscopy w/oper scope	168.49
31526	Facility Fee	Dx laryngoscopy w/oper scope	5.00
31527	Physician/Professional Fee	Laryngoscopy for treatment	202.34
31527	Facility Fee	Laryngoscopy for treatment	5.00
31528	Physician/Professional Fee	Laryngoscopy and dilation	150.48
31528	Facility Fee	Laryngoscopy and dilation	5.00
31529	Physician/Professional Fee	Laryngoscopy and dilation	172.36
31529	Facility Fee	Laryngoscopy and dilation	5.00
31530	Physician/Professional Fee	Laryngoscopy w/fb removal	209.94
31530	Facility Fee	Laryngoscopy w/fb removal	1,300.54
31531	Physician/Professional Fee	Laryngoscopy w/fb & op scope	229.09
31531	Facility Fee	Laryngoscopy w/fb & op scope	5.00
31535	Physician/Professional Fee	Laryngoscopy w/biopsy	202.32
31535	Facility Fee	Laryngoscopy w/biopsy	5.00
31536	Physician/Professional Fee	Laryngoscopy w/bx & op scope	227.00
31536	Facility Fee	Laryngoscopy w/bx & op scope	5.00
31540	Physician/Professional Fee	Laryngoscopy w/exc of tumor	260.57
31540	Facility Fee	Laryngoscopy w/exc of tumor	5.00
31541	Physician/Professional Fee	Laryngosc w/tumr exc + scope	285.52
31541	Facility Fee	Laryngosc w/tumr exc + scope	5.00
31545	Physician/Professional Fee	Remove vc lesion w/scope	378.74
31545	Facility Fee	Remove vc lesion w/scope	5.00
31546	Physician/Professional Fee	Remove vc lesion scope/graft	581.19
31546	Facility Fee	Remove vc lesion scope/graft	5.00
31560	Physician/Professional Fee	Laryngosc w/arytenoidectom	335.20
31560	Facility Fee	Laryngosc w/arytenoidectom	5.00
31561	Physician/Professional Fee	Laryngosc, remve cart + scop	365.98
31561	Facility Fee	Laryngosc, remve cart + scop	5.00
31570	Physician/Professional Fee	Laryngoscope w/vc inj	244.15
31570	Facility Fee	Laryngoscope w/vc inj	5.00
31571	Physician/Professional Fee	Laryngosc w/vc inj + scope	268.65
31571	Facility Fee	Laryngosc w/vc inj + scope	5.00
31575	Physician/Professional Fee	Diagnostic laryngoscopy	79.61
31575	Facility Fee	Diagnostic laryngoscopy	5.00
31576	Physician/Professional Fee	Laryngoscopy with biopsy	128.76
31576	Facility Fee	Laryngoscopy with biopsy	5.00
31577	Physician/Professional Fee	Remove foreign body, larynx	158.69
31577	Facility Fee	Remove foreign body, larynx	5.00
31578	Physician/Professional Fee	Removal of larynx lesion	172.96
31578	Facility Fee	Removal of larynx lesion	5.00
31579	Physician/Professional Fee	Diagnostic laryngoscopy	147.49

CPT Code	Type	Description	Fee
31579	Facility Fee	Diagnostic laryngoscopy	5.00
31580	Physician/Professional Fee	Revision of larynx	1229.67
31580	Facility Fee	Revision of larynx	5.00
31582	Physician/Professional Fee	Revision of larynx	1961.94
31582	Facility Fee	Revision of larynx	5.00
31584	Physician/Professional Fee	Treat larynx fracture	1547.03
31584	Facility Fee	Treat larynx fracture	5.00
31587	Physician/Professional Fee	Revision of larynx	971.09
31587	Facility Fee	Revision of larynx	5.00
31588	Physician/Professional Fee	Revision of larynx	1137.94
31588	Facility Fee	Revision of larynx	5.00
31590	Physician/Professional Fee	Reinnervate larynx	950.37
31590	Facility Fee	Reinnervate larynx	5.00
31595	Physician/Professional Fee	Larynx nerve surgery	785.56
31595	Facility Fee	Larynx nerve surgery	5.00
31599	Facility Fee	Larynx surgery procedure	5.00
31600	Physician/Professional Fee	Incision of windpipe	413.65
31600	Facility Fee	Incision of windpipe	5.00
31601	Physician/Professional Fee	Incision of windpipe	269.97
31601	Facility Fee	Incision of windpipe	5.00
31603	Physician/Professional Fee	Incision of windpipe	232.08
31603	Facility Fee	Incision of windpipe	5.00
31605	Physician/Professional Fee	Incision of windpipe	189.62
31605	Facility Fee	Incision of windpipe	5.00
31610	Physician/Professional Fee	Incision of windpipe	712.94
31610	Facility Fee	Incision of windpipe	5.00
31611	Physician/Professional Fee	Surgery/speech prosthesis	533.64
31611	Facility Fee	Surgery/speech prosthesis	5.00
31612	Physician/Professional Fee	Puncture/clear windpipe	49.92
31612	Facility Fee	Puncture/clear windpipe	5.00
31613	Physician/Professional Fee	Repair windpipe opening	442.60
31613	Facility Fee	Repair windpipe opening	5.00
31614	Physician/Professional Fee	Repair windpipe opening	710.87
31614	Facility Fee	Repair windpipe opening	5.00
31615	Physician/Professional Fee	Visualization of windpipe	130.68
31615	Facility Fee	Visualization of windpipe	5.00
31620	Physician/Professional Fee	Endobronchial us add-on	75.98
31620	Facility Fee	Endobronchial us add-on	5.00
31622	Physician/Professional Fee	Dx bronchoscope/wash	150.79
31622	Facility Fee	Dx bronchoscope/wash	5.00
31623	Physician/Professional Fee	Dx bronchoscope/brush	152.83
31623	Facility Fee	Dx bronchoscope/brush	5.00
31624	Physician/Professional Fee	Dx bronchoscope/lavage	152.83
31624	Facility Fee	Dx bronchoscope/lavage	5.00
31625	Physician/Professional Fee	Bronchoscopy w/biopsy(s)	178.23
31625	Facility Fee	Bronchoscopy w/biopsy(s)	5.00
31628	Physician/Professional Fee	Bronchoscopy/lung bx, each	198.21
31628	Facility Fee	Bronchoscopy/lung bx, each	5.00
31629	Physician/Professional Fee	Bronchoscopy/needle bx, each	211.97
31629	Facility Fee	Bronchoscopy/needle bx, each	5.00
31630	Physician/Professional Fee	Bronchoscopy dilate/fx repr	218.49
31630	Facility Fee	Bronchoscopy dilate/fx repr	5.00
31631	Physician/Professional Fee	Bronchoscopy, dilate w/stent	241.37
31631	Facility Fee	Bronchoscopy, dilate w/stent	5.00
31632	Physician/Professional Fee	Bronchoscopy/lung bx, add'l	56.11
31632	Facility Fee	Bronchoscopy/lung bx, add'l	5.00

CPT Code	Type	Description	Fee
31633	Physician/Professional Fee	Bronchoscopy/needle bx add'l	69.43
31633	Facility Fee	Bronchoscopy/needle bx add'l	5.00
31635	Physician/Professional Fee	Bronchoscopy w/fb removal	199.72
31635	Facility Fee	Bronchoscopy w/fb removal	5.00
31636	Physician/Professional Fee	Bronchoscopy, bronch stents	238.43
31636	Facility Fee	Bronchoscopy, bronch stents	5.00
31637	Physician/Professional Fee	Bronchoscopy, stent add-on	84.34
31637	Facility Fee	Bronchoscopy, stent add-on	5.00
31638	Physician/Professional Fee	Bronchoscopy, revise stent	265.27
31638	Facility Fee	Bronchoscopy, revise stent	5.00
31640	Physician/Professional Fee	Bronchoscopy w/tumor excise	277.48
31640	Facility Fee	Bronchoscopy w/tumor excise	5.00
31641	Physician/Professional Fee	Bronchoscopy, treat blockage	270.60
31641	Facility Fee	Bronchoscopy, treat blockage	5.00
31643	Physician/Professional Fee	Diag bronchoscope/catheter	184.54
31643	Facility Fee	Diag bronchoscope/catheter	5.00
31645	Physician/Professional Fee	Bronchoscopy, clear airways	166.87
31645	Facility Fee	Bronchoscopy, clear airways	5.00
31646	Physician/Professional Fee	Bronchoscopy, reclear airway	145.32
31646	Facility Fee	Bronchoscopy, reclear airway	5.00
31656	Physician/Professional Fee	Bronchoscopy, inj for x-ray	117.67
31656	Facility Fee	Bronchoscopy, inj for x-ray	5.00
31715	Physician/Professional Fee	Injection for bronchus x-ray	56.79
31715	Facility Fee	Injection for bronchus x-ray	5.00
31717	Physician/Professional Fee	Bronchial brush biopsy	115.75
31717	Facility Fee	Bronchial brush biopsy	5.00
31720	Physician/Professional Fee	Clearance of airways	53.92
31720	Facility Fee	Clearance of airways	5.00
31725	Physician/Professional Fee	Clearance of airways	99.13
31725	Facility Fee	Clearance of airways	5.00
31730	Physician/Professional Fee	Intro, windpipe wire/tube	150.59
31730	Facility Fee	Intro, windpipe wire/tube	5.00
31750	Physician/Professional Fee	Repair of windpipe	1341.82
31750	Facility Fee	Repair of windpipe	5.00
31755	Physician/Professional Fee	Repair of windpipe	1720.27
31755	Facility Fee	Repair of windpipe	5.00
31760	Physician/Professional Fee	Repair of windpipe	1396.31
31760	Facility Fee	Repair of windpipe	5.00
31766	Physician/Professional Fee	Reconstruction of windpipe	1857.81
31766	Facility Fee	Reconstruction of windpipe	5.00
31770	Physician/Professional Fee	Repair/graft of bronchus	1371.13
31770	Facility Fee	Repair/graft of bronchus	5.00
31775	Physician/Professional Fee	Reconstruct bronchus	1466.26
31775	Facility Fee	Reconstruct bronchus	5.00
31780	Physician/Professional Fee	Reconstruct windpipe	1217.38
31780	Facility Fee	Reconstruct windpipe	5.00
31781	Physician/Professional Fee	Reconstruct windpipe	1466.81
31781	Facility Fee	Reconstruct windpipe	5.00
31785	Physician/Professional Fee	Remove windpipe lesion	1108.02
31785	Facility Fee	Remove windpipe lesion	5.00
31786	Physician/Professional Fee	Remove windpipe lesion	1558.17
31786	Facility Fee	Remove windpipe lesion	5.00
31800	Physician/Professional Fee	Repair of windpipe injury	715.32
31800	Facility Fee	Repair of windpipe injury	5.00
31805	Physician/Professional Fee	Repair of windpipe injury	846.78
31805	Facility Fee	Repair of windpipe injury	5.00

CPT Code	Type	Description	Fee
31820	Physician/Professional Fee	Closure of windpipe lesion	331.23
31820	Facility Fee	Closure of windpipe lesion	5.00
31825	Physician/Professional Fee	Repair of windpipe defect	491.40
31825	Facility Fee	Repair of windpipe defect	5.00
31830	Physician/Professional Fee	Revise windpipe scar	346.57
31830	Facility Fee	Revise windpipe scar	5.00
31899	Facility Fee	Airways surgical procedure	5.00
32000	Physician/Professional Fee	Drainage of chest	78.47
32000	Facility Fee	Drainage of chest	214.73
32002	Physician/Professional Fee	Treatment of collapsed lung	128.16
32002	Facility Fee	Treatment of collapsed lung	214.73
32005	Physician/Professional Fee	Treat lung lining chemically	115.66
32005	Facility Fee	Treat lung lining chemically	5.00
32019	Physician/Professional Fee	Insert pleural catheter	233.54
32019	Facility Fee	Insert pleural catheter	5.00
32020	Physician/Professional Fee	Insertion of chest tube	187.20
32020	Facility Fee	Insertion of chest tube	5.00
32035	Physician/Professional Fee	Exploration of chest	703.92
32035	Facility Fee	Exploration of chest	5.00
32036	Physician/Professional Fee	Exploration of chest	768.22
32036	Facility Fee	Exploration of chest	5.00
32095	Physician/Professional Fee	Biopsy through chest wall	635.74
32095	Facility Fee	Biopsy through chest wall	5.00
32100	Physician/Professional Fee	Exploration/biopsy of chest	986.35
32100	Facility Fee	Exploration/biopsy of chest	5.00
32110	Physician/Professional Fee	Explore/repair chest	1472.69
32110	Facility Fee	Explore/repair chest	5.00
32120	Physician/Professional Fee	Re-exploration of chest	875.04
32120	Facility Fee	Re-exploration of chest	5.00
32124	Physician/Professional Fee	Explore chest free adhesions	928.54
32124	Facility Fee	Explore chest free adhesions	5.00
32140	Physician/Professional Fee	Removal of lung lesion(s)	994.25
32140	Facility Fee	Removal of lung lesion(s)	5.00
32141	Physician/Professional Fee	Remove/treat lung lesions	1402.92
32141	Facility Fee	Remove/treat lung lesions	5.00
32150	Physician/Professional Fee	Removal of lung lesion(s)	999.33
32150	Facility Fee	Removal of lung lesion(s)	5.00
32151	Physician/Professional Fee	Remove lung foreign body	1031.68
32151	Facility Fee	Remove lung foreign body	5.00
32160	Physician/Professional Fee	Open chest heart massage	748.92
32160	Facility Fee	Open chest heart massage	5.00
32200	Physician/Professional Fee	Drain, open, lung lesion	1114.77
32200	Facility Fee	Drain, open, lung lesion	5.00
32201	Physician/Professional Fee	Drain, percut, lung lesion	206.89
32201	Facility Fee	Drain, percut, lung lesion	5.00
32215	Physician/Professional Fee	Treat chest lining	817.86
32215	Facility Fee	Treat chest lining	5.00
32220	Physician/Professional Fee	Release of lung	1625.39
32220	Facility Fee	Release of lung	5.00
32225	Physician/Professional Fee	Partial release of lung	1000.58
32225	Facility Fee	Partial release of lung	5.00
32310	Physician/Professional Fee	Removal of chest lining	930.14
32310	Facility Fee	Removal of chest lining	5.00
32320	Physician/Professional Fee	Free/remove chest lining	1614.73
32320	Facility Fee	Free/remove chest lining	5.00
32400	Physician/Professional Fee	Needle biopsy chest lining	89.80

CPT Code	Type	Description	Fee
32400	Facility Fee	Needle biopsy chest lining	5.00
32402	Physician/Professional Fee	Open biopsy chest lining	576.21
32402	Facility Fee	Open biopsy chest lining	5.00
32405	Physician/Professional Fee	Biopsy, lung or mediastinum	100.04
32405	Facility Fee	Biopsy, lung or mediastinum	5.00
32420	Physician/Professional Fee	Puncture/clear lung	111.37
32420	Facility Fee	Puncture/clear lung	5.00
32960	Physician/Professional Fee	Therapeutic pneumothorax	96.68
32960	Facility Fee	Therapeutic pneumothorax	5.00
32997	Physician/Professional Fee	Total lung lavage	364.12
32997	Facility Fee	Total lung lavage	5.00
32998	Physician/Professional Fee	Perq rf ablate tx, pul tumor	294.02
32998	Facility Fee	Perq rf ablate tx, pul tumor	5.00
32999	Facility Fee	Chest surgery procedure	5.00
33010	Physician/Professional Fee	Drainage of heart sac	122.41
33010	Facility Fee	Drainage of heart sac	5.00
33011	Physician/Professional Fee	Repeat drainage of heart sac	124.50
33011	Facility Fee	Repeat drainage of heart sac	5.00
35905	Physician/Professional Fee	Excision, graft, thorax	1896.70
35907	Physician/Professional Fee	Excision, graft, abdomen	2085.03
36000	Physician/Professional Fee	Place needle in vein	8.93
36002	Physician/Professional Fee	Pseudoaneurysm injection trt	116.46
36005	Physician/Professional Fee	Injection ext venography	49.73
36010	Physician/Professional Fee	Place catheter in vein	127.94
36011	Physician/Professional Fee	Place catheter in vein	166.85
36012	Physician/Professional Fee	Place catheter in vein	185.40
36013	Physician/Professional Fee	Place catheter in artery	132.27
36014	Physician/Professional Fee	Place catheter in artery	159.46
36015	Physician/Professional Fee	Place catheter in artery	182.55
36100	Physician/Professional Fee	Establish access to artery	167.41
36120	Physician/Professional Fee	Establish access to artery	104.67
36140	Physician/Professional Fee	Establish access to artery	106.19
36145	Physician/Professional Fee	Artery to vein shunt	104.17
36160	Physician/Professional Fee	Establish access to aorta	135.24
36200	Physician/Professional Fee	Place catheter in aorta	160.58
36215	Physician/Professional Fee	Place catheter in artery	249.50
36216	Physician/Professional Fee	Place catheter in artery	279.88
36217	Physician/Professional Fee	Place catheter in artery	336.24
36218	Physician/Professional Fee	Place catheter in artery	53.64
36245	Physician/Professional Fee	Place catheter in artery	256.50
36246	Physician/Professional Fee	Place catheter in artery	282.95
36247	Physician/Professional Fee	Place catheter in artery	337.18
36248	Physician/Professional Fee	Place catheter in artery	54.09
36260	Physician/Professional Fee	Insertion of infusion pump	609.21
36260	Facility Fee	Insertion of infusion pump	5.00
36261	Physician/Professional Fee	Revision of infusion pump	378.26
36261	Facility Fee	Revision of infusion pump	5.00
36262	Physician/Professional Fee	Removal of infusion pump	283.38
36262	Facility Fee	Removal of infusion pump	5.00
36400	Physician/Professional Fee	Bl draw < 3 yrs fem/jugular	18.96
36405	Physician/Professional Fee	Bl draw < 3 yrs scalp vein	15.68
36406	Physician/Professional Fee	Bl draw < 3 yrs other vein	9.37
36406	Facility Fee	Bl draw < 3 yrs other vein	5.00
36410	Physician/Professional Fee	Non-routine bl draw > 3 yrs	8.93
36410	Facility Fee	Non-routine bl draw > 3 yrs	5.00
36415	Facility Fee	Routine venipuncture	6.54

CPT Code	Type	Description	Fee
36416	Facility Fee	Capillary blood draw	5.00
36420	Physician/Professional Fee	Vein access cutdown < 1 yr	50.10
36420	Facility Fee	Vein access cutdown < 1 yr	11.84
36425	Physician/Professional Fee	Vein access cutdown > 1 yr	38.82
36425	Facility Fee	Vein access cutdown > 1 yr	5.00
36430	Physician/Professional Fee	Blood transfusion service	35.54
36430	Facility Fee	Blood transfusion service	204.90
36440	Physician/Professional Fee	Bl push transfuse, 2 yr or <	54.94
36440	Facility Fee	Bl push transfuse, 2 yr or <	204.90
36450	Physician/Professional Fee	Bl exchange/transfuse, nb	119.29
36450	Facility Fee	Bl exchange/transfuse, nb	5.00
36455	Physician/Professional Fee	Bl exchange/transfuse non-nb	134.36
36455	Facility Fee	Bl exchange/transfuse non-nb	5.00
36460	Physician/Professional Fee	Transfusion service, fetal	354.49
36460	Facility Fee	Transfusion service, fetal	5.00
36468	Facility Fee	Injection(s), spider veins	5.00
36469	Facility Fee	Injection(s), spider veins	5.00
36470	Physician/Professional Fee	Injection therapy of vein	74.39
36470	Facility Fee	Injection therapy of vein	5.00
36471	Physician/Professional Fee	Injection therapy of veins	104.29
36471	Facility Fee	Injection therapy of veins	5.00
36475	Physician/Professional Fee	Endovenous rf, 1st vein	358.98
36475	Facility Fee	Endovenous rf, 1st vein	5.00
36476	Physician/Professional Fee	Endovenous rf, vein add-on	175.05
36476	Facility Fee	Endovenous rf, vein add-on	5.00
36478	Physician/Professional Fee	Endovenous laser, 1st vein	359.87
36478	Facility Fee	Endovenous laser, 1st vein	5.00
36479	Physician/Professional Fee	Endovenous laser vein addon	175.93
36479	Facility Fee	Endovenous laser vein addon	5.00
36481	Physician/Professional Fee	Insertion of catheter, vein	377.32
36481	Facility Fee	Insertion of catheter, vein	5.00
36500	Physician/Professional Fee	Insertion of catheter, vein	191.10
36500	Facility Fee	Insertion of catheter, vein	5.00
36510	Physician/Professional Fee	Insertion of catheter, vein	66.23
36510	Facility Fee	Insertion of catheter, vein	5.00
36511	Physician/Professional Fee	Apheresis wbc	95.46
36512	Physician/Professional Fee	Apheresis rbc	96.34
36513	Physician/Professional Fee	Apheresis platelets	97.83
36514	Physician/Professional Fee	Apheresis plasma	94.56
36515	Physician/Professional Fee	Apheresis, adsorp/reinfuse	92.80
36516	Physician/Professional Fee	Apheresis, selective	66.86
36522	Physician/Professional Fee	Photopheresis	105.69
36550	Physician/Professional Fee	Declot vascular device	25.32
36550	Facility Fee	Declot vascular device	5.00
36555	Physician/Professional Fee	Insert non-tunnel cv cath	133.49
36555	Facility Fee	Insert non-tunnel cv cath	520.46
36556	Physician/Professional Fee	Insert non-tunnel cv cath	126.93
36556	Facility Fee	Insert non-tunnel cv cath	520.46
36557	Physician/Professional Fee	Insert tunneled cv cath	314.75
36557	Facility Fee	Insert tunneled cv cath	5.00
36558	Physician/Professional Fee	Insert tunneled cv cath	299.96
36558	Facility Fee	Insert tunneled cv cath	5.00
36560	Physician/Professional Fee	Insert tunneled cv cath	371.44
36560	Facility Fee	Insert tunneled cv cath	5.00
36561	Physician/Professional Fee	Insert tunneled cv cath	360.42
36561	Facility Fee	Insert tunneled cv cath	5.00

CPT Code	Type	Description	Fee
36563	Physician/Professional Fee	Insert tunneled cv cath	377.85
36563	Facility Fee	Insert tunneled cv cath	5.00
36565	Physician/Professional Fee	Insert tunneled cv cath	359.54
36565	Facility Fee	Insert tunneled cv cath	5.00
36566	Physician/Professional Fee	Insert tunneled cv cath	384.63
36566	Facility Fee	Insert tunneled cv cath	5.00
36568	Physician/Professional Fee	Insert picc cath	97.87
36568	Facility Fee	Insert picc cath	520.46
36569	Physician/Professional Fee	Insert picc cath	96.78
36569	Facility Fee	Insert picc cath	520.46
36570	Physician/Professional Fee	Insert picvad cath	325.01
36570	Facility Fee	Insert picvad cath	5.00
36571	Physician/Professional Fee	Insert picvad cath	325.05
36571	Facility Fee	Insert picvad cath	5.00
36575	Physician/Professional Fee	Repair tunneled cv cath	41.33
36575	Facility Fee	Repair tunneled cv cath	5.00
36576	Physician/Professional Fee	Repair tunneled cv cath	199.47
36576	Facility Fee	Repair tunneled cv cath	5.00
36578	Physician/Professional Fee	Replace tunneled cv cath	228.87
36578	Facility Fee	Replace tunneled cv cath	5.00
36580	Physician/Professional Fee	Replace cvad cath	71.30
36580	Facility Fee	Replace cvad cath	5.00
36581	Physician/Professional Fee	Replace tunneled cv cath	210.98
36581	Facility Fee	Replace tunneled cv cath	5.00
36582	Physician/Professional Fee	Replace tunneled cv cath	313.09
36582	Facility Fee	Replace tunneled cv cath	5.00
36583	Physician/Professional Fee	Replace tunneled cv cath	316.02
36583	Facility Fee	Replace tunneled cv cath	5.00
36584	Physician/Professional Fee	Replace picc cath	73.06
36584	Facility Fee	Replace picc cath	5.00
36585	Physician/Professional Fee	Replace picvad cath	293.82
36585	Facility Fee	Replace picvad cath	5.00
36589	Physician/Professional Fee	Removal tunneled cv cath	148.45
36589	Facility Fee	Removal tunneled cv cath	5.00
36590	Physician/Professional Fee	Removal tunneled cv cath	207.76
36590	Facility Fee	Removal tunneled cv cath	5.00
36595	Physician/Professional Fee	Mech remov tunneled cv cath	197.31
36595	Facility Fee	Mech remov tunneled cv cath	5.00
36596	Physician/Professional Fee	Mech remov tunneled cv cath	49.17
36596	Facility Fee	Mech remov tunneled cv cath	5.00
36597	Physician/Professional Fee	Reposition venous catheter	64.83
36597	Facility Fee	Reposition venous catheter	5.00
36598	Physician/Professional Fee	Inj w/fluor, eval cv device	118.71
36598	Facility Fee	Inj w/fluor, eval cv device	5.00
36600	Physician/Professional Fee	Withdrawal of arterial blood	16.21
36600	Facility Fee	Withdrawal of arterial blood	5.00
36620	Physician/Professional Fee	Insertion catheter, artery	53.13
36620	Facility Fee	Insertion catheter, artery	5.00
36625	Physician/Professional Fee	Insertion catheter, artery	107.15
36625	Facility Fee	Insertion catheter, artery	5.00
36640	Physician/Professional Fee	Insertion catheter, artery	126.89
36640	Facility Fee	Insertion catheter, artery	5.00
36660	Physician/Professional Fee	Insertion catheter, artery	71.60
36660	Facility Fee	Insertion catheter, artery	5.00
36680	Physician/Professional Fee	Insert needle, bone cavity	66.57
36680	Facility Fee	Insert needle, bone cavity	5.00

CPT Code	Type	Description	Fee
36800	Physician/Professional Fee	Insertion of cannula	172.47
36800	Facility Fee	Insertion of cannula	5.00
36810	Physician/Professional Fee	Insertion of cannula	227.33
36810	Facility Fee	Insertion of cannula	5.00
36815	Physician/Professional Fee	Insertion of cannula	155.83
36815	Facility Fee	Insertion of cannula	5.00
36818	Physician/Professional Fee	Av fuse, uppr arm, cephalic	737.98
36818	Facility Fee	Av fuse, uppr arm, cephalic	5.00
36819	Physician/Professional Fee	Av fuse, uppr arm, basilic	848.15
36819	Facility Fee	Av fuse, uppr arm, basilic	5.00
36820	Physician/Professional Fee	Av fusion/forearm vein	849.16
36820	Facility Fee	Av fusion/forearm vein	5.00
36821	Physician/Professional Fee	Av fusion direct any site	566.51
36821	Facility Fee	Av fusion direct any site	5.00
36822	Physician/Professional Fee	Insertion of cannula(s)	410.43
36822	Facility Fee	Insertion of cannula(s)	5.00
36823	Physician/Professional Fee	Insertion of cannula(s)	1319.91
36823	Facility Fee	Insertion of cannula(s)	5.00
36825	Physician/Professional Fee	Artery-vein autograft	617.48
36825	Facility Fee	Artery-vein autograft	5.00
36830	Physician/Professional Fee	Artery-vein nonautograft	704.05
36830	Facility Fee	Artery-vein nonautograft	5.00
36831	Physician/Professional Fee	Open thrombect av fistula	489.04
36831	Facility Fee	Open thrombect av fistula	5.00
36832	Physician/Professional Fee	Av fistula revision, open	621.92
36832	Facility Fee	Av fistula revision, open	5.00
36833	Physician/Professional Fee	Av fistula revision	701.25
36833	Facility Fee	Av fistula revision	5.00
36834	Physician/Professional Fee	Repair A-V aneurysm	649.69
36834	Facility Fee	Repair A-V aneurysm	5.00
36835	Physician/Professional Fee	Artery to vein shunt	484.29
36835	Facility Fee	Artery to vein shunt	5.00
36838	Physician/Professional Fee	Dist revas ligation, hemo	1261.40
36838	Facility Fee	Dist revas ligation, hemo	5.00
36860	Physician/Professional Fee	External cannula declotting	105.50
36860	Facility Fee	External cannula declotting	5.00
36861	Physician/Professional Fee	Cannula declotting	162.13
36861	Facility Fee	Cannula declotting	5.00
36870	Physician/Professional Fee	Percut thrombect av fistula	327.46
36870	Facility Fee	Percut thrombect av fistula	5.00
37140	Physician/Professional Fee	Revision of circulation	1412.65
37140	Facility Fee	Revision of circulation	5.00
37145	Physician/Professional Fee	Revision of circulation	1502.94
37145	Facility Fee	Revision of circulation	5.00
37160	Physician/Professional Fee	Revision of circulation	1317.40
37160	Facility Fee	Revision of circulation	5.00
37180	Physician/Professional Fee	Revision of circulation	1485.82
37180	Facility Fee	Revision of circulation	5.00
37210	Physician/Professional Fee	Embolization uterine fibroid	538.53
37210	Facility Fee	Embolization uterine fibroid	5.00
37215	Physician/Professional Fee	Transcath stent, cca w/eps	1152.04
37215	Facility Fee	Transcath stent, cca w/eps	5.00
37216	Facility Fee	Transcath stent, cca w/o eps	5.00
37250	Physician/Professional Fee	Iv us first vessel add-on	116.27
37250	Facility Fee	Iv us first vessel add-on	5.00
37251	Physician/Professional Fee	Iv us each add vessel add-on	87.45

CPT Code	Type	Description	Fee
37251	Facility Fee	Iv us each add vessel add-on	5.00
37500	Physician/Professional Fee	Endoscopy ligate perf veins	750.77
37500	Facility Fee	Endoscopy ligate perf veins	5.00
37501	Facility Fee	Vascular endoscopy procedure	5.00
37718	Physician/Professional Fee	Ligate/strip short leg vein	431.54
37718	Facility Fee	Ligate/strip short leg vein	5.00
37722	Physician/Professional Fee	Ligate/strip long leg vein	505.90
37722	Facility Fee	Ligate/strip long leg vein	5.00
37735	Physician/Professional Fee	Removal of leg veins/lesion	669.35
37735	Facility Fee	Removal of leg veins/lesion	5.00
37760	Physician/Professional Fee	Ligation, leg veins, open	657.06
37760	Facility Fee	Ligation, leg veins, open	5.00
37765	Physician/Professional Fee	Phleb veins - extrem - to 20	482.48
37765	Facility Fee	Phleb veins - extrem - to 20	5.00
37766	Physician/Professional Fee	Phleb veins - extrem 20+	581.65
37766	Facility Fee	Phleb veins - extrem 20+	5.00
37780	Physician/Professional Fee	Revision of leg vein	278.01
37780	Facility Fee	Revision of leg vein	5.00
38120	Physician/Professional Fee	Laparoscopy, splenectomy	1002.71
38120	Facility Fee	Laparoscopy, splenectomy	5.00
38129	Facility Fee	Laparoscope proc, spleen	5.00
38200	Physician/Professional Fee	Injection for spleen x-ray	139.47
38200	Facility Fee	Injection for spleen x-ray	5.00
38220	Physician/Professional Fee	Bone marrow aspiration	62.51
38220	Facility Fee	Bone marrow aspiration	5.00
38221	Physician/Professional Fee	Bone marrow biopsy	79.29
38221	Facility Fee	Bone marrow biopsy	5.00
38500	Physician/Professional Fee	Biopsy/removal, lymph nodes	242.19
38500	Facility Fee	Biopsy/removal, lymph nodes	5.00
38505	Physician/Professional Fee	Needle biopsy, lymph nodes	77.23
38505	Facility Fee	Needle biopsy, lymph nodes	5.00
38510	Physician/Professional Fee	Biopsy/removal, lymph nodes	412.10
38510	Facility Fee	Biopsy/removal, lymph nodes	5.00
38520	Physician/Professional Fee	Biopsy/removal, lymph nodes	451.64
38520	Facility Fee	Biopsy/removal, lymph nodes	5.00
38525	Physician/Professional Fee	Biopsy/removal, lymph nodes	400.89
38525	Facility Fee	Biopsy/removal, lymph nodes	5.00
38530	Physician/Professional Fee	Biopsy/removal, lymph nodes	523.54
38530	Facility Fee	Biopsy/removal, lymph nodes	5.00
38542	Physician/Professional Fee	Explore deep node(s), neck	427.98
38542	Facility Fee	Explore deep node(s), neck	5.00
38550	Physician/Professional Fee	Removal, neck/ampit lesion	455.82
38550	Facility Fee	Removal, neck/ampit lesion	5.00
38555	Physician/Professional Fee	Removal, neck/ampit lesion	973.85
38555	Facility Fee	Removal, neck/ampit lesion	5.00
38562	Physician/Professional Fee	Removal, pelvic lymph nodes	685.84
38562	Facility Fee	Removal, pelvic lymph nodes	5.00
38564	Physician/Professional Fee	Removal, abdomen lymph nodes	679.33
38564	Facility Fee	Removal, abdomen lymph nodes	5.00
38570	Physician/Professional Fee	Laparoscopy, lymph node biop	545.59
38570	Facility Fee	Laparoscopy, lymph node biop	5.00
38571	Physician/Professional Fee	Laparoscopy, lymphadenectomy	829.10
38571	Facility Fee	Laparoscopy, lymphadenectomy	5.00
38572	Physician/Professional Fee	Laparoscopy, lymphadenectomy	969.91
38572	Facility Fee	Laparoscopy, lymphadenectomy	5.00
38589	Facility Fee	Laparoscope proc, lymphatic	5.00

CPT Code	Type	Description	Fee
38700	Physician/Professional Fee	Removal of lymph nodes, neck	752.16
38700	Facility Fee	Removal of lymph nodes, neck	5.00
38720	Physician/Professional Fee	Removal of lymph nodes, neck	1233.15
38720	Facility Fee	Removal of lymph nodes, neck	5.00
38724	Physician/Professional Fee	Removal of lymph nodes, neck	1330.23
38724	Facility Fee	Removal of lymph nodes, neck	5.00
38740	Physician/Professional Fee	Remove armpit lymph nodes	641.33
38740	Facility Fee	Remove armpit lymph nodes	5.00
38745	Physician/Professional Fee	Remove armpit lymph nodes	816.42
38745	Facility Fee	Remove armpit lymph nodes	5.00
38746	Physician/Professional Fee	Remove thoracic lymph nodes	267.65
38746	Facility Fee	Remove thoracic lymph nodes	5.00
38747	Physician/Professional Fee	Remove abdominal lymph nodes	265.14
38747	Facility Fee	Remove abdominal lymph nodes	5.00
38760	Physician/Professional Fee	Remove groin lymph nodes	808.68
38760	Facility Fee	Remove groin lymph nodes	5.00
38765	Physician/Professional Fee	Remove groin lymph nodes	1249.51
38765	Facility Fee	Remove groin lymph nodes	5.00
38770	Physician/Professional Fee	Remove pelvis lymph nodes	814.49
38770	Facility Fee	Remove pelvis lymph nodes	5.00
38780	Physician/Professional Fee	Remove abdomen lymph nodes	1052.05
38780	Facility Fee	Remove abdomen lymph nodes	5.00
38790	Physician/Professional Fee	Inject for lymphatic x-ray	83.67
38790	Facility Fee	Inject for lymphatic x-ray	5.00
38792	Physician/Professional Fee	Identify sentinel node	40.60
38792	Facility Fee	Identify sentinel node	5.00
38794	Physician/Professional Fee	Access thoracic lymph duct	318.54
38794	Facility Fee	Access thoracic lymph duct	5.00
38999	Facility Fee	Blood/lymph system procedure	5.00
39000	Physician/Professional Fee	Exploration of chest	499.81
39000	Facility Fee	Exploration of chest	5.00
39010	Physician/Professional Fee	Exploration of chest	845.05
39010	Facility Fee	Exploration of chest	5.00
39200	Physician/Professional Fee	Removal chest lesion	923.98
39200	Facility Fee	Removal chest lesion	5.00
39220	Physician/Professional Fee	Removal chest lesion	1177.66
39220	Facility Fee	Removal chest lesion	5.00
39400	Physician/Professional Fee	Visualization of chest	520.89
39400	Facility Fee	Visualization of chest	5.00
39499	Facility Fee	Chest procedure	5.00
39501	Physician/Professional Fee	Repair diaphragm laceration	835.14
39501	Facility Fee	Repair diaphragm laceration	5.00
39502	Physician/Professional Fee	Repair paraesophageal hernia	993.09
39502	Facility Fee	Repair paraesophageal hernia	5.00
39503	Physician/Professional Fee	Repair of diaphragm hernia	5702.18
39503	Facility Fee	Repair of diaphragm hernia	5.00
39520	Physician/Professional Fee	Repair of diaphragm hernia	1012.11
39520	Facility Fee	Repair of diaphragm hernia	5.00
39530	Physician/Professional Fee	Repair of diaphragm hernia	957.36
39530	Facility Fee	Repair of diaphragm hernia	5.00
39531	Physician/Professional Fee	Repair of diaphragm hernia	1007.38
39531	Facility Fee	Repair of diaphragm hernia	5.00
39540	Physician/Professional Fee	Repair of diaphragm hernia	847.09
39540	Facility Fee	Repair of diaphragm hernia	5.00
39541	Physician/Professional Fee	Repair of diaphragm hernia	910.91
39541	Facility Fee	Repair of diaphragm hernia	5.00

CPT Code	Type	Description	Fee
39545	Physician/Professional Fee	Revision of diaphragm	912.30
39545	Facility Fee	Revision of diaphragm	5.00
39560	Physician/Professional Fee	Resect diaphragm, simple	786.65
39560	Facility Fee	Resect diaphragm, simple	5.00
39561	Physician/Professional Fee	Resect diaphragm, complex	1200.63
39561	Facility Fee	Resect diaphragm, complex	5.00
39599	Facility Fee	Diaphragm surgery procedure	5.00
40490	Physician/Professional Fee	Biopsy of lip	72.58
40490	Facility Fee	Biopsy of lip	5.00
40500	Physician/Professional Fee	Partial excision of lip	359.59
40500	Facility Fee	Partial excision of lip	5.00
40510	Physician/Professional Fee	Partial excision of lip	357.99
40510	Facility Fee	Partial excision of lip	5.00
40520	Physician/Professional Fee	Partial excision of lip	364.33
40520	Facility Fee	Partial excision of lip	5.00
40525	Physician/Professional Fee	Reconstruct lip with flap	568.55
40525	Facility Fee	Reconstruct lip with flap	5.00
40527	Physician/Professional Fee	Reconstruct lip with flap	671.57
40527	Facility Fee	Reconstruct lip with flap	5.00
40530	Physician/Professional Fee	Partial removal of lip	411.15
40530	Facility Fee	Partial removal of lip	5.00
40650	Physician/Professional Fee	Repair lip	289.05
40650	Facility Fee	Repair lip	5.00
40652	Physician/Professional Fee	Repair lip	358.31
40652	Facility Fee	Repair lip	5.00
40654	Physician/Professional Fee	Repair lip	428.07
40654	Facility Fee	Repair lip	5.00
40700	Physician/Professional Fee	Repair cleft lip/nasal	936.40
40700	Facility Fee	Repair cleft lip/nasal	5.00
40701	Physician/Professional Fee	Repair cleft lip/nasal	1167.46
40701	Facility Fee	Repair cleft lip/nasal	5.00
40702	Physician/Professional Fee	Repair cleft lip/nasal	900.41
40702	Facility Fee	Repair cleft lip/nasal	5.00
40720	Physician/Professional Fee	Repair cleft lip/nasal	1009.94
40720	Facility Fee	Repair cleft lip/nasal	5.00
40761	Physician/Professional Fee	Repair cleft lip/nasal	1066.59
40761	Facility Fee	Repair cleft lip/nasal	5.00
40799	Facility Fee	Lip surgery procedure	5.00
40800	Physician/Professional Fee	Drainage of mouth lesion	126.58
40800	Facility Fee	Drainage of mouth lesion	5.00
40801	Physician/Professional Fee	Drainage of mouth lesion	221.67
40801	Facility Fee	Drainage of mouth lesion	5.00
40804	Physician/Professional Fee	Removal, foreign body, mouth	129.69
40804	Facility Fee	Removal, foreign body, mouth	5.00
40805	Physician/Professional Fee	Removal, foreign body, mouth	230.63
40805	Facility Fee	Removal, foreign body, mouth	5.00
40806	Physician/Professional Fee	Incision of lip fold	34.60
40806	Facility Fee	Incision of lip fold	5.00
40808	Physician/Professional Fee	Biopsy of mouth lesion	105.20
40808	Facility Fee	Biopsy of mouth lesion	5.00
40810	Physician/Professional Fee	Excision of mouth lesion	125.58
40810	Facility Fee	Excision of mouth lesion	5.00
40812	Physician/Professional Fee	Excise/repair mouth lesion	197.72
40812	Facility Fee	Excise/repair mouth lesion	5.00
40814	Physician/Professional Fee	Excise/repair mouth lesion	306.44
40814	Facility Fee	Excise/repair mouth lesion	5.00

CPT Code	Type	Description	Fee
40816	Physician/Professional Fee	Excision of mouth lesion	319.76
40816	Facility Fee	Excision of mouth lesion	5.00
40818	Physician/Professional Fee	Excise oral mucosa for graft	277.73
40818	Facility Fee	Excise oral mucosa for graft	5.00
40819	Physician/Professional Fee	Excise lip or cheek fold	233.92
40819	Facility Fee	Excise lip or cheek fold	5.00
40820	Physician/Professional Fee	Treatment of mouth lesion	162.73
40820	Facility Fee	Treatment of mouth lesion	5.00
40830	Physician/Professional Fee	Repair mouth laceration	161.62
40830	Facility Fee	Repair mouth laceration	145.27
40831	Physician/Professional Fee	Repair mouth laceration	231.36
40831	Facility Fee	Repair mouth laceration	447.38
40840	Physician/Professional Fee	Reconstruction of mouth	652.63
40842	Physician/Professional Fee	Reconstruction of mouth	643.78
40843	Physician/Professional Fee	Reconstruction of mouth	824.72
40844	Physician/Professional Fee	Reconstruction of mouth	1140.81
40845	Physician/Professional Fee	Reconstruction of mouth	1298.17
41000	Physician/Professional Fee	Drainage of mouth lesion	112.91
41005	Physician/Professional Fee	Drainage of mouth lesion	125.93
41005	Facility Fee	Drainage of mouth lesion	5.00
41006	Physician/Professional Fee	Drainage of mouth lesion	264.90
41007	Physician/Professional Fee	Drainage of mouth lesion	253.13
41008	Physician/Professional Fee	Drainage of mouth lesion	273.26
41009	Physician/Professional Fee	Drainage of mouth lesion	298.78
41009	Facility Fee	Drainage of mouth lesion	5.00
41010	Physician/Professional Fee	Incision of tongue fold	109.19
41010	Facility Fee	Incision of tongue fold	5.00
41015	Physician/Professional Fee	Drainage of mouth lesion	339.52
41015	Facility Fee	Drainage of mouth lesion	5.00
41016	Physician/Professional Fee	Drainage of mouth lesion	349.69
41016	Facility Fee	Drainage of mouth lesion	5.00
41017	Physician/Professional Fee	Drainage of mouth lesion	352.79
41017	Facility Fee	Drainage of mouth lesion	5.00
41018	Physician/Professional Fee	Drainage of mouth lesion	406.25
41018	Facility Fee	Drainage of mouth lesion	5.00
41100	Physician/Professional Fee	Biopsy of tongue	114.48
41100	Facility Fee	Biopsy of tongue	5.00
41105	Physician/Professional Fee	Biopsy of tongue	112.75
41105	Facility Fee	Biopsy of tongue	5.00
41108	Physician/Professional Fee	Biopsy of floor of mouth	90.69
41108	Facility Fee	Biopsy of floor of mouth	5.00
41110	Physician/Professional Fee	Excision of tongue lesion	131.01
41110	Facility Fee	Excision of tongue lesion	5.00
41112	Physician/Professional Fee	Excision of tongue lesion	250.52
41112	Facility Fee	Excision of tongue lesion	5.00
41113	Physician/Professional Fee	Excision of tongue lesion	279.37
41113	Facility Fee	Excision of tongue lesion	5.00
41114	Physician/Professional Fee	Excision of tongue lesion	644.72
41114	Facility Fee	Excision of tongue lesion	5.00
41115	Physician/Professional Fee	Excision of tongue fold	149.88
41115	Facility Fee	Excision of tongue fold	5.00
41250	Physician/Professional Fee	Repair tongue laceration	131.91
41250	Facility Fee	Repair tongue laceration	5.00
41251	Physician/Professional Fee	Repair tongue laceration	159.25
41251	Facility Fee	Repair tongue laceration	5.00
41252	Physician/Professional Fee	Repair tongue laceration	213.21

CPT Code	Type	Description	Fee
41252	Facility Fee	Repair tongue laceration	5.00
41500	Physician/Professional Fee	Fixation of tongue	463.53
41500	Facility Fee	Fixation of tongue	5.00
41510	Physician/Professional Fee	Tongue to lip surgery	471.70
41510	Facility Fee	Tongue to lip surgery	5.00
41800	Physician/Professional Fee	Drainage of gum lesion	113.34
41800	Facility Fee	Drainage of gum lesion	5.00
41805	Physician/Professional Fee	Removal foreign body, gum	154.14
41805	Facility Fee	Removal foreign body, gum	5.00
41806	Physician/Professional Fee	Removal foreign body,jawbone	248.59
41806	Facility Fee	Removal foreign body,jawbone	5.00
41820	Facility Fee	Excision, gum, each quadrant	5.00
41821	Facility Fee	Excision of gum flap	5.00
41822	Physician/Professional Fee	Excision of gum lesion	176.02
41822	Facility Fee	Excision of gum lesion	5.00
41823	Physician/Professional Fee	Excision of gum lesion	320.03
41823	Facility Fee	Excision of gum lesion	5.00
41825	Physician/Professional Fee	Excision of gum lesion	143.44
41825	Facility Fee	Excision of gum lesion	5.00
41826	Physician/Professional Fee	Excision of gum lesion	192.54
41826	Facility Fee	Excision of gum lesion	5.00
41827	Physician/Professional Fee	Excision of gum lesion	303.93
41827	Facility Fee	Excision of gum lesion	5.00
41828	Physician/Professional Fee	Excision of gum lesion	242.68
41828	Facility Fee	Excision of gum lesion	5.00
41830	Physician/Professional Fee	Removal of gum tissue	290.81
41830	Facility Fee	Removal of gum tissue	5.00
41850	Facility Fee	Treatment of gum lesion	5.00
41870	Facility Fee	Gum graft	5.00
41872	Physician/Professional Fee	Repair gum	265.24
41872	Facility Fee	Repair gum	5.00
41874	Physician/Professional Fee	Repair tooth socket	263.28
41874	Facility Fee	Repair tooth socket	5.00
41899	Facility Fee	Dental surgery procedure	5.00
42000	Physician/Professional Fee	Drainage mouth roof lesion	103.03
42000	Facility Fee	Drainage mouth roof lesion	5.00
42100	Physician/Professional Fee	Biopsy roof of mouth	110.96
42100	Facility Fee	Biopsy roof of mouth	5.00
42104	Physician/Professional Fee	Excision lesion, mouth roof	133.69
42104	Facility Fee	Excision lesion, mouth roof	5.00
42106	Physician/Professional Fee	Excision lesion, mouth roof	188.30
42106	Facility Fee	Excision lesion, mouth roof	5.00
42107	Physician/Professional Fee	Excision lesion, mouth roof	345.90
42107	Facility Fee	Excision lesion, mouth roof	5.00
42120	Physician/Professional Fee	Remove palate/lesion	955.62
42120	Facility Fee	Remove palate/lesion	5.00
42140	Physician/Professional Fee	Excision of uvula	154.50
42140	Facility Fee	Excision of uvula	5.00
42145	Physician/Professional Fee	Repair palate, pharynx/uvula	691.32
42145	Facility Fee	Repair palate, pharynx/uvula	5.00
42160	Physician/Professional Fee	Treatment mouth roof lesion	164.80
42160	Facility Fee	Treatment mouth roof lesion	5.00
42180	Physician/Professional Fee	Repair palate	186.82
42180	Facility Fee	Repair palate	5.00
42182	Physician/Professional Fee	Repair palate	278.05
42182	Facility Fee	Repair palate	5.00

CPT Code	Type	Description	Fee
42200	Physician/Professional Fee	Reconstruct cleft palate	916.57
42200	Facility Fee	Reconstruct cleft palate	5.00
42205	Physician/Professional Fee	Reconstruct cleft palate	955.91
42205	Facility Fee	Reconstruct cleft palate	5.00
42210	Physician/Professional Fee	Reconstruct cleft palate	1094.08
42210	Facility Fee	Reconstruct cleft palate	5.00
42215	Physician/Professional Fee	Reconstruct cleft palate	743.21
42215	Facility Fee	Reconstruct cleft palate	5.00
42220	Physician/Professional Fee	Reconstruct cleft palate	577.93
42220	Facility Fee	Reconstruct cleft palate	5.00
42225	Physician/Professional Fee	Reconstruct cleft palate	1075.55
42225	Facility Fee	Reconstruct cleft palate	5.00
42226	Physician/Professional Fee	Lengthening of palate	1015.12
42226	Facility Fee	Lengthening of palate	5.00
42227	Physician/Professional Fee	Lengthening of palate	1007.88
42227	Facility Fee	Lengthening of palate	5.00
42235	Physician/Professional Fee	Repair palate	815.72
42235	Facility Fee	Repair palate	5.00
42260	Physician/Professional Fee	Repair nose to lip fistula	702.86
42260	Facility Fee	Repair nose to lip fistula	5.00
42280	Physician/Professional Fee	Preparation, palate mold	109.33
42280	Facility Fee	Preparation, palate mold	5.00
42281	Physician/Professional Fee	Insertion, palate prosthesis	155.03
42281	Facility Fee	Insertion, palate prosthesis	5.00
42299	Facility Fee	Palate/uvula surgery	5.00
42300	Physician/Professional Fee	Drainage of salivary gland	152.94
42300	Facility Fee	Drainage of salivary gland	5.00
42305	Physician/Professional Fee	Drainage of salivary gland	437.89
42305	Facility Fee	Drainage of salivary gland	5.00
42310	Physician/Professional Fee	Drainage of salivary gland	126.85
42310	Facility Fee	Drainage of salivary gland	5.00
42320	Physician/Professional Fee	Drainage of salivary gland	180.78
42320	Facility Fee	Drainage of salivary gland	5.00
42330	Physician/Professional Fee	Removal of salivary stone	165.61
42330	Facility Fee	Removal of salivary stone	5.00
42335	Physician/Professional Fee	Removal of salivary stone	263.66
42335	Facility Fee	Removal of salivary stone	5.00
42340	Physician/Professional Fee	Removal of salivary stone	346.45
42340	Facility Fee	Removal of salivary stone	5.00
42400	Physician/Professional Fee	Biopsy of salivary gland	60.43
42400	Facility Fee	Biopsy of salivary gland	5.00
42405	Physician/Professional Fee	Biopsy of salivary gland	231.58
42405	Facility Fee	Biopsy of salivary gland	5.00
42408	Physician/Professional Fee	Excision of salivary cyst	332.99
42408	Facility Fee	Excision of salivary cyst	5.00
42409	Physician/Professional Fee	Drainage of salivary cyst	229.09
42409	Facility Fee	Drainage of salivary cyst	5.00
42410	Physician/Professional Fee	Excise parotid gland/lesion	630.57
42410	Facility Fee	Excise parotid gland/lesion	5.00
42415	Physician/Professional Fee	Excise parotid gland/lesion	1139.61
42415	Facility Fee	Excise parotid gland/lesion	5.00
42420	Physician/Professional Fee	Excise parotid gland/lesion	1309.86
42420	Facility Fee	Excise parotid gland/lesion	5.00
42425	Physician/Professional Fee	Excise parotid gland/lesion	865.89
42425	Facility Fee	Excise parotid gland/lesion	5.00
42426	Physician/Professional Fee	Excise parotid gland/lesion	1398.78

CPT Code	Type	Description	Fee
42426	Facility Fee	Excise parotid gland/lesion	5.00
42440	Physician/Professional Fee	Excise submaxillary gland	470.43
42440	Facility Fee	Excise submaxillary gland	5.00
42450	Physician/Professional Fee	Excise sublingual gland	362.74
42450	Facility Fee	Excise sublingual gland	5.00
42500	Physician/Professional Fee	Repair salivary duct	348.18
42500	Facility Fee	Repair salivary duct	5.00
42505	Physician/Professional Fee	Repair salivary duct	467.93
42505	Facility Fee	Repair salivary duct	5.00
42507	Physician/Professional Fee	Parotid duct diversion	519.91
42507	Facility Fee	Parotid duct diversion	5.00
42508	Physician/Professional Fee	Parotid duct diversion	725.06
42508	Facility Fee	Parotid duct diversion	5.00
42509	Physician/Professional Fee	Parotid duct diversion	883.60
42509	Facility Fee	Parotid duct diversion	5.00
42510	Physician/Professional Fee	Parotid duct diversion	647.76
42510	Facility Fee	Parotid duct diversion	5.00
42550	Physician/Professional Fee	Injection for salivary x-ray	64.70
42550	Facility Fee	Injection for salivary x-ray	5.00
42600	Physician/Professional Fee	Closure of salivary fistula	362.72
42600	Facility Fee	Closure of salivary fistula	5.00
42650	Physician/Professional Fee	Dilation of salivary duct	60.34
42650	Facility Fee	Dilation of salivary duct	5.00
42660	Physician/Professional Fee	Dilation of salivary duct	79.93
42660	Facility Fee	Dilation of salivary duct	5.00
42665	Physician/Professional Fee	Ligation of salivary duct	210.30
42665	Facility Fee	Ligation of salivary duct	5.00
42699	Facility Fee	Salivary surgery procedure	5.00
42700	Physician/Professional Fee	Drainage of tonsil abscess	136.77
42700	Facility Fee	Drainage of tonsil abscess	5.00
42720	Physician/Professional Fee	Drainage of throat abscess	399.04
42720	Facility Fee	Drainage of throat abscess	5.00
42725	Physician/Professional Fee	Drainage of throat abscess	817.23
42725	Facility Fee	Drainage of throat abscess	5.00
42800	Physician/Professional Fee	Biopsy of throat	114.02
42800	Facility Fee	Biopsy of throat	5.00
42802	Physician/Professional Fee	Biopsy of throat	145.23
42802	Facility Fee	Biopsy of throat	5.00
42804	Physician/Professional Fee	Biopsy of upper nose/throat	120.96
42804	Facility Fee	Biopsy of upper nose/throat	5.00
42806	Physician/Professional Fee	Biopsy of upper nose/throat	142.26
42806	Facility Fee	Biopsy of upper nose/throat	5.00
42808	Physician/Professional Fee	Excise pharynx lesion	170.14
42808	Facility Fee	Excise pharynx lesion	5.00
42809	Physician/Professional Fee	Remove pharynx foreign body	129.01
42809	Facility Fee	Remove pharynx foreign body	5.00
42810	Physician/Professional Fee	Excision of neck cyst	283.31
42810	Facility Fee	Excision of neck cyst	5.00
42815	Physician/Professional Fee	Excision of neck cyst	555.85
42815	Facility Fee	Excision of neck cyst	5.00
42820	Physician/Professional Fee	Remove tonsils and adenoids	297.41
42820	Facility Fee	Remove tonsils and adenoids	5.00
42821	Physician/Professional Fee	Remove tonsils and adenoids	312.72
42821	Facility Fee	Remove tonsils and adenoids	5.00
42825	Physician/Professional Fee	Removal of tonsils	264.22
42825	Facility Fee	Removal of tonsils	5.00

CPT Code	Type	Description	Fee
42826	Physician/Professional Fee	Removal of tonsils	258.83
42826	Facility Fee	Removal of tonsils	5.00
42830	Physician/Professional Fee	Removal of adenoids	209.67
42830	Facility Fee	Removal of adenoids	5.00
42831	Physician/Professional Fee	Removal of adenoids	227.02
42831	Facility Fee	Removal of adenoids	5.00
42835	Physician/Professional Fee	Removal of adenoids	191.98
42835	Facility Fee	Removal of adenoids	5.00
42836	Physician/Professional Fee	Removal of adenoids	249.06
42836	Facility Fee	Removal of adenoids	5.00
42842	Physician/Professional Fee	Extensive surgery of throat	942.17
42842	Facility Fee	Extensive surgery of throat	5.00
42844	Physician/Professional Fee	Extensive surgery of throat	1364.41
42844	Facility Fee	Extensive surgery of throat	5.00
42845	Physician/Professional Fee	Extensive surgery of throat	2209.73
42845	Facility Fee	Extensive surgery of throat	5.00
42860	Physician/Professional Fee	Excision of tonsil tags	189.61
42860	Facility Fee	Excision of tonsil tags	5.00
42870	Physician/Professional Fee	Excision of lingual tonsil	582.70
42870	Facility Fee	Excision of lingual tonsil	5.00
42890	Physician/Professional Fee	Partial removal of pharynx	1338.46
42890	Facility Fee	Partial removal of pharynx	5.00
42892	Physician/Professional Fee	Revision of pharyngeal walls	1732.40
42892	Facility Fee	Revision of pharyngeal walls	5.00
42894	Physician/Professional Fee	Revision of pharyngeal walls	2235.66
42894	Facility Fee	Revision of pharyngeal walls	5.00
42900	Physician/Professional Fee	Repair throat wound	356.73
42900	Facility Fee	Repair throat wound	5.00
42950	Physician/Professional Fee	Reconstruction of throat	824.52
42950	Facility Fee	Reconstruction of throat	5.00
42953	Physician/Professional Fee	Repair throat, esophagus	1082.34
42953	Facility Fee	Repair throat, esophagus	5.00
42955	Physician/Professional Fee	Surgical opening of throat	767.74
42955	Facility Fee	Surgical opening of throat	5.00
42960	Physician/Professional Fee	Control throat bleeding	173.16
42960	Facility Fee	Control throat bleeding	5.00
42961	Physician/Professional Fee	Control throat bleeding	429.66
42961	Facility Fee	Control throat bleeding	5.00
42962	Physician/Professional Fee	Control throat bleeding	530.25
42962	Facility Fee	Control throat bleeding	5.00
42970	Physician/Professional Fee	Control nose/throat bleeding	397.41
42970	Facility Fee	Control nose/throat bleeding	5.00
42971	Physician/Professional Fee	Control nose/throat bleeding	467.25
42971	Facility Fee	Control nose/throat bleeding	5.00
42972	Physician/Professional Fee	Control nose/throat bleeding	529.32
42972	Facility Fee	Control nose/throat bleeding	5.00
42999	Facility Fee	Throat surgery procedure	5.00
43020	Physician/Professional Fee	Incision of esophagus	548.07
43020	Facility Fee	Incision of esophagus	5.00
43030	Physician/Professional Fee	Throat muscle surgery	535.24
43030	Facility Fee	Throat muscle surgery	5.00
43045	Physician/Professional Fee	Incision of esophagus	1328.54
43045	Facility Fee	Incision of esophagus	5.00
43100	Physician/Professional Fee	Excision of esophagus lesion	635.72
43100	Facility Fee	Excision of esophagus lesion	5.00
43101	Physician/Professional Fee	Excision of esophagus lesion	1025.63

CPT Code	Type	Description	Fee
43101	Facility Fee	Excision of esophagus lesion	5.00
43107	Physician/Professional Fee	Removal of esophagus	2535.87
43107	Facility Fee	Removal of esophagus	5.00
43108	Physician/Professional Fee	Removal of esophagus	3857.63
43108	Facility Fee	Removal of esophagus	5.00
43112	Physician/Professional Fee	Removal of esophagus	2714.17
43112	Facility Fee	Removal of esophagus	5.00
43113	Physician/Professional Fee	Removal of esophagus	3820.95
43113	Facility Fee	Removal of esophagus	5.00
43116	Physician/Professional Fee	Partial removal of esophagus	4307.81
43116	Facility Fee	Partial removal of esophagus	5.00
43117	Physician/Professional Fee	Partial removal of esophagus	2470.97
43117	Facility Fee	Partial removal of esophagus	5.00
43118	Physician/Professional Fee	Partial removal of esophagus	3227.84
43118	Facility Fee	Partial removal of esophagus	5.00
43121	Physician/Professional Fee	Partial removal of esophagus	2621.21
43121	Facility Fee	Partial removal of esophagus	5.00
43122	Physician/Professional Fee	Partial removal of esophagus	2503.42
43122	Facility Fee	Partial removal of esophagus	5.00
43123	Physician/Professional Fee	Partial removal of esophagus	3867.56
43123	Facility Fee	Partial removal of esophagus	5.00
43124	Physician/Professional Fee	Removal of esophagus	3292.75
43124	Facility Fee	Removal of esophagus	5.00
43130	Physician/Professional Fee	Removal of esophagus pouch	800.18
43130	Facility Fee	Removal of esophagus pouch	5.00
43135	Physician/Professional Fee	Removal of esophagus pouch	1391.43
43135	Facility Fee	Removal of esophagus pouch	5.00
43200	Physician/Professional Fee	Esophagus endoscopy	107.32
43200	Facility Fee	Esophagus endoscopy	5.00
43201	Physician/Professional Fee	Esoph scope w/submucous inj	129.49
43201	Facility Fee	Esoph scope w/submucous inj	5.00
43202	Physician/Professional Fee	Esophagus endoscopy, biopsy	114.75
43202	Facility Fee	Esophagus endoscopy, biopsy	5.00
43204	Physician/Professional Fee	Esoph scope w/sclerosis inj	216.75
43204	Facility Fee	Esoph scope w/sclerosis inj	5.00
43205	Physician/Professional Fee	Esophagus endoscopy/ligation	218.26
43205	Facility Fee	Esophagus endoscopy/ligation	5.00
43215	Physician/Professional Fee	Esophagus endoscopy	154.50
43215	Facility Fee	Esophagus endoscopy	5.00
43216	Physician/Professional Fee	Esophagus endoscopy/lesion	141.36
43216	Facility Fee	Esophagus endoscopy/lesion	5.00
43217	Physician/Professional Fee	Esophagus endoscopy	167.88
43217	Facility Fee	Esophagus endoscopy	5.00
43219	Physician/Professional Fee	Esophagus endoscopy	170.30
43219	Facility Fee	Esophagus endoscopy	5.00
43220	Physician/Professional Fee	Esoph endoscopy, dilation	125.64
43220	Facility Fee	Esoph endoscopy, dilation	5.00
43226	Physician/Professional Fee	Esoph endoscopy, dilation	138.65
43226	Facility Fee	Esoph endoscopy, dilation	5.00
43227	Physician/Professional Fee	Esoph endoscopy, repair	206.59
43227	Facility Fee	Esoph endoscopy, repair	5.00
43228	Physician/Professional Fee	Esoph endoscopy, ablation	218.01
43228	Facility Fee	Esoph endoscopy, ablation	5.00
43231	Physician/Professional Fee	Esoph endoscopy w/us exam	184.86
43231	Facility Fee	Esoph endoscopy w/us exam	5.00
43232	Physician/Professional Fee	Esoph endoscopy w/us fn bx	258.22

CPT Code	Type	Description	Fee
43232	Facility Fee	Esoph endoscopy w/us fn bx	5.00
43234	Physician/Professional Fee	Upper GI endoscopy, exam	118.01
43234	Facility Fee	Upper GI endoscopy, exam	5.00
43235	Physician/Professional Fee	Uppr gi endoscopy, diagnosis	141.09
43235	Facility Fee	Uppr gi endoscopy, diagnosis	5.00
43236	Physician/Professional Fee	Uppr gi scope w/submuc inj	170.66
43236	Facility Fee	Uppr gi scope w/submuc inj	5.00
43237	Physician/Professional Fee	Endoscopic us exam, esoph	233.70
43237	Facility Fee	Endoscopic us exam, esoph	5.00
43238	Physician/Professional Fee	Uppr gi endoscopy w/us fn bx	287.28
43238	Facility Fee	Uppr gi endoscopy w/us fn bx	5.00
43239	Physician/Professional Fee	Upper GI endoscopy, biopsy	167.20
43239	Facility Fee	Upper GI endoscopy, biopsy	5.00
43240	Physician/Professional Fee	Esoph endoscope w/drain cyst	388.78
43240	Facility Fee	Esoph endoscope w/drain cyst	5.00
43241	Physician/Professional Fee	Upper GI endoscopy with tube	152.02
43241	Facility Fee	Upper GI endoscopy with tube	5.00
43242	Physician/Professional Fee	Uppr gi endoscopy w/us fn bx	411.33
43242	Facility Fee	Uppr gi endoscopy w/us fn bx	5.00
43243	Physician/Professional Fee	Upper gi endoscopy & inject	260.22
43243	Facility Fee	Upper gi endoscopy & inject	5.00
43244	Physician/Professional Fee	Upper GI endoscopy/ligation	287.52
43244	Facility Fee	Upper GI endoscopy/ligation	5.00
43245	Physician/Professional Fee	Uppr gi scope dilate strictr	184.08
43245	Facility Fee	Uppr gi scope dilate strictr	5.00
43246	Physician/Professional Fee	Place gastrostomy tube	245.93
43246	Facility Fee	Place gastrostomy tube	5.00
43247	Physician/Professional Fee	Operative upper GI endoscopy	195.57
43247	Facility Fee	Operative upper GI endoscopy	5.00
43248	Physician/Professional Fee	Uppr gi endoscopy/guide wire	183.71
43248	Facility Fee	Uppr gi endoscopy/guide wire	5.00
43249	Physician/Professional Fee	Esoph endoscopy, dilation	169.73
43249	Facility Fee	Esoph endoscopy, dilation	5.00
43250	Physician/Professional Fee	Upper GI endoscopy/tumor	185.33
43250	Facility Fee	Upper GI endoscopy/tumor	5.00
43251	Physician/Professional Fee	Operative upper GI endoscopy	212.72
43251	Facility Fee	Operative upper GI endoscopy	5.00
43255	Physician/Professional Fee	Operative upper GI endoscopy	274.91
43255	Facility Fee	Operative upper GI endoscopy	5.00
43256	Physician/Professional Fee	Uppr gi endoscopy w/stent	247.93
43256	Facility Fee	Uppr gi endoscopy w/stent	5.00
43257	Physician/Professional Fee	Uppr gi scope w/thrml bxmnt	304.90
43257	Facility Fee	Uppr gi scope w/thrml bxmnt	5.00
43258	Physician/Professional Fee	Operative upper GI endoscopy	259.42
43258	Facility Fee	Operative upper GI endoscopy	5.00
43259	Physician/Professional Fee	Endoscopic ultrasound exam	293.83
43259	Facility Fee	Endoscopic ultrasound exam	5.00
43260	Physician/Professional Fee	Endo cholangiopancreatograph	337.70
43260	Facility Fee	Endo cholangiopancreatograph	5.00
43261	Physician/Professional Fee	Endo cholangiopancreatograph	355.15
43261	Facility Fee	Endo cholangiopancreatograph	5.00
43262	Physician/Professional Fee	Endo cholangiopancreatograph	416.65
43262	Facility Fee	Endo cholangiopancreatograph	5.00
43263	Physician/Professional Fee	Endo cholangiopancreatograph	412.61
43263	Facility Fee	Endo cholangiopancreatograph	5.00
43264	Physician/Professional Fee	Endo cholangiopancreatograph	500.17

CPT Code	Type	Description	Fee
43264	Facility Fee	Endo cholangiopancreatograph	5.00
43265	Physician/Professional Fee	Endo cholangiopancreatograph	560.87
43265	Facility Fee	Endo cholangiopancreatograph	5.00
43267	Physician/Professional Fee	Endo cholangiopancreatograph	415.76
43267	Facility Fee	Endo cholangiopancreatograph	5.00
43268	Physician/Professional Fee	Endo cholangiopancreatograph	421.96
43268	Facility Fee	Endo cholangiopancreatograph	5.00
43269	Physician/Professional Fee	Endo cholangiopancreatograph	462.29
43269	Facility Fee	Endo cholangiopancreatograph	5.00
43271	Physician/Professional Fee	Endo cholangiopancreatograph	416.65
43271	Facility Fee	Endo cholangiopancreatograph	5.00
43272	Physician/Professional Fee	Endo cholangiopancreatograph	417.53
43272	Facility Fee	Endo cholangiopancreatograph	5.00
43280	Physician/Professional Fee	Laparoscopy, fundoplasty	1034.64
43280	Facility Fee	Laparoscopy, fundoplasty	5.00
43289	Facility Fee	Laparoscope proc, esoph	5.00
43300	Physician/Professional Fee	Repair of esophagus	635.48
43300	Facility Fee	Repair of esophagus	5.00
43305	Physician/Professional Fee	Repair esophagus and fistula	1134.67
43305	Facility Fee	Repair esophagus and fistula	5.00
43310	Physician/Professional Fee	Repair of esophagus	1534.05
43310	Facility Fee	Repair of esophagus	5.00
43312	Physician/Professional Fee	Repair esophagus and fistula	1682.29
43312	Facility Fee	Repair esophagus and fistula	5.00
43313	Physician/Professional Fee	Esophagoplasty congenital	2719.97
43313	Facility Fee	Esophagoplasty congenital	5.00
43314	Physician/Professional Fee	Tracheo-esophagoplasty cong	2960.44
43314	Facility Fee	Tracheo-esophagoplasty cong	5.00
43320	Physician/Professional Fee	Fuse esophagus & stomach	1323.09
43320	Facility Fee	Fuse esophagus & stomach	5.00
43324	Physician/Professional Fee	Revise esophagus & stomach	1292.64
43324	Facility Fee	Revise esophagus & stomach	5.00
43325	Physician/Professional Fee	Revise esophagus & stomach	1274.08
43325	Facility Fee	Revise esophagus & stomach	5.00
43326	Physician/Professional Fee	Revise esophagus & stomach	1297.77
43326	Facility Fee	Revise esophagus & stomach	5.00
43330	Physician/Professional Fee	Repair of esophagus	1250.48
43330	Facility Fee	Repair of esophagus	5.00
43331	Physician/Professional Fee	Repair of esophagus	1347.18
43331	Facility Fee	Repair of esophagus	5.00
43340	Physician/Professional Fee	Fuse esophagus & intestine	1297.42
43340	Facility Fee	Fuse esophagus & intestine	5.00
43341	Physician/Professional Fee	Fuse esophagus & intestine	1402.67
43341	Facility Fee	Fuse esophagus & intestine	5.00
43350	Physician/Professional Fee	Surgical opening, esophagus	1108.49
43350	Facility Fee	Surgical opening, esophagus	5.00
43351	Physician/Professional Fee	Surgical opening, esophagus	1295.35
43351	Facility Fee	Surgical opening, esophagus	5.00
43352	Physician/Professional Fee	Surgical opening, esophagus	1069.30
43352	Facility Fee	Surgical opening, esophagus	5.00
43360	Physician/Professional Fee	Gastrointestinal repair	2266.78
43360	Facility Fee	Gastrointestinal repair	5.00
43361	Physician/Professional Fee	Gastrointestinal repair	2524.97
43361	Facility Fee	Gastrointestinal repair	5.00
43400	Physician/Professional Fee	Ligate esophagus veins	1443.06
43400	Facility Fee	Ligate esophagus veins	5.00

CPT Code	Type	Description	Fee
43401	Physician/Professional Fee	Esophagus surgery for veins	1463.12
43401	Facility Fee	Esophagus surgery for veins	5.00
43405	Physician/Professional Fee	Ligate/staple esophagus	1405.09
43405	Facility Fee	Ligate/staple esophagus	5.00
43410	Physician/Professional Fee	Repair esophagus wound	976.37
43410	Facility Fee	Repair esophagus wound	5.00
43415	Physician/Professional Fee	Repair esophagus wound	1664.89
43415	Facility Fee	Repair esophagus wound	5.00
43420	Physician/Professional Fee	Repair esophagus opening	966.71
43420	Facility Fee	Repair esophagus opening	5.00
43425	Physician/Professional Fee	Repair esophagus opening	1436.68
43425	Facility Fee	Repair esophagus opening	5.00
43450	Physician/Professional Fee	Dilate esophagus	86.25
43450	Facility Fee	Dilate esophagus	5.00
43453	Physician/Professional Fee	Dilate esophagus	93.26
43453	Facility Fee	Dilate esophagus	5.00
43456	Physician/Professional Fee	Dilate esophagus	151.79
43456	Facility Fee	Dilate esophagus	5.00
43458	Physician/Professional Fee	Dilate esophagus	178.16
43458	Facility Fee	Dilate esophagus	5.00
43460	Physician/Professional Fee	Pressure treatment esophagus	214.73
43460	Facility Fee	Pressure treatment esophagus	5.00
43496	Facility Fee	Free jejunum flap, microvasc	5.00
43499	Facility Fee	Esophagus surgery procedure	5.00
43500	Physician/Professional Fee	Surgical opening of stomach	725.73
43500	Facility Fee	Surgical opening of stomach	5.00
43501	Physician/Professional Fee	Surgical repair of stomach	1257.04
43501	Facility Fee	Surgical repair of stomach	5.00
43502	Physician/Professional Fee	Surgical repair of stomach	1430.14
43502	Facility Fee	Surgical repair of stomach	5.00
43510	Physician/Professional Fee	Surgical opening of stomach	880.75
43510	Facility Fee	Surgical opening of stomach	5.00
43520	Physician/Professional Fee	Incision of pyloric muscle	673.80
43520	Facility Fee	Incision of pyloric muscle	5.00
43600	Physician/Professional Fee	Biopsy of stomach	104.17
43600	Facility Fee	Biopsy of stomach	5.00
43605	Physician/Professional Fee	Biopsy of stomach	775.79
43605	Facility Fee	Biopsy of stomach	5.00
43750	Physician/Professional Fee	Place gastrostomy tube	273.72
43750	Facility Fee	Place gastrostomy tube	5.00
43752	Physician/Professional Fee	Nasal/orogastric w/stent	40.89
43752	Facility Fee	Nasal/orogastric w/stent	5.00
43760	Physician/Professional Fee	Change gastrostomy tube	61.90
43760	Facility Fee	Change gastrostomy tube	139.75
43761	Physician/Professional Fee	Reposition gastrostomy tube	104.80
43761	Facility Fee	Reposition gastrostomy tube	443.17
43830	Physician/Professional Fee	Place gastrostomy tube	644.21
43830	Facility Fee	Place gastrostomy tube	5.00
43831	Physician/Professional Fee	Place gastrostomy tube	540.62
43831	Facility Fee	Place gastrostomy tube	5.00
43832	Physician/Professional Fee	Place gastrostomy tube	989.15
43832	Facility Fee	Place gastrostomy tube	5.00
43840	Physician/Professional Fee	Repair of stomach lesion	1196.92
43840	Facility Fee	Repair of stomach lesion	5.00
43842	Facility Fee	V-band gastroplasty	5.00
43843	Physician/Professional Fee	Gastroplasty w/o v-band	1179.40

CPT Code	Type	Description	Fee
43843	Facility Fee	Gastroplasty w/o v-band	5.00
43845	Physician/Professional Fee	Gastroplasty duodenal switch	1814.09
43845	Facility Fee	Gastroplasty duodenal switch	5.00
43846	Physician/Professional Fee	Gastric bypass for obesity	1523.51
43846	Facility Fee	Gastric bypass for obesity	5.00
43847	Physician/Professional Fee	Gastric bypass incl small i	1674.14
43847	Facility Fee	Gastric bypass incl small i	5.00
43870	Physician/Professional Fee	Repair stomach opening	653.98
43870	Facility Fee	Repair stomach opening	5.00
43886	Physician/Professional Fee	Revise gastric port, open	312.28
43886	Facility Fee	Revise gastric port, open	5.00
43887	Physician/Professional Fee	Remove gastric port, open	292.79
43887	Facility Fee	Remove gastric port, open	5.00
43888	Physician/Professional Fee	Change gastric port, open	417.73
43888	Facility Fee	Change gastric port, open	5.00
43999	Facility Fee	Stomach surgery procedure	5.00
44005	Physician/Professional Fee	Freeing of bowel adhesion	1024.68
44005	Facility Fee	Freeing of bowel adhesion	5.00
44010	Physician/Professional Fee	Incision of small bowel	803.51
44010	Facility Fee	Incision of small bowel	5.00
44020	Physician/Professional Fee	Explore small intestine	902.88
44020	Facility Fee	Explore small intestine	5.00
44021	Physician/Professional Fee	Decompress small bowel	910.38
44021	Facility Fee	Decompress small bowel	5.00
44025	Physician/Professional Fee	Incision of large bowel	918.96
44025	Facility Fee	Incision of large bowel	5.00
44050	Physician/Professional Fee	Reduce bowel obstruction	876.36
44050	Facility Fee	Reduce bowel obstruction	5.00
44055	Physician/Professional Fee	Correct malrotation of bowel	1393.76
44055	Facility Fee	Correct malrotation of bowel	5.00
44100	Physician/Professional Fee	Biopsy of bowel	111.36
44100	Facility Fee	Biopsy of bowel	5.00
44110	Physician/Professional Fee	Excise intestine lesion(s)	786.01
44110	Facility Fee	Excise intestine lesion(s)	5.00
44111	Physician/Professional Fee	Excision of bowel lesion(s)	921.08
44111	Facility Fee	Excision of bowel lesion(s)	5.00
44120	Physician/Professional Fee	Removal of small intestine	1131.20
44120	Facility Fee	Removal of small intestine	5.00
44121	Physician/Professional Fee	Removal of small intestine	241.06
44121	Facility Fee	Removal of small intestine	5.00
44140	Physician/Professional Fee	Partial removal of colon	1270.04
44140	Facility Fee	Partial removal of colon	5.00
44141	Physician/Professional Fee	Partial removal of colon	1614.88
44141	Facility Fee	Partial removal of colon	5.00
44143	Physician/Professional Fee	Partial removal of colon	1558.77
44143	Facility Fee	Partial removal of colon	5.00
44144	Physician/Professional Fee	Partial removal of colon	1597.31
44144	Facility Fee	Partial removal of colon	5.00
44145	Physician/Professional Fee	Partial removal of colon	1591.44
44145	Facility Fee	Partial removal of colon	5.00
44146	Physician/Professional Fee	Partial removal of colon	1945.83
44146	Facility Fee	Partial removal of colon	5.00
44147	Physician/Professional Fee	Partial removal of colon	1697.67
44147	Facility Fee	Partial removal of colon	5.00
44150	Physician/Professional Fee	Removal of colon	1713.65
44150	Facility Fee	Removal of colon	5.00

CPT Code	Type	Description	Fee
44151	Physician/Professional Fee	Removal of colon/ileostomy	1959.63
44151	Facility Fee	Removal of colon/ileostomy	5.00
44155	Physician/Professional Fee	Removal of colon/ileostomy	1926.19
44155	Facility Fee	Removal of colon/ileostomy	5.00
44156	Physician/Professional Fee	Removal of colon/ileostomy	2125.62
44156	Facility Fee	Removal of colon/ileostomy	5.00
44157	Physician/Professional Fee	Colectomy w/ileoanal anast	2093.61
44157	Facility Fee	Colectomy w/ileoanal anast	5.00
44158	Physician/Professional Fee	Colectomy w/neo-rectum pouch	2146.96
44158	Facility Fee	Colectomy w/neo-rectum pouch	5.00
44160	Physician/Professional Fee	Removal of colon	1162.69
44160	Facility Fee	Removal of colon	5.00
44180	Physician/Professional Fee	Lap, enterolysis	874.25
44180	Facility Fee	Lap, enterolysis	5.00
44186	Physician/Professional Fee	Lap, jejunostomy	618.25
44186	Facility Fee	Lap, jejunostomy	5.00
44187	Physician/Professional Fee	Lap, ileo/jejuno-stomy	1047.83
44187	Facility Fee	Lap, ileo/jejuno-stomy	5.00
44188	Physician/Professional Fee	Lap, colostomy	1151.43
44188	Facility Fee	Lap, colostomy	5.00
44202	Physician/Professional Fee	Lap, enterectomy	1314.73
44202	Facility Fee	Lap, enterectomy	5.00
44203	Physician/Professional Fee	Lap resect s/intestine, addl	239.86
44203	Facility Fee	Lap resect s/intestine, addl	5.00
44204	Physician/Professional Fee	Laparo partial colectomy	1473.23
44204	Facility Fee	Laparo partial colectomy	5.00
44205	Physician/Professional Fee	Lap colectomy part w/ileum	1289.23
44205	Facility Fee	Lap colectomy part w/ileum	5.00
44206	Physician/Professional Fee	Lap part colectomy w/stoma	1664.85
44206	Facility Fee	Lap part colectomy w/stoma	5.00
44207	Physician/Professional Fee	L colectomy/coloproctostomy	1753.00
44207	Facility Fee	L colectomy/coloproctostomy	5.00
44208	Physician/Professional Fee	L colectomy/coloproctostomy	1910.13
44208	Facility Fee	L colectomy/coloproctostomy	5.00
44210	Physician/Professional Fee	Laparo total proctocolectomy	1700.74
44210	Facility Fee	Laparo total proctocolectomy	5.00
44211	Physician/Professional Fee	Lap colectomy w/proctectomy	2097.56
44211	Facility Fee	Lap colectomy w/proctectomy	5.00
44212	Physician/Professional Fee	Laparo total proctocolectomy	1955.95
44212	Facility Fee	Laparo total proctocolectomy	5.00
44213	Physician/Professional Fee	Lap, mobil splenic fl add-on	190.24
44213	Facility Fee	Lap, mobil splenic fl add-on	5.00
44227	Physician/Professional Fee	Lap, close enterostomy	1589.26
44227	Facility Fee	Lap, close enterostomy	5.00
44238	Facility Fee	Laparoscope proc, intestine	5.00
44300	Physician/Professional Fee	Open bowel to skin	785.23
44300	Facility Fee	Open bowel to skin	5.00
44310	Physician/Professional Fee	Ileostomy/jejunostomy	985.02
44310	Facility Fee	Ileostomy/jejunostomy	5.00
44312	Physician/Professional Fee	Revision of ileostomy	548.58
44312	Facility Fee	Revision of ileostomy	5.00
44314	Physician/Professional Fee	Revision of ileostomy	945.91
44314	Facility Fee	Revision of ileostomy	5.00
44316	Physician/Professional Fee	Devise bowel pouch	1305.43
44316	Facility Fee	Devise bowel pouch	5.00
44320	Physician/Professional Fee	Colostomy	1119.84

CPT Code	Type	Description	Fee
44320	Facility Fee	Colostomy	5.00
44322	Physician/Professional Fee	Colostomy with biopsies	910.18
44322	Facility Fee	Colostomy with biopsies	5.00
44340	Physician/Professional Fee	Revision of colostomy	555.58
44340	Facility Fee	Revision of colostomy	5.00
44345	Physician/Professional Fee	Revision of colostomy	980.75
44345	Facility Fee	Revision of colostomy	5.00
44346	Physician/Professional Fee	Revision of colostomy	1096.02
44346	Facility Fee	Revision of colostomy	5.00
44360	Physician/Professional Fee	Small bowel endoscopy	152.72
44360	Facility Fee	Small bowel endoscopy	5.00
44361	Physician/Professional Fee	Small bowel endoscopy/biopsy	168.22
44361	Facility Fee	Small bowel endoscopy/biopsy	5.00
44363	Physician/Professional Fee	Small bowel endoscopy	201.79
44363	Facility Fee	Small bowel endoscopy	5.00
44364	Physician/Professional Fee	Small bowel endoscopy	214.62
44364	Facility Fee	Small bowel endoscopy	5.00
44365	Physician/Professional Fee	Small bowel endoscopy	191.79
44365	Facility Fee	Small bowel endoscopy	5.00
44366	Physician/Professional Fee	Small bowel endoscopy	252.54
44366	Facility Fee	Small bowel endoscopy	5.00
44369	Physician/Professional Fee	Small bowel endoscopy	257.29
44369	Facility Fee	Small bowel endoscopy	5.00
44370	Physician/Professional Fee	Small bowel endoscopy/stent	277.84
44370	Facility Fee	Small bowel endoscopy/stent	5.00
44372	Physician/Professional Fee	Small bowel endoscopy	250.81
44372	Facility Fee	Small bowel endoscopy	5.00
44373	Physician/Professional Fee	Small bowel endoscopy	200.47
44373	Facility Fee	Small bowel endoscopy	5.00
44376	Physician/Professional Fee	Small bowel endoscopy	296.69
44376	Facility Fee	Small bowel endoscopy	5.00
44377	Physician/Professional Fee	Small bowel endoscopy/biopsy	313.19
44377	Facility Fee	Small bowel endoscopy/biopsy	5.00
44378	Physician/Professional Fee	Small bowel endoscopy	401.55
44378	Facility Fee	Small bowel endoscopy	5.00
44379	Physician/Professional Fee	S bowel endoscope w/stent	421.51
44379	Facility Fee	S bowel endoscope w/stent	5.00
44380	Physician/Professional Fee	Small bowel endoscopy	66.68
44380	Facility Fee	Small bowel endoscopy	5.00
44382	Physician/Professional Fee	Small bowel endoscopy	79.02
44382	Facility Fee	Small bowel endoscopy	5.00
44383	Physician/Professional Fee	Ileoscopy w/stent	172.39
44383	Facility Fee	Ileoscopy w/stent	5.00
44385	Physician/Professional Fee	Endoscopy of bowel pouch	105.27
44385	Facility Fee	Endoscopy of bowel pouch	5.00
44386	Physician/Professional Fee	Endoscopy, bowel pouch/biop	123.84
44386	Facility Fee	Endoscopy, bowel pouch/biop	5.00
44388	Physician/Professional Fee	Colonoscopy	163.31
44388	Facility Fee	Colonoscopy	5.00
44389	Physician/Professional Fee	Colonoscopy with biopsy	181.02
44389	Facility Fee	Colonoscopy with biopsy	5.00
44390	Physician/Professional Fee	Colonoscopy for foreign body	217.13
44390	Facility Fee	Colonoscopy for foreign body	5.00
44391	Physician/Professional Fee	Colonoscopy for bleeding	246.87
44391	Facility Fee	Colonoscopy for bleeding	5.00
44392	Physician/Professional Fee	Colonoscopy & polypectomy	216.47

CPT Code	Type	Description	Fee
44392	Facility Fee	Colonoscopy & polypectomy	5.00
44393	Physician/Professional Fee	Colonoscopy, lesion removal	271.31
44393	Facility Fee	Colonoscopy, lesion removal	5.00
44394	Physician/Professional Fee	Colonoscopy w/snare	251.23
44394	Facility Fee	Colonoscopy w/snare	5.00
44397	Physician/Professional Fee	Colonoscopy w/stent	266.86
44397	Facility Fee	Colonoscopy w/stent	5.00
44500	Physician/Professional Fee	Intro, gastrointestinal tube	25.62
44500	Facility Fee	Intro, gastrointestinal tube	5.00
44602	Physician/Professional Fee	Suture, small intestine	1250.22
44602	Facility Fee	Suture, small intestine	5.00
44603	Physician/Professional Fee	Suture, small intestine	1425.88
44603	Facility Fee	Suture, small intestine	5.00
44604	Physician/Professional Fee	Suture, large intestine	997.97
44604	Facility Fee	Suture, large intestine	5.00
44605	Physician/Professional Fee	Repair of bowel lesion	1237.06
44605	Facility Fee	Repair of bowel lesion	5.00
44615	Physician/Professional Fee	Intestinal stricturoplasty	1010.05
44615	Facility Fee	Intestinal stricturoplasty	5.00
44620	Physician/Professional Fee	Repair bowel opening	801.85
44620	Facility Fee	Repair bowel opening	5.00
44625	Physician/Professional Fee	Repair bowel opening	955.05
44625	Facility Fee	Repair bowel opening	5.00
44626	Physician/Professional Fee	Repair bowel opening	1528.60
44626	Facility Fee	Repair bowel opening	5.00
44640	Physician/Professional Fee	Repair bowel-skin fistula	1329.15
44640	Facility Fee	Repair bowel-skin fistula	5.00
44650	Physician/Professional Fee	Repair bowel fistula	1380.33
44650	Facility Fee	Repair bowel fistula	5.00
44660	Physician/Professional Fee	Repair bowel-bladder fistula	1309.35
44660	Facility Fee	Repair bowel-bladder fistula	5.00
44661	Physician/Professional Fee	Repair bowel-bladder fistula	1491.06
44661	Facility Fee	Repair bowel-bladder fistula	5.00
44901	Physician/Professional Fee	Drain app abscess, percut	175.46
44901	Facility Fee	Drain app abscess, percut	5.00
44950	Physician/Professional Fee	Appendectomy	607.57
44950	Facility Fee	Appendectomy	5.00
44955	Physician/Professional Fee	Appendectomy add-on	84.04
44955	Facility Fee	Appendectomy add-on	5.00
44960	Physician/Professional Fee	Appendectomy	805.93
44960	Facility Fee	Appendectomy	5.00
44970	Physician/Professional Fee	Laparoscopy, appendectomy	554.05
44970	Facility Fee	Laparoscopy, appendectomy	5.00
44979	Facility Fee	Laparoscope proc, app	5.00
45000	Physician/Professional Fee	Drainage of pelvic abscess	376.73
45000	Facility Fee	Drainage of pelvic abscess	5.00
45005	Physician/Professional Fee	Drainage of rectal abscess	149.79
45005	Facility Fee	Drainage of rectal abscess	5.00
45020	Physician/Professional Fee	Drainage of rectal abscess	478.92
45020	Facility Fee	Drainage of rectal abscess	5.00
45100	Physician/Professional Fee	Biopsy of rectum	265.99
45100	Facility Fee	Biopsy of rectum	5.00
45108	Physician/Professional Fee	Removal of anorectal lesion	325.42
45108	Facility Fee	Removal of anorectal lesion	5.00
45110	Physician/Professional Fee	Removal of rectum	1748.90
45110	Facility Fee	Removal of rectum	5.00

CPT Code	Type	Description	Fee
45123	Physician/Professional Fee	Partial proctectomy	1037.38
45123	Facility Fee	Partial proctectomy	5.00
45126	Physician/Professional Fee	Pelvic exenteration	2724.44
45126	Facility Fee	Pelvic exenteration	5.00
45130	Physician/Professional Fee	Excision of rectal prolapse	1016.86
45130	Facility Fee	Excision of rectal prolapse	5.00
45135	Physician/Professional Fee	Excision of rectal prolapse	1253.64
45135	Facility Fee	Excision of rectal prolapse	5.00
45136	Physician/Professional Fee	Excise ileoanal reservoir	1737.93
45136	Facility Fee	Excise ileoanal reservoir	5.00
45150	Physician/Professional Fee	Excision of rectal stricture	363.07
45150	Facility Fee	Excision of rectal stricture	5.00
45160	Physician/Professional Fee	Excision of rectal lesion	927.72
45160	Facility Fee	Excision of rectal lesion	5.00
45170	Physician/Professional Fee	Excision of rectal lesion	724.83
45170	Facility Fee	Excision of rectal lesion	5.00
45190	Physician/Professional Fee	Destruction, rectal tumor	620.99
45190	Facility Fee	Destruction, rectal tumor	5.00
45300	Physician/Professional Fee	Proctosigmoidoscopy dx	28.14
45300	Facility Fee	Proctosigmoidoscopy dx	5.00
45303	Physician/Professional Fee	Proctosigmoidoscopy dilate	32.62
45303	Facility Fee	Proctosigmoidoscopy dilate	5.00
45305	Physician/Professional Fee	Proctosigmoidoscopy w/bx	62.42
45305	Facility Fee	Proctosigmoidoscopy w/bx	5.00
45307	Physician/Professional Fee	Proctosigmoidoscopy fb	59.14
45307	Facility Fee	Proctosigmoidoscopy fb	5.00
45308	Physician/Professional Fee	Proctosigmoidoscopy removal	52.74
45308	Facility Fee	Proctosigmoidoscopy removal	5.00
45309	Physician/Professional Fee	Proctosigmoidoscopy removal	116.48
45309	Facility Fee	Proctosigmoidoscopy removal	5.00
45315	Physician/Professional Fee	Proctosigmoidoscopy removal	83.43
45315	Facility Fee	Proctosigmoidoscopy removal	5.00
45317	Physician/Professional Fee	Proctosigmoidoscopy bleed	87.92
45317	Facility Fee	Proctosigmoidoscopy bleed	5.00
45320	Physician/Professional Fee	Proctosigmoidoscopy ablate	93.69
45320	Facility Fee	Proctosigmoidoscopy ablate	5.00
45321	Physician/Professional Fee	Proctosigmoidoscopy volvul	71.75
45321	Facility Fee	Proctosigmoidoscopy volvul	5.00
45327	Physician/Professional Fee	Proctosigmoidoscopy w/stent	96.09
45327	Facility Fee	Proctosigmoidoscopy w/stent	5.00
45330	Physician/Professional Fee	Diagnostic sigmoidoscopy	60.38
45330	Facility Fee	Diagnostic sigmoidoscopy	5.00
45331	Physician/Professional Fee	Sigmoidoscopy and biopsy	72.36
45331	Facility Fee	Sigmoidoscopy and biopsy	5.00
45332	Physician/Professional Fee	Sigmoidoscopy w/fb removal	107.49
45332	Facility Fee	Sigmoidoscopy w/fb removal	5.00
45333	Physician/Professional Fee	Sigmoidoscopy & polypectomy	106.73
45333	Facility Fee	Sigmoidoscopy & polypectomy	5.00
45334	Physician/Professional Fee	Sigmoidoscopy for bleeding	159.56
45334	Facility Fee	Sigmoidoscopy for bleeding	5.00
45335	Physician/Professional Fee	Sigmoidoscopy w/submuc inj	89.05
45335	Facility Fee	Sigmoidoscopy w/submuc inj	5.00
45337	Physician/Professional Fee	Sigmoidoscopy & decompress	138.31
45337	Facility Fee	Sigmoidoscopy & decompress	5.00
45338	Physician/Professional Fee	Sigmoidoscopy w/tumr remove	137.32
45338	Facility Fee	Sigmoidoscopy w/tumr remove	5.00

CPT Code	Type	Description	Fee
45339	Physician/Professional Fee	Sigmoidoscopy w/ablate tumr	182.04
45339	Facility Fee	Sigmoidoscopy w/ablate tumr	5.00
45340	Physician/Professional Fee	Sig w/balloon dilation	112.10
45340	Facility Fee	Sig w/balloon dilation	5.00
45341	Physician/Professional Fee	Sigmoidoscopy w/ultrasound	151.35
45341	Facility Fee	Sigmoidoscopy w/ultrasound	5.00
45342	Physician/Professional Fee	Sigmoidoscopy w/us guide bx	230.70
45342	Facility Fee	Sigmoidoscopy w/us guide bx	5.00
45345	Physician/Professional Fee	Sigmoidoscopy w/stent	168.19
45345	Facility Fee	Sigmoidoscopy w/stent	5.00
45355	Physician/Professional Fee	Surgical colonoscopy	200.98
45355	Facility Fee	Surgical colonoscopy	5.00
45378	Facility Fee	Diagnostic colonoscopy	5.00
45379	Physician/Professional Fee	Colonoscopy w/fb removal	265.61
45379	Facility Fee	Colonoscopy w/fb removal	5.00
45380	Physician/Professional Fee	Colonoscopy and biopsy	252.95
45380	Facility Fee	Colonoscopy and biopsy	5.00
45381	Physician/Professional Fee	Colonoscopy, submucous inj	239.44
45381	Facility Fee	Colonoscopy, submucous inj	5.00
45382	Physician/Professional Fee	Colonoscopy/control bleeding	322.16
45382	Facility Fee	Colonoscopy/control bleeding	5.00
45383	Physician/Professional Fee	Lesion removal colonoscopy	329.43
45383	Facility Fee	Lesion removal colonoscopy	5.00
45384	Physician/Professional Fee	Lesion remove colonoscopy	266.14
45384	Facility Fee	Lesion remove colonoscopy	5.00
45385	Physician/Professional Fee	Lesion removal colonoscopy	300.46
45385	Facility Fee	Lesion removal colonoscopy	5.00
45386	Physician/Professional Fee	Colonoscopy dilate stricture	260.28
45386	Facility Fee	Colonoscopy dilate stricture	5.00
45387	Physician/Professional Fee	Colonoscopy w/stent	337.67
45387	Facility Fee	Colonoscopy w/stent	5.00
45391	Physician/Professional Fee	Colonoscopy w/endoscope us	290.65
45391	Facility Fee	Colonoscopy w/endoscope us	5.00
45392	Physician/Professional Fee	Colonoscopy w/endoscopic fnb	365.66
45392	Facility Fee	Colonoscopy w/endoscopic fnb	5.00
45395	Physician/Professional Fee	Lap, removal of rectum	1891.37
45395	Facility Fee	Lap, removal of rectum	5.00
45397	Physician/Professional Fee	Lap, remove rectum w/pouch	2045.17
45397	Facility Fee	Lap, remove rectum w/pouch	5.00
45400	Physician/Professional Fee	Laparoscopic proc	1098.36
45400	Facility Fee	Laparoscopic proc	5.00
45402	Physician/Professional Fee	Lap proctopexy w/sig resect	1467.35
45402	Facility Fee	Lap proctopexy w/sig resect	5.00
45499	Facility Fee	Laparoscope proc, rectum	5.00
45500	Physician/Professional Fee	Repair of rectum	464.31
45500	Facility Fee	Repair of rectum	5.00
45505	Physician/Professional Fee	Repair of rectum	506.75
45505	Facility Fee	Repair of rectum	5.00
45520	Physician/Professional Fee	Treatment of rectal prolapse	37.99
45520	Facility Fee	Treatment of rectal prolapse	5.00
45540	Physician/Professional Fee	Correct rectal prolapse	996.29
45540	Facility Fee	Correct rectal prolapse	5.00
45541	Physician/Professional Fee	Correct rectal prolapse	848.63
45541	Facility Fee	Correct rectal prolapse	5.00
45550	Physician/Professional Fee	Repair rectum/remove sigmoid	1375.58
45550	Facility Fee	Repair rectum/remove sigmoid	5.00

CPT Code	Type	Description	Fee
45560	Physician/Professional Fee	Repair of rectocele	675.52
45560	Facility Fee	Repair of rectocele	5.00
45562	Physician/Professional Fee	Exploration/repair of rectum	1021.10
45562	Facility Fee	Exploration/repair of rectum	5.00
45563	Physician/Professional Fee	Exploration/repair of rectum	1510.74
45563	Facility Fee	Exploration/repair of rectum	5.00
45800	Physician/Professional Fee	Repair rect/bladder fistula	1133.53
45800	Facility Fee	Repair rect/bladder fistula	5.00
45805	Physician/Professional Fee	Repair fistula w/colostomy	1315.88
45805	Facility Fee	Repair fistula w/colostomy	5.00
45820	Physician/Professional Fee	Repair rectourethral fistula	1134.29
45820	Facility Fee	Repair rectourethral fistula	5.00
45825	Physician/Professional Fee	Repair fistula w/colostomy	1384.27
45825	Facility Fee	Repair fistula w/colostomy	5.00
45900	Physician/Professional Fee	Reduction of rectal prolapse	184.42
45900	Facility Fee	Reduction of rectal prolapse	5.00
45905	Physician/Professional Fee	Dilation of anal sphincter	158.03
45905	Facility Fee	Dilation of anal sphincter	5.00
45910	Physician/Professional Fee	Dilation of rectal narrowing	186.26
45910	Facility Fee	Dilation of rectal narrowing	5.00
45915	Physician/Professional Fee	Remove rectal obstruction	215.09
45915	Facility Fee	Remove rectal obstruction	5.00
45990	Physician/Professional Fee	Surg dx exam, anorectal	105.09
45990	Facility Fee	Surg dx exam, anorectal	5.00
45999	Facility Fee	Rectum surgery procedure	5.00
46020	Physician/Professional Fee	Placement of seton	202.98
46020	Facility Fee	Placement of seton	5.00
46030	Physician/Professional Fee	Removal of rectal marker	81.95
46030	Facility Fee	Removal of rectal marker	5.00
46040	Physician/Professional Fee	Incision of rectal abscess	371.56
46040	Facility Fee	Incision of rectal abscess	5.00
46045	Physician/Professional Fee	Incision of rectal abscess	364.78
46045	Facility Fee	Incision of rectal abscess	5.00
46050	Physician/Professional Fee	Incision of anal abscess	86.95
46050	Facility Fee	Incision of anal abscess	5.00
46060	Physician/Professional Fee	Incision of rectal abscess	402.12
46060	Facility Fee	Incision of rectal abscess	5.00
46070	Physician/Professional Fee	Incision of anal septum	196.46
46070	Facility Fee	Incision of anal septum	5.00
46080	Physician/Professional Fee	Incision of anal sphincter	149.43
46080	Facility Fee	Incision of anal sphincter	5.00
46083	Physician/Professional Fee	Incise external hemorrhoid	97.07
46083	Facility Fee	Incise external hemorrhoid	5.00
46200	Physician/Professional Fee	Removal of anal fissure	273.80
46200	Facility Fee	Removal of anal fissure	5.00
46210	Physician/Professional Fee	Removal of anal crypt	232.54
46210	Facility Fee	Removal of anal crypt	5.00
46211	Physician/Professional Fee	Removal of anal crypts	331.85
46211	Facility Fee	Removal of anal crypts	5.00
46220	Physician/Professional Fee	Removal of anal tag	105.96
46220	Facility Fee	Removal of anal tag	5.00
46221	Physician/Professional Fee	Ligation of hemorrhoid(s)	170.55
46221	Facility Fee	Ligation of hemorrhoid(s)	5.00
46230	Physician/Professional Fee	Removal of anal tags	160.15
46230	Facility Fee	Removal of anal tags	5.00
46250	Physician/Professional Fee	Hemorrhoidectomy	283.25

CPT Code	Type	Description	Fee
46250	Facility Fee	Hemorrhoidectomy	5.00
46255	Physician/Professional Fee	Hemorrhoidectomy	322.16
46255	Facility Fee	Hemorrhoidectomy	5.00
46257	Physician/Professional Fee	Remove hemorrhoids & fissure	362.13
46257	Facility Fee	Remove hemorrhoids & fissure	5.00
46258	Physician/Professional Fee	Remove hemorrhoids & fistula	400.49
46258	Facility Fee	Remove hemorrhoids & fistula	5.00
46260	Physician/Professional Fee	Hemorrhoidectomy	413.53
46260	Facility Fee	Hemorrhoidectomy	5.00
46261	Physician/Professional Fee	Remove hemorrhoids & fissure	466.94
46261	Facility Fee	Remove hemorrhoids & fissure	5.00
46262	Physician/Professional Fee	Remove hemorrhoids & fistula	482.56
46262	Facility Fee	Remove hemorrhoids & fistula	5.00
46270	Physician/Professional Fee	Removal of anal fistula	324.42
46270	Facility Fee	Removal of anal fistula	5.00
46275	Physician/Professional Fee	Removal of anal fistula	350.05
46275	Facility Fee	Removal of anal fistula	5.00
46280	Physician/Professional Fee	Removal of anal fistula	402.08
46280	Facility Fee	Removal of anal fistula	5.00
46285	Physician/Professional Fee	Removal of anal fistula	340.02
46285	Facility Fee	Removal of anal fistula	5.00
46288	Physician/Professional Fee	Repair anal fistula	475.14
46288	Facility Fee	Repair anal fistula	5.00
46320	Physician/Professional Fee	Removal of hemorrhoid clot	102.11
46320	Facility Fee	Removal of hemorrhoid clot	5.00
46500	Physician/Professional Fee	Injection into hemorrhoid(s)	116.46
46500	Facility Fee	Injection into hemorrhoid(s)	5.00
46600	Physician/Professional Fee	Diagnostic anoscopy	35.06
46600	Facility Fee	Diagnostic anoscopy	36.15
46604	Physician/Professional Fee	Anoscopy and dilation	77.96
46604	Facility Fee	Anoscopy and dilation	506.43
46606	Physician/Professional Fee	Anoscopy and biopsy	51.50
46606	Facility Fee	Anoscopy and biopsy	5.00
46608	Physician/Professional Fee	Anoscopy, remove for body	87.75
46608	Facility Fee	Anoscopy, remove for body	5.00
46610	Physician/Professional Fee	Anoscopy, remove lesion	80.19
46610	Facility Fee	Anoscopy, remove lesion	5.00
46611	Physician/Professional Fee	Anoscopy	105.24
46611	Facility Fee	Anoscopy	5.00
46612	Physician/Professional Fee	Anoscopy, remove lesions	136.15
46612	Facility Fee	Anoscopy, remove lesions	5.00
46614	Physician/Professional Fee	Anoscopy, control bleeding	115.85
46614	Facility Fee	Anoscopy, control bleeding	5.00
46615	Physician/Professional Fee	Anoscopy	153.22
46615	Facility Fee	Anoscopy	5.00
46700	Physician/Professional Fee	Repair of anal stricture	574.84
46700	Facility Fee	Repair of anal stricture	5.00
46705	Physician/Professional Fee	Repair of anal stricture	458.61
46705	Facility Fee	Repair of anal stricture	5.00
46706	Physician/Professional Fee	Repr of anal fistula w/glue	153.12
46706	Facility Fee	Repr of anal fistula w/glue	5.00
46754	Physician/Professional Fee	Removal of suture from anus	190.13
46754	Facility Fee	Removal of suture from anus	5.00
46900	Physician/Professional Fee	Destruction, anal lesion(s)	130.80
46900	Facility Fee	Destruction, anal lesion(s)	5.00
46910	Physician/Professional Fee	Destruction, anal lesion(s)	122.25

CPT Code	Type	Description	Fee
46910	Facility Fee	Destruction, anal lesion(s)	5.00
46916	Physician/Professional Fee	Cryosurgery, anal lesion(s)	135.25
46916	Facility Fee	Cryosurgery, anal lesion(s)	5.00
46917	Physician/Professional Fee	Laser surgery, anal lesions	124.66
46917	Facility Fee	Laser surgery, anal lesions	5.00
46922	Physician/Professional Fee	Excision of anal lesion(s)	123.20
46922	Facility Fee	Excision of anal lesion(s)	5.00
46924	Physician/Professional Fee	Destruction, anal lesion(s)	170.12
46924	Facility Fee	Destruction, anal lesion(s)	5.00
46934	Physician/Professional Fee	Destruction of hemorrhoids	275.72
46934	Facility Fee	Destruction of hemorrhoids	5.00
46935	Physician/Professional Fee	Destruction of hemorrhoids	147.04
46935	Facility Fee	Destruction of hemorrhoids	5.00
46936	Physician/Professional Fee	Destruction of hemorrhoids	255.42
46936	Facility Fee	Destruction of hemorrhoids	5.00
46940	Physician/Professional Fee	Treatment of anal fissure	139.02
46940	Facility Fee	Treatment of anal fissure	5.00
46942	Physician/Professional Fee	Treatment of anal fissure	124.27
46942	Facility Fee	Treatment of anal fissure	5.00
46945	Physician/Professional Fee	Ligation of hemorrhoids	197.88
46945	Facility Fee	Ligation of hemorrhoids	5.00
46946	Physician/Professional Fee	Ligation of hemorrhoids	210.99
46946	Facility Fee	Ligation of hemorrhoids	5.00
46947	Physician/Professional Fee	Hemorrhoidopexy by stapling	345.49
46947	Facility Fee	Hemorrhoidopexy by stapling	5.00
46999	Facility Fee	Anus surgery procedure	5.00
47000	Physician/Professional Fee	Needle biopsy of liver	99.60
47000	Facility Fee	Needle biopsy of liver	5.00
47001	Physician/Professional Fee	Needle biopsy, liver add-on	103.23
47001	Facility Fee	Needle biopsy, liver add-on	5.00
47010	Physician/Professional Fee	Open drainage, liver lesion	1118.66
47010	Facility Fee	Open drainage, liver lesion	5.00
47011	Physician/Professional Fee	Percut drain, liver lesion	191.48
47011	Facility Fee	Percut drain, liver lesion	5.00
47015	Physician/Professional Fee	Inject/aspirate liver cyst	1053.11
47015	Facility Fee	Inject/aspirate liver cyst	5.00
47100	Physician/Professional Fee	Wedge biopsy of liver	778.02
47100	Facility Fee	Wedge biopsy of liver	5.00
47120	Physician/Professional Fee	Partial removal of liver	2201.05
47120	Facility Fee	Partial removal of liver	5.00
47490	Physician/Professional Fee	Incision of gallbladder	538.62
47490	Facility Fee	Incision of gallbladder	5.00
47500	Physician/Professional Fee	Injection for liver x-rays	101.60
47500	Facility Fee	Injection for liver x-rays	5.00
47505	Physician/Professional Fee	Injection for liver x-rays	39.08
47505	Facility Fee	Injection for liver x-rays	5.00
47510	Physician/Professional Fee	Insert catheter, bile duct	510.76
47510	Facility Fee	Insert catheter, bile duct	5.00
47511	Physician/Professional Fee	Insert bile duct drain	621.42
47511	Facility Fee	Insert bile duct drain	5.00
47525	Physician/Professional Fee	Change bile duct catheter	328.15
47525	Facility Fee	Change bile duct catheter	5.00
47530	Physician/Professional Fee	Revise/reinsert bile tube	382.28
47530	Facility Fee	Revise/reinsert bile tube	5.00
47550	Physician/Professional Fee	Bile duct endoscopy add-on	163.82
47550	Facility Fee	Bile duct endoscopy add-on	5.00

CPT Code	Type	Description	Fee
47552	Physician/Professional Fee	Biliary endoscopy thru skin	331.77
47552	Facility Fee	Biliary endoscopy thru skin	5.00
47553	Physician/Professional Fee	Biliary endoscopy thru skin	328.56
47553	Facility Fee	Biliary endoscopy thru skin	5.00
47554	Physician/Professional Fee	Biliary endoscopy thru skin	499.09
47554	Facility Fee	Biliary endoscopy thru skin	5.00
47555	Physician/Professional Fee	Biliary endoscopy thru skin	391.92
47555	Facility Fee	Biliary endoscopy thru skin	5.00
47556	Physician/Professional Fee	Biliary endoscopy thru skin	442.77
47556	Facility Fee	Biliary endoscopy thru skin	5.00
47560	Physician/Professional Fee	Laparoscopy w/cholangio	265.45
47560	Facility Fee	Laparoscopy w/cholangio	5.00
47561	Physician/Professional Fee	Laparo w/cholangio/biopsy	287.24
47561	Facility Fee	Laparo w/cholangio/biopsy	5.00
47562	Physician/Professional Fee	Laparoscopic cholecystectomy	688.14
47562	Facility Fee	Laparoscopic cholecystectomy	5.00
47563	Physician/Professional Fee	Laparo cholecystectomy/graph	714.26
47563	Facility Fee	Laparo cholecystectomy/graph	5.00
47564	Physician/Professional Fee	Laparo cholecystectomy/explr	828.04
47564	Facility Fee	Laparo cholecystectomy/explr	5.00
47570	Physician/Professional Fee	Laparo cholecystoenterostomy	737.42
47570	Facility Fee	Laparo cholecystoenterostomy	5.00
47579	Facility Fee	Laparoscope proc, biliary	5.00
47600	Physician/Professional Fee	Removal of gallbladder	963.68
47600	Facility Fee	Removal of gallbladder	5.00
47605	Physician/Professional Fee	Removal of gallbladder	919.50
47605	Facility Fee	Removal of gallbladder	5.00
47610	Physician/Professional Fee	Removal of gallbladder	1175.97
47610	Facility Fee	Removal of gallbladder	5.00
47612	Physician/Professional Fee	Removal of gallbladder	1184.73
47612	Facility Fee	Removal of gallbladder	5.00
47620	Physician/Professional Fee	Removal of gallbladder	1286.63
47620	Facility Fee	Removal of gallbladder	5.00
47630	Physician/Professional Fee	Remove bile duct stone	573.28
47630	Facility Fee	Remove bile duct stone	5.00
47700	Physician/Professional Fee	Exploration of bile ducts	980.71
47700	Facility Fee	Exploration of bile ducts	5.00
47701	Physician/Professional Fee	Bile duct revision	1637.56
47701	Facility Fee	Bile duct revision	5.00
47711	Physician/Professional Fee	Excision of bile duct tumor	1457.87
47711	Facility Fee	Excision of bile duct tumor	5.00
47712	Physician/Professional Fee	Excision of bile duct tumor	1871.54
47712	Facility Fee	Excision of bile duct tumor	5.00
47715	Physician/Professional Fee	Excision of bile duct cyst	1223.29
47715	Facility Fee	Excision of bile duct cyst	5.00
48102	Physician/Professional Fee	Needle biopsy, pancreas	259.07
48102	Facility Fee	Needle biopsy, pancreas	5.00
48120	Physician/Professional Fee	Removal of pancreas lesion	1029.04
48120	Facility Fee	Removal of pancreas lesion	5.00
48510	Physician/Professional Fee	Drain pancreatic pseudocyst	1001.18
48510	Facility Fee	Drain pancreatic pseudocyst	5.00
48511	Physician/Professional Fee	Drain pancreatic pseudocyst	207.33
48511	Facility Fee	Drain pancreatic pseudocyst	5.00
49000	Physician/Professional Fee	Exploration of abdomen	731.17
49000	Facility Fee	Exploration of abdomen	5.00
49002	Physician/Professional Fee	Reopening of abdomen	911.80

CPT Code	Type	Description	Fee
49002	Facility Fee	Reopening of abdomen	5.00
49010	Physician/Professional Fee	Exploration behind abdomen	887.70
49010	Facility Fee	Exploration behind abdomen	5.00
49020	Physician/Professional Fee	Drain abdominal abscess	1488.36
49020	Facility Fee	Drain abdominal abscess	5.00
49021	Physician/Professional Fee	Drain abdominal abscess	174.83
49021	Facility Fee	Drain abdominal abscess	5.00
49040	Physician/Professional Fee	Drain, open, abdom abscess	928.74
49040	Facility Fee	Drain, open, abdom abscess	5.00
49041	Physician/Professional Fee	Drain, percut, abdom abscess	207.33
49041	Facility Fee	Drain, percut, abdom abscess	5.00
49060	Physician/Professional Fee	Drain, open, retrop abscess	1043.43
49060	Facility Fee	Drain, open, retrop abscess	5.00
49061	Physician/Professional Fee	Drain, percut, retroper abscess	191.48
49061	Facility Fee	Drain, percut, retroper abscess	5.00
49062	Physician/Professional Fee	Drain to peritoneal cavity	717.27
49062	Facility Fee	Drain to peritoneal cavity	5.00
49080	Physician/Professional Fee	Puncture, peritoneal cavity	70.82
49080	Facility Fee	Puncture, peritoneal cavity	5.00
49081	Physician/Professional Fee	Removal of abdominal fluid	67.05
49081	Facility Fee	Removal of abdominal fluid	5.00
49180	Physician/Professional Fee	Biopsy, abdominal mass	89.88
49180	Facility Fee	Biopsy, abdominal mass	5.00
49200	Physician/Professional Fee	Removal of abdominal lesion	652.91
49200	Facility Fee	Removal of abdominal lesion	5.00
49250	Physician/Professional Fee	Excision of umbilicus	544.07
49250	Facility Fee	Excision of umbilicus	5.00
49255	Physician/Professional Fee	Removal of omentum	739.55
49255	Facility Fee	Removal of omentum	5.00
49320	Physician/Professional Fee	Diag laparo separate proc	318.22
49320	Facility Fee	Diag laparo separate proc	5.00
49321	Physician/Professional Fee	Laparoscopy, biopsy	331.92
49321	Facility Fee	Laparoscopy, biopsy	5.00
49322	Physician/Professional Fee	Laparoscopy, aspiration	365.02
49322	Facility Fee	Laparoscopy, aspiration	5.00
49500	Physician/Professional Fee	Rpr ing hernia, init, reduce	372.89
49500	Facility Fee	Rpr ing hernia, init, reduce	5.00
49501	Physician/Professional Fee	Rpr ing hernia, init blocked	555.46
49501	Facility Fee	Rpr ing hernia, init blocked	5.00
49505	Physician/Professional Fee	Prp i/hern init reduc >5 yr	483.21
49505	Facility Fee	Prp i/hern init reduc >5 yr	5.00
49507	Physician/Professional Fee	Prp i/hern init block >5 yr	596.02
49507	Facility Fee	Prp i/hern init block >5 yr	5.00
49520	Physician/Professional Fee	Rerepair ing hernia, reduce	592.17
49520	Facility Fee	Rerepair ing hernia, reduce	5.00
49521	Physician/Professional Fee	Rerepair ing hernia, blocked	723.91
49521	Facility Fee	Rerepair ing hernia, blocked	5.00
49525	Physician/Professional Fee	Repair ing hernia, sliding	534.86
49525	Facility Fee	Repair ing hernia, sliding	5.00
49540	Physician/Professional Fee	Repair lumbar hernia	635.46
49540	Facility Fee	Repair lumbar hernia	5.00
49550	Physician/Professional Fee	Rpr rem hernia, init, reduce	538.50
49550	Facility Fee	Rpr rem hernia, init, reduce	5.00
49553	Physician/Professional Fee	Rpr fem hernia, init blocked	588.07
49553	Facility Fee	Rpr fem hernia, init blocked	5.00
49555	Physician/Professional Fee	Rerepair fem hernia, reduce	560.53

CPT Code	Type	Description	Fee
49555	Facility Fee	Rerepair fem hernia, reduce	5.00
49557	Physician/Professional Fee	Rerepair fem hernia, blocked	680.38
49557	Facility Fee	Rerepair fem hernia, blocked	5.00
49560	Physician/Professional Fee	Rpr ventral hern init, reduc	698.49
49560	Facility Fee	Rpr ventral hern init, reduc	5.00
49561	Physician/Professional Fee	Rpr ventral hern init, block	875.21
49561	Facility Fee	Rpr ventral hern init, block	5.00
49565	Physician/Professional Fee	Rerepair ventrl hern, reduce	719.37
49565	Facility Fee	Rerepair ventrl hern, reduce	5.00
49566	Physician/Professional Fee	Rerepair ventrl hern, block	884.09
49566	Facility Fee	Rerepair ventrl hern, block	5.00
49568	Physician/Professional Fee	Hernia repair w/mesh	265.14
49568	Facility Fee	Hernia repair w/mesh	5.00
49570	Physician/Professional Fee	Rpr epigastric hern, reduce	380.40
49570	Facility Fee	Rpr epigastric hern, reduce	5.00
49572	Physician/Professional Fee	Rpr epigastric hern, blocked	465.57
49572	Facility Fee	Rpr epigastric hern, blocked	5.00
49580	Physician/Professional Fee	Rpr umbil hern, reduc < 5 yr	294.01
49580	Facility Fee	Rpr umbil hern, reduc < 5 yr	5.00
49582	Physician/Professional Fee	Rpr umbil hern, block < 5 yr	436.12
49582	Facility Fee	Rpr umbil hern, block < 5 yr	5.00
49585	Physician/Professional Fee	Rpr umbil hern, reduc > 5 yr	408.40
49585	Facility Fee	Rpr umbil hern, reduc > 5 yr	5.00
49587	Physician/Professional Fee	Rpr umbil hern, block > 5 yr	484.31
49587	Facility Fee	Rpr umbil hern, block > 5 yr	5.00
49590	Physician/Professional Fee	Repair spigelian hernia	533.66
49590	Facility Fee	Repair spigelian hernia	5.00
49600	Physician/Professional Fee	Repair umbilical lesion	688.34
49600	Facility Fee	Repair umbilical lesion	5.00
49605	Physician/Professional Fee	Repair umbilical lesion	4657.43
49605	Facility Fee	Repair umbilical lesion	5.00
49606	Physician/Professional Fee	Repair umbilical lesion	1086.32
49606	Facility Fee	Repair umbilical lesion	5.00
49610	Physician/Professional Fee	Repair umbilical lesion	647.57
49610	Facility Fee	Repair umbilical lesion	5.00
49611	Physician/Professional Fee	Repair umbilical lesion	629.49
49611	Facility Fee	Repair umbilical lesion	5.00
49650	Physician/Professional Fee	Laparo hernia repair initial	398.93
49650	Facility Fee	Laparo hernia repair initial	5.00
49651	Physician/Professional Fee	Laparo hernia repair recur	515.18
49651	Facility Fee	Laparo hernia repair recur	5.00
49659	Facility Fee	Laparo proc, hernia repair	5.00
49900	Physician/Professional Fee	Repair of abdominal wall	768.20
49900	Facility Fee	Repair of abdominal wall	5.00
50075	Physician/Professional Fee	Removal of kidney stone	1507.66
50075	Facility Fee	Removal of kidney stone	5.00
50080	Physician/Professional Fee	Removal of kidney stone	898.76
50080	Facility Fee	Removal of kidney stone	5.00
50081	Physician/Professional Fee	Removal of kidney stone	1315.57
50081	Facility Fee	Removal of kidney stone	5.00
50382	Physician/Professional Fee	Change ureter stent, percut	288.77
50382	Facility Fee	Change ureter stent, percut	5.00
50384	Physician/Professional Fee	Remove ureter stent, percut	263.19
50384	Facility Fee	Remove ureter stent, percut	5.00
50387	Physician/Professional Fee	Change ext/int ureter stent	104.53
50387	Facility Fee	Change ext/int ureter stent	5.00

CPT Code	Type	Description	Fee
50389	Physician/Professional Fee	Remove renal tube w/fluoro	57.73
50389	Facility Fee	Remove renal tube w/fluoro	5.00
50392	Physician/Professional Fee	Insert kidney drain	192.10
50392	Facility Fee	Insert kidney drain	5.00
50393	Physician/Professional Fee	Insert ureteral tube	232.73
50393	Facility Fee	Insert ureteral tube	5.00
50394	Physician/Professional Fee	Injection for kidney x-ray	56.66
50394	Facility Fee	Injection for kidney x-ray	5.00
50395	Physician/Professional Fee	Create passage to kidney	192.85
50395	Facility Fee	Create passage to kidney	5.00
50396	Physician/Professional Fee	Measure kidney pressure	125.32
50396	Facility Fee	Measure kidney pressure	5.00
50398	Physician/Professional Fee	Change kidney tube	77.79
50398	Facility Fee	Change kidney tube	5.00
50541	Physician/Professional Fee	Laparo ablate renal cyst	951.63
50541	Facility Fee	Laparo ablate renal cyst	5.00
50542	Physician/Professional Fee	Laparo ablate renal mass	1200.86
50542	Facility Fee	Laparo ablate renal mass	5.00
50610	Physician/Professional Fee	Removal of ureter stone	994.14
50610	Facility Fee	Removal of ureter stone	5.00
50620	Physician/Professional Fee	Removal of ureter stone	930.69
50620	Facility Fee	Removal of ureter stone	5.00
50630	Physician/Professional Fee	Removal of ureter stone	913.57
50630	Facility Fee	Removal of ureter stone	5.00
50650	Physician/Professional Fee	Removal of ureter	1063.40
50650	Facility Fee	Removal of ureter	5.00
50660	Physician/Professional Fee	Removal of ureter	1179.61
50660	Facility Fee	Removal of ureter	5.00
50684	Physician/Professional Fee	Injection for ureter x-ray	51.35
50684	Facility Fee	Injection for ureter x-ray	5.00
50688	Physician/Professional Fee	Change of ureter tube/stent	89.31
50688	Facility Fee	Change of ureter tube/stent	5.00
50947	Physician/Professional Fee	Laparo new ureter/bladder	1451.25
50947	Facility Fee	Laparo new ureter/bladder	5.00
50948	Physician/Professional Fee	Laparo new ureter/bladder	1329.17
50948	Facility Fee	Laparo new ureter/bladder	5.00
50949	Facility Fee	Laparoscope proc, ureter	5.00
50951	Physician/Professional Fee	Endoscopy of ureter	321.60
50951	Facility Fee	Endoscopy of ureter	5.00
50953	Physician/Professional Fee	Endoscopy of ureter	352.57
50953	Facility Fee	Endoscopy of ureter	5.00
50955	Physician/Professional Fee	Ureter endoscopy & biopsy	385.37
50955	Facility Fee	Ureter endoscopy & biopsy	5.00
50957	Physician/Professional Fee	Ureter endoscopy & treatment	372.80
50957	Facility Fee	Ureter endoscopy & treatment	5.00
50961	Physician/Professional Fee	Ureter endoscopy & treatment	333.19
50961	Facility Fee	Ureter endoscopy & treatment	5.00
50970	Physician/Professional Fee	Ureter endoscopy	391.32
50970	Facility Fee	Ureter endoscopy	5.00
50972	Physician/Professional Fee	Ureter endoscopy & catheter	378.48
50972	Facility Fee	Ureter endoscopy & catheter	5.00
50974	Physician/Professional Fee	Ureter endoscopy & biopsy	496.61
50974	Facility Fee	Ureter endoscopy & biopsy	5.00
50976	Physician/Professional Fee	Ureter endoscopy & treatment	488.01
50976	Facility Fee	Ureter endoscopy & treatment	5.00
50980	Physician/Professional Fee	Ureter endoscopy & treatment	374.36

CPT Code	Type	Description	Fee
50980	Facility Fee	Ureter endoscopy & treatment	5.00
51000	Physician/Professional Fee	Drainage of bladder	40.64
51000	Facility Fee	Drainage of bladder	5.00
51005	Physician/Professional Fee	Drainage of bladder	54.54
51005	Facility Fee	Drainage of bladder	5.00
51010	Physician/Professional Fee	Drainage of bladder	250.91
51010	Facility Fee	Drainage of bladder	5.00
51020	Physician/Professional Fee	Incise & treat bladder	474.00
51020	Facility Fee	Incise & treat bladder	5.00
51030	Physician/Professional Fee	Incise & treat bladder	480.07
51030	Facility Fee	Incise & treat bladder	5.00
51040	Physician/Professional Fee	Incise & drain bladder	302.18
51040	Facility Fee	Incise & drain bladder	5.00
51045	Physician/Professional Fee	Incise bladder/drain ureter	481.30
51045	Facility Fee	Incise bladder/drain ureter	5.00
51050	Physician/Professional Fee	Removal of bladder stone	479.63
51050	Facility Fee	Removal of bladder stone	5.00
51060	Physician/Professional Fee	Removal of ureter stone	593.99
51060	Facility Fee	Removal of ureter stone	5.00
51065	Physician/Professional Fee	Remove ureter calculus	588.54
51065	Facility Fee	Remove ureter calculus	5.00
51080	Physician/Professional Fee	Drainage of bladder abscess	416.61
51080	Facility Fee	Drainage of bladder abscess	5.00
51500	Physician/Professional Fee	Removal of bladder cyst	656.16
51500	Facility Fee	Removal of bladder cyst	5.00
51520	Physician/Professional Fee	Removal of bladder lesion	612.42
51520	Facility Fee	Removal of bladder lesion	5.00
51700	Physician/Professional Fee	Irrigation of bladder	46.76
51700	Facility Fee	Irrigation of bladder	126.75
51701	Physician/Professional Fee	Insert bladder catheter	28.55
51701	Facility Fee	Insert bladder catheter	36.15
51702	Physician/Professional Fee	Insert temp bladder cath	31.21
51702	Facility Fee	Insert temp bladder cath	36.15
51703	Physician/Professional Fee	Insert bladder cath, complex	83.82
51703	Facility Fee	Insert bladder cath, complex	64.50
51705	Physician/Professional Fee	Change of bladder tube	69.06
51705	Facility Fee	Change of bladder tube	5.00
51710	Physician/Professional Fee	Change of bladder tube	96.41
51710	Facility Fee	Change of bladder tube	5.00
51715	Physician/Professional Fee	Endoscopic injection/implant	207.71
51715	Facility Fee	Endoscopic injection/implant	5.00
52000	Physician/Professional Fee	Cystoscopy	125.07
52000	Facility Fee	Cystoscopy	5.00
52001	Physician/Professional Fee	Cystoscopy, removal of clots	299.01
52001	Facility Fee	Cystoscopy, removal of clots	5.00
52005	Physician/Professional Fee	Cystoscopy & ureter catheter	135.68
52005	Facility Fee	Cystoscopy & ureter catheter	5.00
52007	Physician/Professional Fee	Cystoscopy and biopsy	172.36
52007	Facility Fee	Cystoscopy and biopsy	5.00
52010	Physician/Professional Fee	Cystoscopy & duct catheter	172.04
52010	Facility Fee	Cystoscopy & duct catheter	5.00
52204	Physician/Professional Fee	Cystoscopy w/biopsy(s)	144.12
52204	Facility Fee	Cystoscopy w/biopsy(s)	5.00
52214	Physician/Professional Fee	Cystoscopy and treatment	206.42
52214	Facility Fee	Cystoscopy and treatment	5.00
52224	Physician/Professional Fee	Cystoscopy and treatment	176.36

CPT Code	Type	Description	Fee
52224	Facility Fee	Cystoscopy and treatment	5.00
52234	Physician/Professional Fee	Cystoscopy and treatment	257.74
52234	Facility Fee	Cystoscopy and treatment	5.00
52235	Physician/Professional Fee	Cystoscopy and treatment	302.11
52235	Facility Fee	Cystoscopy and treatment	5.00
52240	Physician/Professional Fee	Cystoscopy and treatment	530.18
52240	Facility Fee	Cystoscopy and treatment	5.00
52250	Physician/Professional Fee	Cystoscopy and radiotracer	252.63
52250	Facility Fee	Cystoscopy and radiotracer	5.00
52260	Physician/Professional Fee	Cystoscopy and treatment	219.07
52260	Facility Fee	Cystoscopy and treatment	5.00
52265	Physician/Professional Fee	Cystoscopy and treatment	166.50
52265	Facility Fee	Cystoscopy and treatment	5.00
52270	Physician/Professional Fee	Cystoscopy & revise urethra	189.41
52270	Facility Fee	Cystoscopy & revise urethra	5.00
52275	Physician/Professional Fee	Cystoscopy & revise urethra	260.15
52275	Facility Fee	Cystoscopy & revise urethra	5.00
52276	Physician/Professional Fee	Cystoscopy and treatment	277.33
52276	Facility Fee	Cystoscopy and treatment	5.00
52277	Physician/Professional Fee	Cystoscopy and treatment	341.63
52277	Facility Fee	Cystoscopy and treatment	5.00
52281	Physician/Professional Fee	Cystoscopy and treatment	160.63
52281	Facility Fee	Cystoscopy and treatment	5.00
52282	Physician/Professional Fee	Cystoscopy, implant stent	352.11
52282	Facility Fee	Cystoscopy, implant stent	5.00
52283	Physician/Professional Fee	Cystoscopy and treatment	209.43
52283	Facility Fee	Cystoscopy and treatment	5.00
52285	Physician/Professional Fee	Cystoscopy and treatment	202.82
52285	Facility Fee	Cystoscopy and treatment	5.00
52290	Physician/Professional Fee	Cystoscopy and treatment	255.39
52290	Facility Fee	Cystoscopy and treatment	5.00
52300	Physician/Professional Fee	Cystoscopy and treatment	295.67
52300	Facility Fee	Cystoscopy and treatment	5.00
52301	Physician/Professional Fee	Cystoscopy and treatment	302.27
52301	Facility Fee	Cystoscopy and treatment	5.00
52305	Physician/Professional Fee	Cystoscopy and treatment	292.56
52305	Facility Fee	Cystoscopy and treatment	5.00
52310	Physician/Professional Fee	Cystoscopy and treatment	157.93
52310	Facility Fee	Cystoscopy and treatment	5.00
52315	Physician/Professional Fee	Cystoscopy and treatment	287.76
52315	Facility Fee	Cystoscopy and treatment	5.00
52317	Physician/Professional Fee	Remove bladder stone	366.02
52317	Facility Fee	Remove bladder stone	5.00
52318	Physician/Professional Fee	Remove bladder stone	499.50
52318	Facility Fee	Remove bladder stone	5.00
52320	Physician/Professional Fee	Cystoscopy and treatment	258.37
52320	Facility Fee	Cystoscopy and treatment	5.00
52325	Physician/Professional Fee	Cystoscopy, stone removal	337.24
52325	Facility Fee	Cystoscopy, stone removal	5.00
52327	Physician/Professional Fee	Cystoscopy, inject material	284.75
52327	Facility Fee	Cystoscopy, inject material	5.00
52330	Physician/Professional Fee	Cystoscopy and treatment	277.07
52330	Facility Fee	Cystoscopy and treatment	5.00
52332	Physician/Professional Fee	Cystoscopy and treatment	161.26
52332	Facility Fee	Cystoscopy and treatment	5.00
52334	Physician/Professional Fee	Create passage to kidney	268.23

CPT Code	Type	Description	Fee
52334	Facility Fee	Create passage to kidney	5.00
52341	Physician/Professional Fee	Cysto w/ureter stricture tx	341.48
52341	Facility Fee	Cysto w/ureter stricture tx	5.00
52342	Physician/Professional Fee	Cysto w/up stricture tx	367.06
52342	Facility Fee	Cysto w/up stricture tx	5.00
52343	Physician/Professional Fee	Cysto w/renal stricture tx	404.49
52343	Facility Fee	Cysto w/renal stricture tx	5.00
52344	Physician/Professional Fee	Cysto/uretero, stricture tx	434.82
52344	Facility Fee	Cysto/uretero, stricture tx	5.00
52345	Physician/Professional Fee	Cysto/uretero w/up stricture	461.73
52345	Facility Fee	Cysto/uretero w/up stricture	5.00
52346	Physician/Professional Fee	Cystouretero w/renal strict	516.61
52346	Facility Fee	Cystouretero w/renal strict	5.00
52351	Physician/Professional Fee	Cystouretero & or pyeloscope	327.72
52351	Facility Fee	Cystouretero & or pyeloscope	5.00
52352	Physician/Professional Fee	Cystouretero w/stone remove	385.17
52352	Facility Fee	Cystouretero w/stone remove	5.00
52353	Physician/Professional Fee	Cystouretero w/lithotripsy	443.26
52353	Facility Fee	Cystouretero w/lithotripsy	5.00
52354	Physician/Professional Fee	Cystouretero w/biopsy	410.04
52354	Facility Fee	Cystouretero w/biopsy	5.00
52355	Physician/Professional Fee	Cystouretero w/excise tumor	488.82
52355	Facility Fee	Cystouretero w/excise tumor	5.00
52400	Physician/Professional Fee	Cystouretero w/congen repr	568.34
52400	Facility Fee	Cystouretero w/congen repr	5.00
52402	Physician/Professional Fee	Cystourethro cut ejacul duct	283.57
52402	Facility Fee	Cystourethro cut ejacul duct	5.00
52450	Physician/Professional Fee	Incision of prostate	475.05
52450	Facility Fee	Incision of prostate	5.00
52500	Physician/Professional Fee	Revision of bladder neck	556.90
52500	Facility Fee	Revision of bladder neck	5.00
52510	Physician/Professional Fee	Dilation prostatic urethra	443.13
52510	Facility Fee	Dilation prostatic urethra	5.00
52601	Physician/Professional Fee	Prostatectomy (TURP)	836.82
52601	Facility Fee	Prostatectomy (TURP)	5.00
52606	Physician/Professional Fee	Control postop bleeding	516.03
52606	Facility Fee	Control postop bleeding	5.00
52612	Physician/Professional Fee	Prostatectomy, first stage	534.31
52612	Facility Fee	Prostatectomy, first stage	5.00
52614	Physician/Professional Fee	Prostatectomy, second stage	467.61
52614	Facility Fee	Prostatectomy, second stage	5.00
52620	Physician/Professional Fee	Remove residual prostate	424.48
52620	Facility Fee	Remove residual prostate	5.00
52630	Physician/Professional Fee	Remove prostate regrowth	451.44
52630	Facility Fee	Remove prostate regrowth	5.00
52640	Physician/Professional Fee	Relieve bladder contracture	411.03
52640	Facility Fee	Relieve bladder contracture	5.00
52647	Physician/Professional Fee	Laser surgery of prostate	652.50
52647	Facility Fee	Laser surgery of prostate	5.00
52648	Physician/Professional Fee	Laser surgery of prostate	697.18
52648	Facility Fee	Laser surgery of prostate	5.00
52700	Physician/Professional Fee	Drainage of prostate abscess	442.63
52700	Facility Fee	Drainage of prostate abscess	5.00
53000	Physician/Professional Fee	Incision of urethra	159.10
53000	Facility Fee	Incision of urethra	5.00
53010	Physician/Professional Fee	Incision of urethra	302.95

CPT Code	Type	Description	Fee
53010	Facility Fee	Incision of urethra	5.00
53020	Physician/Professional Fee	Incision of urethra	100.87
53020	Facility Fee	Incision of urethra	5.00
53025	Physician/Professional Fee	Incision of urethra	69.43
53025	Facility Fee	Incision of urethra	5.00
53040	Physician/Professional Fee	Drainage of urethra abscess	411.06
53040	Facility Fee	Drainage of urethra abscess	5.00
53060	Physician/Professional Fee	Drainage of urethra abscess	165.51
53060	Facility Fee	Drainage of urethra abscess	5.00
53080	Physician/Professional Fee	Drainage of urinary leakage	514.32
53080	Facility Fee	Drainage of urinary leakage	5.00
53085	Physician/Professional Fee	Drainage of urinary leakage	723.06
53085	Facility Fee	Drainage of urinary leakage	5.00
53200	Physician/Professional Fee	Biopsy of urethra	146.83
53200	Facility Fee	Biopsy of urethra	5.00
53210	Physician/Professional Fee	Removal of urethra	797.36
53210	Facility Fee	Removal of urethra	5.00
53215	Physician/Professional Fee	Removal of urethra	959.23
53215	Facility Fee	Removal of urethra	5.00
53220	Physician/Professional Fee	Treatment of urethra lesion	465.45
53220	Facility Fee	Treatment of urethra lesion	5.00
53230	Physician/Professional Fee	Removal of urethra lesion	622.56
53230	Facility Fee	Removal of urethra lesion	5.00
53235	Physician/Professional Fee	Removal of urethra lesion	654.19
53235	Facility Fee	Removal of urethra lesion	5.00
53240	Physician/Professional Fee	Surgery for urethra pouch	437.94
53240	Facility Fee	Surgery for urethra pouch	5.00
53250	Physician/Professional Fee	Removal of urethra gland	408.19
53250	Facility Fee	Removal of urethra gland	5.00
53260	Physician/Professional Fee	Treatment of urethra lesion	183.57
53260	Facility Fee	Treatment of urethra lesion	5.00
53265	Physician/Professional Fee	Treatment of urethra lesion	189.83
53265	Facility Fee	Treatment of urethra lesion	5.00
53270	Physician/Professional Fee	Removal of urethra gland	191.79
53270	Facility Fee	Removal of urethra gland	5.00
53275	Physician/Professional Fee	Repair of urethra defect	279.04
53275	Facility Fee	Repair of urethra defect	5.00
53400	Physician/Professional Fee	Revise urethra, stage 1	825.25
53400	Facility Fee	Revise urethra, stage 1	5.00
53405	Physician/Professional Fee	Revise urethra, stage 2	902.35
53405	Facility Fee	Revise urethra, stage 2	5.00
53410	Physician/Professional Fee	Reconstruction of urethra	1011.56
53410	Facility Fee	Reconstruction of urethra	5.00
53415	Physician/Professional Fee	Reconstruction of urethra	1148.66
53415	Facility Fee	Reconstruction of urethra	5.00
53420	Physician/Professional Fee	Reconstruct urethra, stage 1	852.82
53420	Facility Fee	Reconstruct urethra, stage 1	5.00
53425	Physician/Professional Fee	Reconstruct urethra, stage 2	977.91
53425	Facility Fee	Reconstruct urethra, stage 2	5.00
53430	Physician/Professional Fee	Reconstruction of urethra	988.23
53430	Facility Fee	Reconstruction of urethra	5.00
53431	Physician/Professional Fee	Reconstruct urethra/bladder	1191.91
53431	Facility Fee	Reconstruct urethra/bladder	5.00
53440	Physician/Professional Fee	Male sling procedure	884.44
53440	Facility Fee	Male sling procedure	5.00
53442	Physician/Professional Fee	Remove/revise male sling	778.61

CPT Code	Type	Description	Fee
53442	Facility Fee	Remove/revise male sling	5.00
53444	Physician/Professional Fee	Insert tandem cuff	821.00
53444	Facility Fee	Insert tandem cuff	5.00
53445	Physician/Professional Fee	Insert uro/ves nck sphincter	912.47
53445	Facility Fee	Insert uro/ves nck sphincter	5.00
53446	Physician/Professional Fee	Remove uro sphincter	666.51
53446	Facility Fee	Remove uro sphincter	5.00
53447	Physician/Professional Fee	Remove/replace ur sphincter	847.09
53447	Facility Fee	Remove/replace ur sphincter	5.00
53448	Physician/Professional Fee	Remov/replc ur sphinctr comp	1324.27
53448	Facility Fee	Remov/replc ur sphinctr comp	5.00
53449	Physician/Professional Fee	Repair uro sphincter	628.05
53449	Facility Fee	Repair uro sphincter	5.00
53450	Physician/Professional Fee	Revision of urethra	416.40
53450	Facility Fee	Revision of urethra	5.00
53460	Physician/Professional Fee	Revision of urethra	471.05
53460	Facility Fee	Revision of urethra	5.00
53500	Physician/Professional Fee	Urethriys, transvag w/ scope	780.49
53500	Facility Fee	Urethriys, transvag w/ scope	5.00
53502	Physician/Professional Fee	Repair of urethra injury	501.63
53502	Facility Fee	Repair of urethra injury	5.00
53505	Physician/Professional Fee	Repair of urethra injury	499.56
53505	Facility Fee	Repair of urethra injury	5.00
53510	Physician/Professional Fee	Repair of urethra injury	659.82
53510	Facility Fee	Repair of urethra injury	5.00
53515	Physician/Professional Fee	Repair of urethra injury	824.36
53515	Facility Fee	Repair of urethra injury	5.00
53520	Physician/Professional Fee	Repair of urethra defect	572.89
53520	Facility Fee	Repair of urethra defect	5.00
53600	Physician/Professional Fee	Dilate urethra stricture	67.22
53600	Facility Fee	Dilate urethra stricture	5.00
53601	Physician/Professional Fee	Dilate urethra stricture	55.55
53601	Facility Fee	Dilate urethra stricture	5.00
53605	Physician/Professional Fee	Dilate urethra stricture	68.29
53605	Facility Fee	Dilate urethra stricture	5.00
53620	Physician/Professional Fee	Dilate urethra stricture	91.07
53620	Facility Fee	Dilate urethra stricture	5.00
53621	Physician/Professional Fee	Dilate urethra stricture	75.43
53621	Facility Fee	Dilate urethra stricture	5.00
53660	Physician/Professional Fee	Dilation of urethra	42.66
53660	Facility Fee	Dilation of urethra	5.00
53661	Physician/Professional Fee	Dilation of urethra	42.18
53661	Facility Fee	Dilation of urethra	5.00
53665	Physician/Professional Fee	Dilation of urethra	40.59
53665	Facility Fee	Dilation of urethra	5.00
53850	Physician/Professional Fee	Prostatic microwave thermotx	577.64
53850	Facility Fee	Prostatic microwave thermotx	5.00
53852	Physician/Professional Fee	Prostatic rf thermotx	626.80
53852	Facility Fee	Prostatic rf thermotx	5.00
53853	Physician/Professional Fee	Prostatic water thermother	354.68
53853	Facility Fee	Prostatic water thermother	5.00
53899	Facility Fee	Urology surgery procedure	5.00
54000	Physician/Professional Fee	Slitting of prepuce	106.83
54000	Facility Fee	Slitting of prepuce	5.00
54001	Physician/Professional Fee	Slitting of prepuce	140.08
54001	Facility Fee	Slitting of prepuce	5.00

CPT Code	Type	Description	Fee
54015	Physician/Professional Fee	Drain penis lesion	323.93
54015	Facility Fee	Drain penis lesion	5.00
54050	Physician/Professional Fee	Destruction, penis lesion(s)	97.30
54050	Facility Fee	Destruction, penis lesion(s)	5.00
54055	Physician/Professional Fee	Destruction, penis lesion(s)	87.64
54055	Facility Fee	Destruction, penis lesion(s)	5.00
54056	Physician/Professional Fee	Cryosurgery, penis lesion(s)	101.55
54056	Facility Fee	Cryosurgery, penis lesion(s)	5.00
54057	Physician/Professional Fee	Laser surg, penis lesion(s)	90.53
54057	Facility Fee	Laser surg, penis lesion(s)	5.00
54060	Physician/Professional Fee	Excision of penis lesion(s)	127.65
54060	Facility Fee	Excision of penis lesion(s)	5.00
54065	Physician/Professional Fee	Destruction, penis lesion(s)	154.99
54065	Facility Fee	Destruction, penis lesion(s)	5.00
54100	Physician/Professional Fee	Biopsy of penis	114.03
54100	Facility Fee	Biopsy of penis	5.00
54105	Physician/Professional Fee	Biopsy of penis	225.88
54105	Facility Fee	Biopsy of penis	5.00
54110	Physician/Professional Fee	Treatment of penis lesion	642.10
54110	Facility Fee	Treatment of penis lesion	5.00
54150	Physician/Professional Fee	Circumcision w/regional block	121.67
54150	Facility Fee	Circumcision w/regional block	5.00
54160	Physician/Professional Fee	Circumcision, neonate	148.64
54160	Facility Fee	Circumcision, neonate	5.00
54161	Physician/Professional Fee	Circum 28 days or older	202.20
54161	Facility Fee	Circum 28 days or older	5.00
54162	Physician/Professional Fee	Lysis penil circumic lesion	197.23
54162	Facility Fee	Lysis penil circumic lesion	5.00
54163	Physician/Professional Fee	Repair of circumcision	222.92
54163	Facility Fee	Repair of circumcision	5.00
54308	Physician/Professional Fee	Reconstruction of urethra	757.97
54308	Facility Fee	Reconstruction of urethra	5.00
54312	Physician/Professional Fee	Reconstruction of urethra	883.70
54312	Facility Fee	Reconstruction of urethra	5.00
54316	Physician/Professional Fee	Reconstruction of urethra	1058.65
54316	Facility Fee	Reconstruction of urethra	5.00
54318	Physician/Professional Fee	Reconstruction of urethra	746.34
54318	Facility Fee	Reconstruction of urethra	5.00
54322	Physician/Professional Fee	Reconstruction of urethra	830.04
54322	Facility Fee	Reconstruction of urethra	5.00
54324	Physician/Professional Fee	Reconstruction of urethra	1035.80
54324	Facility Fee	Reconstruction of urethra	5.00
54326	Physician/Professional Fee	Reconstruction of urethra	1007.70
54326	Facility Fee	Reconstruction of urethra	5.00
54450	Physician/Professional Fee	Preputial stretching	62.82
54450	Facility Fee	Preputial stretching	5.00
54500	Physician/Professional Fee	Biopsy of testis	77.78
54500	Facility Fee	Biopsy of testis	5.00
54505	Physician/Professional Fee	Biopsy of testis	223.58
54505	Facility Fee	Biopsy of testis	5.00
54512	Physician/Professional Fee	Excise lesion testis	553.54
54512	Facility Fee	Excise lesion testis	5.00
54520	Physician/Professional Fee	Removal of testis	338.61
54520	Facility Fee	Removal of testis	5.00
54522	Physician/Professional Fee	Orchiectomy, partial	618.87
54522	Facility Fee	Orchiectomy, partial	5.00

CPT Code	Type	Description	Fee
54530	Physician/Professional Fee	Removal of testis	564.44
54530	Facility Fee	Removal of testis	5.00
54535	Physician/Professional Fee	Extensive testis surgery	768.48
54535	Facility Fee	Extensive testis surgery	5.00
54550	Physician/Professional Fee	Exploration for testis	503.66
54550	Facility Fee	Exploration for testis	5.00
54560	Physician/Professional Fee	Exploration for testis	700.27
54560	Facility Fee	Exploration for testis	5.00
54600	Physician/Professional Fee	Reduce testis torsion	462.49
54600	Facility Fee	Reduce testis torsion	5.00
54620	Physician/Professional Fee	Suspension of testis	314.52
54620	Facility Fee	Suspension of testis	5.00
54640	Physician/Professional Fee	Suspension of testis	476.89
54640	Facility Fee	Suspension of testis	5.00
54650	Physician/Professional Fee	Orchiopexy (Fowler-Stephens)	742.36
54650	Facility Fee	Orchiopexy (Fowler-Stephens)	5.00
54660	Physician/Professional Fee	Revision of testis	365.35
54660	Facility Fee	Revision of testis	5.00
54670	Physician/Professional Fee	Repair testis injury	422.47
54670	Facility Fee	Repair testis injury	5.00
54680	Physician/Professional Fee	Relocation of testis(es)	827.60
54680	Facility Fee	Relocation of testis(es)	5.00
54690	Physician/Professional Fee	Laparoscopy, orchiectomy	682.02
54690	Facility Fee	Laparoscopy, orchiectomy	5.00
54692	Physician/Professional Fee	Laparoscopy, orchiopexy	797.14
54692	Facility Fee	Laparoscopy, orchiopexy	5.00
54699	Facility Fee	Laparoscope proc, testis	5.00
54700	Physician/Professional Fee	Drainage of scrotum	223.14
54700	Facility Fee	Drainage of scrotum	5.00
54800	Physician/Professional Fee	Biopsy of epididymis	132.37
54800	Facility Fee	Biopsy of epididymis	5.00
54830	Physician/Professional Fee	Remove epididymis lesion	375.73
54830	Facility Fee	Remove epididymis lesion	5.00
54840	Physician/Professional Fee	Remove epididymis lesion	334.23
54840	Facility Fee	Remove epididymis lesion	5.00
54860	Physician/Professional Fee	Removal of epididymis	425.20
54860	Facility Fee	Removal of epididymis	5.00
54861	Physician/Professional Fee	Removal of epididymis	577.53
54861	Facility Fee	Removal of epididymis	5.00
54865	Physician/Professional Fee	Explore epididymis	362.20
54865	Facility Fee	Explore epididymis	5.00
54900	Physician/Professional Fee	Fusion of spermatic ducts	784.40
54900	Facility Fee	Fusion of spermatic ducts	5.00
54901	Physician/Professional Fee	Fusion of spermatic ducts	1060.38
54901	Facility Fee	Fusion of spermatic ducts	5.00
55000	Physician/Professional Fee	Drainage of hydrocele	86.92
55000	Facility Fee	Drainage of hydrocele	5.00
55040	Physician/Professional Fee	Removal of hydrocele	347.82
55040	Facility Fee	Removal of hydrocele	5.00
55041	Physician/Professional Fee	Removal of hydroceles	516.88
55041	Facility Fee	Removal of hydroceles	5.00
55060	Physician/Professional Fee	Repair of hydrocele	383.87
55060	Facility Fee	Repair of hydrocele	5.00
55100	Physician/Professional Fee	Drainage of scrotum abscess	166.99
55100	Facility Fee	Drainage of scrotum abscess	5.00
55110	Physician/Professional Fee	Explore scrotum	391.55

CPT Code	Type	Description	Fee
55110	Facility Fee	Explore scrotum	5.00
55120	Physician/Professional Fee	Removal of scrotum lesion	359.88
55120	Facility Fee	Removal of scrotum lesion	5.00
55150	Physician/Professional Fee	Removal of scrotum	494.14
55150	Facility Fee	Removal of scrotum	5.00
55175	Physician/Professional Fee	Revision of scrotum	367.51
55175	Facility Fee	Revision of scrotum	5.00
55180	Physician/Professional Fee	Revision of scrotum	706.47
55180	Facility Fee	Revision of scrotum	5.00
55200	Physician/Professional Fee	Incision of sperm duct	288.78
55200	Facility Fee	Incision of sperm duct	5.00
55250	Physician/Professional Fee	Removal of sperm duct(s)	234.14
55250	Facility Fee	Removal of sperm duct(s)	5.00
55300	Physician/Professional Fee	Prepare, sperm duct x-ray	195.36
55300	Facility Fee	Prepare, sperm duct x-ray	5.00
55400	Physician/Professional Fee	Repair of sperm duct	522.97
55400	Facility Fee	Repair of sperm duct	5.00
55450	Physician/Professional Fee	Ligation of sperm duct	260.54
55450	Facility Fee	Ligation of sperm duct	5.00
55500	Physician/Professional Fee	Removal of hydrocele	386.87
55500	Facility Fee	Removal of hydrocele	5.00
55520	Physician/Professional Fee	Removal of sperm cord lesion	409.57
55520	Facility Fee	Removal of sperm cord lesion	5.00
55530	Physician/Professional Fee	Revise spermatic cord veins	365.00
55530	Facility Fee	Revise spermatic cord veins	5.00
55535	Physician/Professional Fee	Revise spermatic cord veins	436.83
55535	Facility Fee	Revise spermatic cord veins	5.00
55540	Physician/Professional Fee	Revise hernia & sperm veins	498.18
55540	Facility Fee	Revise hernia & sperm veins	5.00
55550	Physician/Professional Fee	Laparo ligate spermatic vein	433.72
55550	Facility Fee	Laparo ligate spermatic vein	5.00
55559	Facility Fee	Laparo proc, spermatic cord	5.00
55700	Physician/Professional Fee	Biopsy of prostate	132.54
55700	Facility Fee	Biopsy of prostate	5.00
55705	Physician/Professional Fee	Biopsy of prostate	283.29
55705	Facility Fee	Biopsy of prostate	5.00
55720	Physician/Professional Fee	Drainage of prostate abscess	486.39
55720	Facility Fee	Drainage of prostate abscess	5.00
55725	Physician/Professional Fee	Drainage of prostate abscess	597.07
55725	Facility Fee	Drainage of prostate abscess	5.00
55801	Physician/Professional Fee	Removal of prostate	1119.84
55801	Facility Fee	Removal of prostate	5.00
55810	Physician/Professional Fee	Extensive prostate surgery	1355.00
55810	Facility Fee	Extensive prostate surgery	5.00
55812	Physician/Professional Fee	Extensive prostate surgery	1665.21
55812	Facility Fee	Extensive prostate surgery	5.00
55815	Physician/Professional Fee	Extensive prostate surgery	1825.85
55815	Facility Fee	Extensive prostate surgery	5.00
55821	Physician/Professional Fee	Removal of prostate	898.17
55821	Facility Fee	Removal of prostate	5.00
55831	Physician/Professional Fee	Removal of prostate	973.43
55831	Facility Fee	Removal of prostate	5.00
55840	Physician/Professional Fee	Extensive prostate surgery	1381.13
55840	Facility Fee	Extensive prostate surgery	5.00
55842	Physician/Professional Fee	Extensive prostate surgery	1480.02
55842	Facility Fee	Extensive prostate surgery	5.00

CPT Code	Type	Description	Fee
55845	Physician/Professional Fee	Extensive prostate surgery	1693.24
55845	Facility Fee	Extensive prostate surgery	5.00
55860	Physician/Professional Fee	Surgical exposure, prostate	907.04
55860	Facility Fee	Surgical exposure, prostate	5.00
55862	Physician/Professional Fee	Extensive prostate surgery	1143.88
55862	Facility Fee	Extensive prostate surgery	5.00
55865	Physician/Professional Fee	Extensive prostate surgery	1381.09
55865	Facility Fee	Extensive prostate surgery	5.00
55866	Physician/Professional Fee	Laparo radical prostatectomy	1798.10
55866	Facility Fee	Laparo radical prostatectomy	5.00
55870	Physician/Professional Fee	Electroejaculation	150.06
55870	Facility Fee	Electroejaculation	5.00
55873	Physician/Professional Fee	Cryoablate prostate	1196.19
55873	Facility Fee	Cryoablate prostate	5.00
55875	Physician/Professional Fee	Transperi needle place, pros	789.13
55875	Facility Fee	Transperi needle place, pros	5.00
55876	Physician/Professional Fee	Place rt device/marker, pros	116.77
55876	Facility Fee	Place rt device/marker, pros	5.00
56405	Physician/Professional Fee	I & D of vulva/perineum	108.20
56405	Facility Fee	I & D of vulva/perineum	5.00
56420	Physician/Professional Fee	Drainage of gland abscess	98.76
56420	Facility Fee	Drainage of gland abscess	5.00
56440	Physician/Professional Fee	Surgery for vulva lesion	187.83
56440	Facility Fee	Surgery for vulva lesion	5.00
56441	Physician/Professional Fee	Lysis of labial lesion(s)	142.07
56441	Facility Fee	Lysis of labial lesion(s)	5.00
56442	Physician/Professional Fee	Hymenotomy	49.49
56442	Facility Fee	Hymenotomy	5.00
56501	Physician/Professional Fee	Destroy, vulva lesions, sim	116.14
56501	Facility Fee	Destroy, vulva lesions, sim	5.00
56515	Physician/Professional Fee	Destroy vulva lesion/s compl	198.79
56515	Facility Fee	Destroy vulva lesion/s compl	5.00
56605	Physician/Professional Fee	Biopsy of vulva/perineum	62.71
56605	Facility Fee	Biopsy of vulva/perineum	5.00
56606	Physician/Professional Fee	Biopsy of vulva/perineum	30.65
56606	Facility Fee	Biopsy of vulva/perineum	5.00
56620	Physician/Professional Fee	Partial removal of vulva	539.88
56620	Facility Fee	Partial removal of vulva	5.00
56625	Physician/Professional Fee	Complete removal of vulva	604.88
56625	Facility Fee	Complete removal of vulva	5.00
56740	Physician/Professional Fee	Remove vagina gland lesion	301.82
56740	Facility Fee	Remove vagina gland lesion	5.00
56800	Physician/Professional Fee	Repair of vagina	248.92
56800	Facility Fee	Repair of vagina	5.00
56805	Physician/Professional Fee	Repair clitoris	1193.45
56805	Facility Fee	Repair clitoris	5.00
56810	Physician/Professional Fee	Repair of perineum	267.28
56810	Facility Fee	Repair of perineum	5.00
56820	Physician/Professional Fee	Exam of vulva w/scope	87.09
56820	Facility Fee	Exam of vulva w/scope	5.00
56821	Physician/Professional Fee	Exam/biopsy of vulva w/scope	119.50
56821	Facility Fee	Exam/biopsy of vulva w/scope	5.00
57000	Physician/Professional Fee	Exploration of vagina	193.46
57000	Facility Fee	Exploration of vagina	5.00
57010	Physician/Professional Fee	Drainage of pelvic abscess	433.32
57010	Facility Fee	Drainage of pelvic abscess	5.00

CPT Code	Type	Description	Fee
57020	Physician/Professional Fee	Drainage of pelvic fluid	83.98
57020	Facility Fee	Drainage of pelvic fluid	5.00
57022	Physician/Professional Fee	I & d vaginal hematoma, pp	170.87
57022	Facility Fee	I & d vaginal hematoma, pp	5.00
57023	Physician/Professional Fee	I & d vag hematoma, non-ob	314.57
57023	Facility Fee	I & d vag hematoma, non-ob	5.00
57061	Physician/Professional Fee	Destroy vag lesions, simple	99.89
57061	Facility Fee	Destroy vag lesions, simple	5.00
57065	Physician/Professional Fee	Destroy vag lesions, complex	176.68
57065	Facility Fee	Destroy vag lesions, complex	5.00
57100	Physician/Professional Fee	Biopsy of vagina	67.50
57100	Facility Fee	Biopsy of vagina	5.00
57105	Physician/Professional Fee	Biopsy of vagina	129.85
57105	Facility Fee	Biopsy of vagina	5.00
57106	Physician/Professional Fee	Remove vagina wall, partial	473.21
57106	Facility Fee	Remove vagina wall, partial	5.00
57107	Physician/Professional Fee	Remove vagina tissue, part	1412.00
57107	Facility Fee	Remove vagina tissue, part	5.00
57109	Physician/Professional Fee	Vaginectomy partial w/nodes	1605.52
57109	Facility Fee	Vaginectomy partial w/nodes	5.00
57130	Physician/Professional Fee	Remove vagina lesion	164.43
57130	Facility Fee	Remove vagina lesion	5.00
57135	Physician/Professional Fee	Remove vagina lesion	177.84
57135	Facility Fee	Remove vagina lesion	5.00
57150	Physician/Professional Fee	Treat vagina infection	30.65
57150	Facility Fee	Treat vagina infection	5.00
57155	Physician/Professional Fee	Insert uteri tandems/ovoids	448.26
57155	Facility Fee	Insert uteri tandems/ovoids	5.00
57160	Physician/Professional Fee	Insert pessary/other device	49.30
57160	Facility Fee	Insert pessary/other device	5.00
57170	Physician/Professional Fee	Fitting of diaphragm/cap	49.97
57170	Facility Fee	Fitting of diaphragm/cap	5.00
57180	Physician/Professional Fee	Treat vaginal bleeding	115.79
57180	Facility Fee	Treat vaginal bleeding	5.00
57200	Physician/Professional Fee	Repair of vagina	298.81
57200	Facility Fee	Repair of vagina	5.00
57210	Physician/Professional Fee	Repair vagina/perineum	371.91
57210	Facility Fee	Repair vagina/perineum	5.00
57220	Physician/Professional Fee	Revision of urethra	323.95
57220	Facility Fee	Revision of urethra	5.00
57230	Physician/Professional Fee	Repair of urethral lesion	395.03
57230	Facility Fee	Repair of urethral lesion	5.00
57240	Physician/Professional Fee	Repair bladder & vagina	617.02
57240	Facility Fee	Repair bladder & vagina	5.00
57250	Physician/Professional Fee	Repair rectum & vagina	605.13
57250	Facility Fee	Repair rectum & vagina	5.00
57260	Physician/Professional Fee	Repair of vagina	772.05
57260	Facility Fee	Repair of vagina	5.00
57265	Physician/Professional Fee	Extensive repair of vagina	881.78
57265	Facility Fee	Extensive repair of vagina	5.00
57267	Physician/Professional Fee	Insert mesh/pelvic flr addon	277.98
57267	Facility Fee	Insert mesh/pelvic flr addon	5.00
57268	Physician/Professional Fee	Repair of bowel bulge	479.93
57268	Facility Fee	Repair of bowel bulge	5.00
57270	Physician/Professional Fee	Repair of bowel pouch	802.53
57270	Facility Fee	Repair of bowel pouch	5.00

CPT Code	Type	Description	Fee
57280	Physician/Professional Fee	Suspension of vagina	972.47
57280	Facility Fee	Suspension of vagina	5.00
57282	Physician/Professional Fee	Colpopexy, extraperitoneal	512.30
57282	Facility Fee	Colpopexy, extraperitoneal	5.00
57283	Physician/Professional Fee	Colpopexy, intraperitoneal	702.87
57283	Facility Fee	Colpopexy, intraperitoneal	5.00
57284	Physician/Professional Fee	Repair paravaginal defect	841.85
57284	Facility Fee	Repair paravaginal defect	5.00
57287	Physician/Professional Fee	Revise/remove sling repair	695.07
57287	Facility Fee	Revise/remove sling repair	5.00
57288	Physician/Professional Fee	Repair bladder defect	814.00
57288	Facility Fee	Repair bladder defect	5.00
57289	Physician/Professional Fee	Repair bladder & vagina	763.48
57289	Facility Fee	Repair bladder & vagina	5.00
57291	Physician/Professional Fee	Construction of vagina	547.96
57291	Facility Fee	Construction of vagina	5.00
57292	Physician/Professional Fee	Construct vagina with graft	846.95
57292	Facility Fee	Construct vagina with graft	5.00
57310	Physician/Professional Fee	Repair urethrovaginal lesion	472.25
57310	Facility Fee	Repair urethrovaginal lesion	5.00
57311	Physician/Professional Fee	Repair urethrovaginal lesion	531.52
57311	Facility Fee	Repair urethrovaginal lesion	5.00
57320	Physician/Professional Fee	Repair bladder-vagina lesion	542.16
57320	Facility Fee	Repair bladder-vagina lesion	5.00
57330	Physician/Professional Fee	Repair bladder-vagina lesion	774.42
57330	Facility Fee	Repair bladder-vagina lesion	5.00
57335	Physician/Professional Fee	Repair vagina	1174.70
57335	Facility Fee	Repair vagina	5.00
57400	Physician/Professional Fee	Dilation of vagina	137.56
57400	Facility Fee	Dilation of vagina	5.00
57410	Physician/Professional Fee	Pelvic examination	108.29
57410	Facility Fee	Pelvic examination	5.00
57415	Physician/Professional Fee	Remove vaginal foreign body	158.88
57415	Facility Fee	Remove vaginal foreign body	5.00
57420	Physician/Professional Fee	Exam of vagina w/scope	92.33
57420	Facility Fee	Exam of vagina w/scope	5.00
57421	Physician/Professional Fee	Exam/biopsy of vag w/scope	127.50
57421	Facility Fee	Exam/biopsy of vag w/scope	5.00
57425	Physician/Professional Fee	Laparoscopy, surg, colpopexy	961.36
57425	Facility Fee	Laparoscopy, surg, colpopexy	5.00
57452	Physician/Professional Fee	Exam of cervix w/scope	93.28
57452	Facility Fee	Exam of cervix w/scope	5.00
57454	Physician/Professional Fee	Bx/curett of cervix w/scope	141.47
57454	Facility Fee	Bx/curett of cervix w/scope	5.00
57455	Physician/Professional Fee	Biopsy of cervix w/scope	115.42
57455	Facility Fee	Biopsy of cervix w/scope	5.00
57456	Physician/Professional Fee	Endocerv curettage w/scope	107.37
57456	Facility Fee	Endocerv curettage w/scope	5.00
57460	Physician/Professional Fee	Bx of cervix w/scope, leep	170.65
57460	Facility Fee	Bx of cervix w/scope, leep	5.00
57461	Physician/Professional Fee	Conz of cervix w/scope, leep	196.69
57461	Facility Fee	Conz of cervix w/scope, leep	5.00
57500	Physician/Professional Fee	Biopsy of cervix	74.85
57500	Facility Fee	Biopsy of cervix	5.00
57505	Physician/Professional Fee	Endocervical curettage	94.25
57505	Facility Fee	Endocervical curettage	5.00

CPT Code	Type	Description	Fee
57510	Physician/Professional Fee	Cauterization of cervix	120.32
57510	Facility Fee	Cauterization of cervix	5.00
57511	Physician/Professional Fee	Cryocautery of cervix	135.73
57511	Facility Fee	Cryocautery of cervix	5.00
57513	Physician/Professional Fee	Laser surgery of cervix	137.07
57513	Facility Fee	Laser surgery of cervix	5.00
57520	Physician/Professional Fee	Conization of cervix	284.43
57520	Facility Fee	Conization of cervix	5.00
57522	Physician/Professional Fee	Conization of cervix	249.50
57522	Facility Fee	Conization of cervix	5.00
57530	Physician/Professional Fee	Removal of cervix	351.52
57530	Facility Fee	Removal of cervix	5.00
57531	Physician/Professional Fee	Removal of cervix, radical	1732.14
57531	Facility Fee	Removal of cervix, radical	5.00
57540	Physician/Professional Fee	Removal of residual cervix	790.24
57540	Facility Fee	Removal of residual cervix	5.00
57545	Physician/Professional Fee	Remove cervix/repair pelvis	841.63
57545	Facility Fee	Remove cervix/repair pelvis	5.00
57550	Physician/Professional Fee	Removal of residual cervix	412.30
57550	Facility Fee	Removal of residual cervix	5.00
57555	Physician/Professional Fee	Remove cervix/repair vagina	609.50
57555	Facility Fee	Remove cervix/repair vagina	5.00
57556	Physician/Professional Fee	Remove cervix, repair bowel	574.53
57556	Facility Fee	Remove cervix, repair bowel	5.00
57558	Physician/Professional Fee	D&c of cervical stump	116.66
57558	Facility Fee	D&c of cervical stump	5.00
57700	Physician/Professional Fee	Revision of cervix	303.87
57700	Facility Fee	Revision of cervix	5.00
57720	Physician/Professional Fee	Revision of cervix	313.19
57720	Facility Fee	Revision of cervix	5.00
57800	Physician/Professional Fee	Dilation of cervical canal	50.79
57800	Facility Fee	Dilation of cervical canal	5.00
58100	Physician/Professional Fee	Biopsy of uterus lining	91.38
58100	Facility Fee	Biopsy of uterus lining	5.00
58110	Physician/Professional Fee	Bx done w/colposcopy add-on	43.26
58110	Facility Fee	Bx done w/colposcopy add-on	5.00
58120	Physician/Professional Fee	Dilation and curettage	220.00
58120	Facility Fee	Dilation and curettage	5.00
58140	Physician/Professional Fee	Myomectomy abdom method	925.98
58140	Facility Fee	Myomectomy abdom method	5.00
58145	Physician/Professional Fee	Myomectomy vag method	553.06
58145	Facility Fee	Myomectomy vag method	5.00
58146	Physician/Professional Fee	Myomectomy abdom complex	1180.81
58146	Facility Fee	Myomectomy abdom complex	5.00
58150	Physician/Professional Fee	Total hysterectomy	998.10
58150	Facility Fee	Total hysterectomy	5.00
58152	Physician/Professional Fee	Total hysterectomy	1276.30
58152	Facility Fee	Total hysterectomy	5.00
58180	Physician/Professional Fee	Partial hysterectomy	962.38
58180	Facility Fee	Partial hysterectomy	5.00
58200	Physician/Professional Fee	Extensive hysterectomy	1329.79
58200	Facility Fee	Extensive hysterectomy	5.00
58210	Physician/Professional Fee	Extensive hysterectomy	1770.01
58210	Facility Fee	Extensive hysterectomy	5.00
58240	Physician/Professional Fee	Removal of pelvis contents	2677.38
58240	Facility Fee	Removal of pelvis contents	5.00

CPT Code	Type	Description	Fee
58260	Physician/Professional Fee	Vaginal hysterectomy	839.56
58260	Facility Fee	Vaginal hysterectomy	5.00
58262	Physician/Professional Fee	Vag hyst including t/o	939.50
58262	Facility Fee	Vag hyst including t/o	5.00
58263	Physician/Professional Fee	Vag hyst w/t/o & vag repair	1011.40
58263	Facility Fee	Vag hyst w/t/o & vag repair	5.00
58267	Physician/Professional Fee	Vag hyst w/urinary repair	1076.32
58267	Facility Fee	Vag hyst w/urinary repair	5.00
58270	Physician/Professional Fee	Vag hyst w/enterocele repair	901.46
58270	Facility Fee	Vag hyst w/enterocele repair	5.00
58275	Physician/Professional Fee	Hysterectomy/revise vagina	999.72
58275	Facility Fee	Hysterectomy/revise vagina	5.00
58280	Physician/Professional Fee	Hysterectomy/revise vagina	1071.58
58280	Facility Fee	Hysterectomy/revise vagina	5.00
58285	Physician/Professional Fee	Extensive hysterectomy	1342.50
58285	Facility Fee	Extensive hysterectomy	5.00
58290	Physician/Professional Fee	Vag hyst complex	1182.34
58290	Facility Fee	Vag hyst complex	5.00
58291	Physician/Professional Fee	Vag hyst incl t/o, complex	1283.60
58291	Facility Fee	Vag hyst incl t/o, complex	5.00
58292	Physician/Professional Fee	Vag hyst t/o & repair, compl	1355.95
58292	Facility Fee	Vag hyst t/o & repair, compl	5.00
58293	Physician/Professional Fee	Vag hyst w/uro repair, compl	1406.55
58293	Facility Fee	Vag hyst w/uro repair, compl	5.00
58294	Physician/Professional Fee	Vag hyst w/enterocele, compl	1243.86
58294	Facility Fee	Vag hyst w/enterocele, compl	5.00
58300	Facility Fee	Insert intrauterine device	5.00
58301	Physician/Professional Fee	Remove intrauterine device	70.21
58301	Facility Fee	Remove intrauterine device	5.00
58340	Physician/Professional Fee	Catheter for hysteroigraphy	62.32
58340	Facility Fee	Catheter for hysteroigraphy	5.00
58345	Physician/Professional Fee	Reopen fallopian tube	283.99
58345	Facility Fee	Reopen fallopian tube	5.00
58346	Physician/Professional Fee	Insert heyman uteri capsule	458.97
58346	Facility Fee	Insert heyman uteri capsule	5.00
58350	Physician/Professional Fee	Reopen fallopian tube	81.25
58350	Facility Fee	Reopen fallopian tube	5.00
58353	Physician/Professional Fee	Endometr ablate, thermal	229.09
58353	Facility Fee	Endometr ablate, thermal	5.00
58356	Physician/Professional Fee	Endometrial cryoablation	364.27
58356	Facility Fee	Endometrial cryoablation	5.00
58400	Physician/Professional Fee	Suspension of uterus	450.16
58400	Facility Fee	Suspension of uterus	5.00
58410	Physician/Professional Fee	Suspension of uterus	816.68
58410	Facility Fee	Suspension of uterus	5.00
58520	Physician/Professional Fee	Repair of ruptured uterus	787.99
58520	Facility Fee	Repair of ruptured uterus	5.00
58540	Physician/Professional Fee	Revision of uterus	916.92
58540	Facility Fee	Revision of uterus	5.00
58541	Physician/Professional Fee	Lsh, uterus 250 g or less	848.43
58541	Facility Fee	Lsh, uterus 250 g or less	5.00
58542	Physician/Professional Fee	Lsh w/t/o ut 250 g or less	938.96
58542	Facility Fee	Lsh w/t/o ut 250 g or less	5.00
58543	Physician/Professional Fee	Lsh uterus above 250 g	954.51
58543	Facility Fee	Lsh uterus above 250 g	5.00
58544	Physician/Professional Fee	Lsh w/t/o uterus above 250 g	1032.56

CPT Code	Type	Description	Fee
58544	Facility Fee	Lsh w/t/o uterus above 250 g	5.00
58545	Physician/Professional Fee	Laparoscopic myomectomy	915.88
58545	Facility Fee	Laparoscopic myomectomy	5.00
58546	Physician/Professional Fee	Laparo-myomectomy, complex	1160.47
58546	Facility Fee	Laparo-myomectomy, complex	5.00
58548	Physician/Professional Fee	Lap radical hyst	1805.83
58548	Facility Fee	Lap radical hyst	5.00
58550	Physician/Professional Fee	Laparo-asst vag hysterectomy	902.93
58550	Facility Fee	Laparo-asst vag hysterectomy	5.00
58552	Physician/Professional Fee	Laparo-vag hyst incl t/o	996.90
58552	Facility Fee	Laparo-vag hyst incl t/o	5.00
58553	Physician/Professional Fee	Laparo-vag hyst, complex	1165.31
58553	Facility Fee	Laparo-vag hyst, complex	5.00
58554	Physician/Professional Fee	Laparo-vag hyst w/t/o, compl	1335.60
58554	Facility Fee	Laparo-vag hyst w/t/o, compl	5.00
58555	Physician/Professional Fee	Hysteroscopy, dx, sep proc	197.61
58555	Facility Fee	Hysteroscopy, dx, sep proc	5.00
58558	Physician/Professional Fee	Hysteroscopy, biopsy	279.01
58558	Facility Fee	Hysteroscopy, biopsy	5.00
58559	Physician/Professional Fee	Hysteroscopy, lysis	358.10
58559	Facility Fee	Hysteroscopy, lysis	5.00
58560	Physician/Professional Fee	Hysteroscopy, resect septum	405.41
58560	Facility Fee	Hysteroscopy, resect septum	5.00
58561	Physician/Professional Fee	Hysteroscopy, remove myoma	574.57
58561	Facility Fee	Hysteroscopy, remove myoma	5.00
58562	Physician/Professional Fee	Hysteroscopy, remove fb	304.76
58562	Facility Fee	Hysteroscopy, remove fb	5.00
58563	Physician/Professional Fee	Hysteroscopy, ablation	359.00
58563	Facility Fee	Hysteroscopy, ablation	5.00
58565	Physician/Professional Fee	Hysteroscopy, sterilization	458.18
58565	Facility Fee	Hysteroscopy, sterilization	5.00
58578	Facility Fee	Laparo proc, uterus	5.00
58579	Facility Fee	Hysteroscope procedure	5.00
58600	Physician/Professional Fee	Division of fallopian tube	374.47
58600	Facility Fee	Division of fallopian tube	5.00
58605	Physician/Professional Fee	Division of fallopian tube	340.11
58605	Facility Fee	Division of fallopian tube	5.00
58611	Physician/Professional Fee	Ligate oviduct(s) add-on	81.10
58611	Facility Fee	Ligate oviduct(s) add-on	5.00
58615	Physician/Professional Fee	Occlude fallopian tube(s)	267.10
58615	Facility Fee	Occlude fallopian tube(s)	5.00
58660	Physician/Professional Fee	Laparoscopy, lysis	683.50
58660	Facility Fee	Laparoscopy, lysis	5.00
58661	Physician/Professional Fee	Laparoscopy, remove adnexa	662.63
58661	Facility Fee	Laparoscopy, remove adnexa	5.00
58662	Physician/Professional Fee	Laparoscopy, excise lesions	724.01
58662	Facility Fee	Laparoscopy, excise lesions	5.00
58670	Physician/Professional Fee	Laparoscopy, tubal cautery	373.02
58670	Facility Fee	Laparoscopy, tubal cautery	5.00
58671	Physician/Professional Fee	Laparoscopy, tubal block	373.33
58671	Facility Fee	Laparoscopy, tubal block	5.00
58672	Physician/Professional Fee	Laparoscopy, fimbrioplasty	770.96
58672	Facility Fee	Laparoscopy, fimbrioplasty	5.00
58673	Physician/Professional Fee	Laparoscopy, salpingostomy	832.25
58673	Facility Fee	Laparoscopy, salpingostomy	5.00
58679	Facility Fee	Laparo proc, oviduct-ovary	5.00

CPT Code	Type	Description	Fee
58700	Physician/Professional Fee	Removal of fallopian tube	769.17
58700	Facility Fee	Removal of fallopian tube	5.00
58720	Physician/Professional Fee	Removal of ovary/tube(s)	725.85
58720	Facility Fee	Removal of ovary/tube(s)	5.00
58740	Physician/Professional Fee	Revise fallopian tube(s)	890.01
58740	Facility Fee	Revise fallopian tube(s)	5.00
58750	Physician/Professional Fee	Repair oviduct	929.21
58750	Facility Fee	Repair oviduct	5.00
58752	Physician/Professional Fee	Revise ovarian tube(s)	913.34
58752	Facility Fee	Revise ovarian tube(s)	5.00
58760	Physician/Professional Fee	Remove tubal obstruction	839.88
58760	Facility Fee	Remove tubal obstruction	5.00
58770	Physician/Professional Fee	Create new tubal opening	875.97
58770	Facility Fee	Create new tubal opening	5.00
58800	Physician/Professional Fee	Drainage of ovarian cyst(s)	301.97
58800	Facility Fee	Drainage of ovarian cyst(s)	5.00
58805	Physician/Professional Fee	Drainage of ovarian cyst(s)	403.68
58805	Facility Fee	Drainage of ovarian cyst(s)	5.00
58820	Physician/Professional Fee	Drain ovary abscess, open	323.93
58820	Facility Fee	Drain ovary abscess, open	5.00
58822	Physician/Professional Fee	Drain ovary abscess, percut	686.41
58822	Facility Fee	Drain ovary abscess, percut	5.00
58823	Physician/Professional Fee	Drain pelvic abscess, percut	176.53
58823	Facility Fee	Drain pelvic abscess, percut	5.00
58825	Physician/Professional Fee	Transposition, ovary(s)	709.62
58825	Facility Fee	Transposition, ovary(s)	5.00
58900	Physician/Professional Fee	Biopsy of ovary(s)	412.29
58900	Facility Fee	Biopsy of ovary(s)	5.00
58920	Physician/Professional Fee	Partial removal of ovary(s)	715.04
58920	Facility Fee	Partial removal of ovary(s)	5.00
58925	Physician/Professional Fee	Removal of ovarian cyst(s)	734.79
58925	Facility Fee	Removal of ovarian cyst(s)	5.00
58940	Physician/Professional Fee	Removal of ovary(s)	501.57
58940	Facility Fee	Removal of ovary(s)	5.00
58943	Physician/Professional Fee	Removal of ovary(s)	1135.64
58943	Facility Fee	Removal of ovary(s)	5.00
58950	Physician/Professional Fee	Resect ovarian malignancy	1080.52
58950	Facility Fee	Resect ovarian malignancy	5.00
58951	Physician/Professional Fee	Resect ovarian malignancy	1393.74
58951	Facility Fee	Resect ovarian malignancy	5.00
58952	Physician/Professional Fee	Resect ovarian malignancy	1571.05
58952	Facility Fee	Resect ovarian malignancy	5.00
58953	Physician/Professional Fee	Tah, rad dissect for debulk	1954.51
58953	Facility Fee	Tah, rad dissect for debulk	5.00
58954	Physician/Professional Fee	Tah rad debulk/lymph remove	2121.41
58954	Facility Fee	Tah rad debulk/lymph remove	5.00
58956	Physician/Professional Fee	Bso, omentectomy w/tah	1378.22
58956	Facility Fee	Bso, omentectomy w/tah	5.00
58957	Physician/Professional Fee	Resect recurrent gyn mal	1456.29
58957	Facility Fee	Resect recurrent gyn mal	5.00
58958	Physician/Professional Fee	Resect recur gyn mal w/lym	1610.78
58958	Facility Fee	Resect recur gyn mal w/lym	5.00
58960	Physician/Professional Fee	Exploration of abdomen	934.26
58960	Facility Fee	Exploration of abdomen	5.00
59000	Physician/Professional Fee	Amniocentesis, diagnostic	84.84
59000	Facility Fee	Amniocentesis, diagnostic	623.95

CPT Code	Type	Description	Fee
59001	Physician/Professional Fee	Amniocentesis, therapeutic	189.12
59001	Facility Fee	Amniocentesis, therapeutic	2,921.51
59012	Physician/Professional Fee	Fetal cord puncture, prenatal	213.02
59012	Facility Fee	Fetal cord puncture, prenatal	5.00
59015	Physician/Professional Fee	Chorion biopsy	138.87
59015	Facility Fee	Chorion biopsy	5.00
59020	Physician/Professional Fee	Fetal contract stress test	39.24
59020	Facility Fee	Fetal contract stress test	1,270.79
59025	Physician/Professional Fee	Fetal non-stress test	32.13
59025	Facility Fee	Fetal non-stress test	623.95
59030	Physician/Professional Fee	Fetal scalp blood sample	118.19
59030	Facility Fee	Fetal scalp blood sample	623.95
59050	Physician/Professional Fee	Fetal monitor w/report	53.18
59050	Facility Fee	Fetal monitor w/report	123.15
59051	Physician/Professional Fee	Fetal monitor/interpret only	44.08
59051	Facility Fee	Fetal monitor/interpret only	100.76
59070	Physician/Professional Fee	Transabdom amnioinfus w/us	293.23
59070	Facility Fee	Transabdom amnioinfus w/us	5.00
59074	Physician/Professional Fee	Fetal fluid drainage w/us	292.79
59074	Facility Fee	Fetal fluid drainage w/us	5.00
59100	Physician/Professional Fee	Remove uterus lesion	848.05
59100	Facility Fee	Remove uterus lesion	5.00
59120	Physician/Professional Fee	Treat ectopic pregnancy	804.90
59120	Facility Fee	Treat ectopic pregnancy	5.00
59121	Physician/Professional Fee	Treat ectopic pregnancy	811.36
59121	Facility Fee	Treat ectopic pregnancy	5.00
59130	Physician/Professional Fee	Treat ectopic pregnancy	871.16
59130	Facility Fee	Treat ectopic pregnancy	5.00
59135	Physician/Professional Fee	Treat ectopic pregnancy	932.59
59135	Facility Fee	Treat ectopic pregnancy	5.00
59136	Physician/Professional Fee	Treat ectopic pregnancy	889.99
59136	Facility Fee	Treat ectopic pregnancy	5.00
59140	Physician/Professional Fee	Treat ectopic pregnancy	356.56
59140	Facility Fee	Treat ectopic pregnancy	5.00
59150	Physician/Professional Fee	Treat ectopic pregnancy	782.55
59150	Facility Fee	Treat ectopic pregnancy	5.00
59151	Physician/Professional Fee	Treat ectopic pregnancy	772.82
59151	Facility Fee	Treat ectopic pregnancy	5.00
59160	Physician/Professional Fee	D & c after delivery	202.13
59160	Facility Fee	D & c after delivery	5.00
59200	Physician/Professional Fee	Insert cervical dilator	46.75
59200	Facility Fee	Insert cervical dilator	5.00
59300	Physician/Professional Fee	Episiotomy or vaginal repair	148.04
59300	Facility Fee	Episiotomy or vaginal repair	5.00
59320	Physician/Professional Fee	Revision of cervix	159.92
59320	Facility Fee	Revision of cervix	5.00
59325	Physician/Professional Fee	Revision of cervix	250.15
59325	Facility Fee	Revision of cervix	5.00
59350	Physician/Professional Fee	Repair of uterus	291.71
59350	Facility Fee	Repair of uterus	5.00
59400	Physician/Professional Fee	Obstetrical care	1803.03
59400	Facility Fee	Obstetrical care	5,619.90
59409	Physician/Professional Fee	Obstetrical care	803.00
59409	Facility Fee	Obstetrical care	8,997.28
59410	Physician/Professional Fee	Obstetrical care	924.07
59410	Facility Fee	Obstetrical care	2,224.08

CPT Code	Type	Description	Fee
59412	Physician/Professional Fee	Antepartum manipulation	108.21
59412	Facility Fee	Antepartum manipulation	1,046.96
59414	Physician/Professional Fee	Deliver placenta	96.02
59414	Facility Fee	Deliver placenta	5.00
59425	Physician/Professional Fee	Antepartum care only	339.41
59425	Facility Fee	Antepartum care only	5.00
59426	Physician/Professional Fee	Antepartum care only	599.52
59426	Facility Fee	Antepartum care only	5.00
59430	Physician/Professional Fee	Care after delivery	131.42
59430	Facility Fee	Care after delivery	5.00
59510	Physician/Professional Fee	Cesarean delivery	2036.46
59510	Facility Fee	Cesarean delivery	5.00
59514	Physician/Professional Fee	Cesarean delivery only	948.86
59514	Facility Fee	Cesarean delivery only	5.00
59515	Physician/Professional Fee	Cesarean delivery	1115.06
59515	Facility Fee	Cesarean delivery	5.00
59525	Physician/Professional Fee	Remove uterus after cesarean	503.77
59525	Facility Fee	Remove uterus after cesarean	5.00
59610	Physician/Professional Fee	Vbac delivery	1885.77
59610	Facility Fee	Vbac delivery	5.00
59612	Physician/Professional Fee	Vbac delivery only	901.53
59612	Facility Fee	Vbac delivery only	5.00
59614	Physician/Professional Fee	Vbac care after delivery	1005.93
59614	Facility Fee	Vbac care after delivery	5.00
59618	Physician/Professional Fee	Attempted vbac delivery	2135.64
59618	Facility Fee	Attempted vbac delivery	5.00
59620	Physician/Professional Fee	Attempted vbac delivery only	1037.75
59620	Facility Fee	Attempted vbac delivery only	5.00
59622	Physician/Professional Fee	Attempted vbac after care	1210.08
59622	Facility Fee	Attempted vbac after care	5.00
59812	Physician/Professional Fee	Treatment of miscarriage	298.00
59812	Facility Fee	Treatment of miscarriage	5.00
59820	Physician/Professional Fee	Care of miscarriage	354.46
59820	Facility Fee	Care of miscarriage	5.00
59821	Physician/Professional Fee	Treatment of miscarriage	359.88
59821	Facility Fee	Treatment of miscarriage	5.00
59830	Physician/Professional Fee	Treat uterus infection	449.96
59830	Facility Fee	Treat uterus infection	5.00
59840	Physician/Professional Fee	Abortion	220.96
59840	Facility Fee	Abortion	5.00
59841	Physician/Professional Fee	Abortion	366.74
59841	Facility Fee	Abortion	5.00
59850	Physician/Professional Fee	Abortion	389.74
59850	Facility Fee	Abortion	5.00
59851	Physician/Professional Fee	Abortion	413.61
59851	Facility Fee	Abortion	5.00
59852	Physician/Professional Fee	Abortion	562.11
59852	Facility Fee	Abortion	5.00
59855	Physician/Professional Fee	Abortion	425.54
59855	Facility Fee	Abortion	5.00
59856	Physician/Professional Fee	Abortion	511.99
59856	Facility Fee	Abortion	5.00
59857	Physician/Professional Fee	Abortion	588.91
59857	Facility Fee	Abortion	5.00
59866	Physician/Professional Fee	Abortion (mpr)	247.43
59866	Facility Fee	Abortion (mpr)	5.00

CPT Code	Type	Description	Fee
59870	Physician/Professional Fee	Evacuate mole of uterus	471.02
59870	Facility Fee	Evacuate mole of uterus	5.00
59871	Physician/Professional Fee	Remove cerclage suture	140.27
59871	Facility Fee	Remove cerclage suture	5.00
64400	Physician/Professional Fee	N block inj, trigeminal	61.67
64400	Facility Fee	N block inj, trigeminal	5.00
64402	Physician/Professional Fee	N block inj, facial	73.30
64402	Facility Fee	N block inj, facial	5.00
64405	Physician/Professional Fee	N block inj, occipital	70.91
64405	Facility Fee	N block inj, occipital	5.00
64408	Physician/Professional Fee	N block inj, vagus	90.24
64408	Facility Fee	N block inj, vagus	5.00
64410	Physician/Professional Fee	N block inj, phrenic	75.66
64410	Facility Fee	N block inj, phrenic	5.00
64412	Physician/Professional Fee	N block inj, spinal accessor	65.27
64412	Facility Fee	N block inj, spinal accessor	5.00
64413	Physician/Professional Fee	N block inj, cervical plexus	74.59
64413	Facility Fee	N block inj, cervical plexus	5.00
64415	Physician/Professional Fee	N block inj, brachial plexus	75.05
64415	Facility Fee	N block inj, brachial plexus	5.00
64416	Physician/Professional Fee	N block cont infuse, b plex	180.85
64416	Facility Fee	N block cont infuse, b plex	5.00
64417	Physician/Professional Fee	N block inj, axillary	75.81
64417	Facility Fee	N block inj, axillary	5.00
64418	Physician/Professional Fee	N block inj, suprascapular	70.15
64418	Facility Fee	N block inj, suprascapular	5.00
64420	Physician/Professional Fee	N block inj, intercost, sng	63.95
64420	Facility Fee	N block inj, intercost, sng	5.00
64421	Physician/Professional Fee	N block inj, intercost, mlt	86.87
64421	Facility Fee	N block inj, intercost, mlt	5.00
64425	Physician/Professional Fee	N block inj, ilio-ing/hypogi	90.77
64425	Facility Fee	N block inj, ilio-ing/hypogi	5.00
64430	Physician/Professional Fee	N block inj, pudendal	82.54
64430	Facility Fee	N block inj, pudendal	5.00
64435	Physician/Professional Fee	N block inj, paracervical	86.23
64435	Facility Fee	N block inj, paracervical	5.00
64445	Physician/Professional Fee	N block inj, sciatic, sng	78.91
64445	Facility Fee	N block inj, sciatic, sng	5.00
64446	Physician/Professional Fee	N blk inj, sciatic, cont inf	176.10
64446	Facility Fee	N blk inj, sciatic, cont inf	5.00
64447	Physician/Professional Fee	N block inj fem, single	73.64
64447	Facility Fee	N block inj fem, single	5.00
64448	Physician/Professional Fee	N block inj fem, cont inf	158.74
64448	Facility Fee	N block inj fem, cont inf	5.00
64449	Physician/Professional Fee	N block inj, lumbar plexus	158.28
64449	Facility Fee	N block inj, lumbar plexus	5.00
64450	Physician/Professional Fee	N block, other peripheral	71.36
64450	Facility Fee	N block, other peripheral	5.00
64470	Physician/Professional Fee	Inj paravertebral c/t	101.27
64470	Facility Fee	Inj paravertebral c/t	5.00
64472	Physician/Professional Fee	Inj paravertebral c/t add-on	63.96
64472	Facility Fee	Inj paravertebral c/t add-on	5.00
64475	Physician/Professional Fee	Inj paravertebral l/s	81.38
64475	Facility Fee	Inj paravertebral l/s	5.00
64476	Physician/Professional Fee	Inj paravertebral l/s add-on	48.02
64476	Facility Fee	Inj paravertebral l/s add-on	5.00

CPT Code	Type	Description	Fee
64479	Physician/Professional Fee	Inj foramen epidural c/t	121.47
64479	Facility Fee	Inj foramen epidural c/t	5.00
64480	Physician/Professional Fee	Inj foramen epidural add-on	78.65
64480	Facility Fee	Inj foramen epidural add-on	5.00
64483	Physician/Professional Fee	Inj foramen epidural l/s	107.71
64483	Facility Fee	Inj foramen epidural l/s	5.00
64484	Physician/Professional Fee	Inj foramen epidural add-on	66.44
64484	Facility Fee	Inj foramen epidural add-on	5.00
64505	Physician/Professional Fee	N block, sphenopalatine gangl	82.04
64505	Facility Fee	N block, sphenopalatine gangl	5.00
64508	Physician/Professional Fee	N block, carotid sinus s/p	72.70
64508	Facility Fee	N block, carotid sinus s/p	5.00
64510	Physician/Professional Fee	N block, stellate ganglion	67.88
64510	Facility Fee	N block, stellate ganglion	5.00
64517	Physician/Professional Fee	N block inj, hypogas plxs	118.50
64517	Facility Fee	N block inj, hypogas plxs	5.00
64520	Physician/Professional Fee	N block, lumbar/thoracic	74.81
64520	Facility Fee	N block, lumbar/thoracic	5.00
64530	Physician/Professional Fee	N block inj, celiac pelus	87.82
64530	Facility Fee	N block inj, celiac pelus	5.00
64550	Physician/Professional Fee	Apply neurostimulator	8.93
64550	Facility Fee	Apply neurostimulator	5.00
65205	Physician/Professional Fee	Remove foreign body from eye	39.82
65205	Facility Fee	Remove foreign body from eye	68.77
65210	Physician/Professional Fee	Remove foreign body from eye	48.92
65210	Facility Fee	Remove foreign body from eye	5.00
65220	Physician/Professional Fee	Remove foreign body from eye	39.56
65220	Facility Fee	Remove foreign body from eye	68.77
65222	Physician/Professional Fee	Remove foreign body from eye	52.56
65222	Facility Fee	Remove foreign body from eye	68.77
65235	Physician/Professional Fee	Remove foreign body from eye	629.57
65235	Facility Fee	Remove foreign body from eye	5.00
65260	Physician/Professional Fee	Remove foreign body from eye	881.38
65260	Facility Fee	Remove foreign body from eye	5.00
65265	Physician/Professional Fee	Remove foreign body from eye	989.02
65265	Facility Fee	Remove foreign body from eye	5.00
66820	Physician/Professional Fee	Incision, secondary cataract	392.92
66820	Facility Fee	Incision, secondary cataract	5.00
66821	Physician/Professional Fee	After cataract laser surgery	282.46
66821	Facility Fee	After cataract laser surgery	5.00
66825	Physician/Professional Fee	Reposition intraocular lens	719.85
66825	Facility Fee	Reposition intraocular lens	5.00
66982	Physician/Professional Fee	Cataract surgery, complex	985.03
66982	Facility Fee	Cataract surgery, complex	5.00
66983	Physician/Professional Fee	Cataract surg w/iol, 1 stage	644.82
66983	Facility Fee	Cataract surg w/iol, 1 stage	5.00
66984	Physician/Professional Fee	Cataract surg w/iol, 1 stage	705.59
66984	Facility Fee	Cataract surg w/iol, 1 stage	5.00
66985	Physician/Professional Fee	Insert lens prosthesis	690.71
66985	Facility Fee	Insert lens prosthesis	5.00
66986	Physician/Professional Fee	Exchange lens prosthesis	858.05
66986	Facility Fee	Exchange lens prosthesis	5.00
66990	Physician/Professional Fee	Ophthalmic endoscope add-on	85.81
66990	Facility Fee	Ophthalmic endoscope add-on	5.00
66999	Facility Fee	Eye surgery procedure	5.00
67005	Physician/Professional Fee	Partial removal of eye fluid	430.68

CPT Code	Type	Description	Fee
67005	Facility Fee	Partial removal of eye fluid	5.00
67010	Physician/Professional Fee	Partial removal of eye fluid	497.58
67010	Facility Fee	Partial removal of eye fluid	5.00
67015	Physician/Professional Fee	Release of eye fluid	542.50
67015	Facility Fee	Release of eye fluid	5.00
67025	Physician/Professional Fee	Replace eye fluid	570.02
67025	Facility Fee	Replace eye fluid	5.00
67027	Physician/Professional Fee	Implant eye drug system	779.24
67027	Facility Fee	Implant eye drug system	5.00
67028	Physician/Professional Fee	Injection eye drug	157.43
67028	Facility Fee	Injection eye drug	5.00
67030	Physician/Professional Fee	Incise inner eye strands	478.92
67030	Facility Fee	Incise inner eye strands	5.00
67031	Physician/Professional Fee	Laser surgery, eye strands	321.93
67031	Facility Fee	Laser surgery, eye strands	5.00
67036	Physician/Professional Fee	Removal of inner eye fluid	885.69
67036	Facility Fee	Removal of inner eye fluid	5.00
67038	Physician/Professional Fee	Strip retinal membrane	1542.21
67038	Facility Fee	Strip retinal membrane	5.00
67039	Physician/Professional Fee	Laser treatment of retina	1140.52
67039	Facility Fee	Laser treatment of retina	5.00
67040	Physician/Professional Fee	Laser treatment of retina	1312.38
67040	Facility Fee	Laser treatment of retina	5.00
67101	Physician/Professional Fee	Repair detached retina	609.04
67101	Facility Fee	Repair detached retina	5.00
67105	Physician/Professional Fee	Repair detached retina	583.41
67105	Facility Fee	Repair detached retina	5.00
67107	Physician/Professional Fee	Repair detached retina	1106.73
67107	Facility Fee	Repair detached retina	5.00
67108	Physician/Professional Fee	Repair detached retina	1470.76
67108	Facility Fee	Repair detached retina	5.00
67110	Physician/Professional Fee	Repair detached retina	700.51
67110	Facility Fee	Repair detached retina	5.00
67112	Physician/Professional Fee	Rerepair detached retina	1208.07
67112	Facility Fee	Rerepair detached retina	5.00
67115	Physician/Professional Fee	Release encircling material	446.42
67115	Facility Fee	Release encircling material	5.00
67120	Physician/Professional Fee	Remove eye implant material	502.30
67120	Facility Fee	Remove eye implant material	5.00
67121	Physician/Professional Fee	Remove eye implant material	824.11
67121	Facility Fee	Remove eye implant material	5.00
67141	Physician/Professional Fee	Treatment of retina	439.34
67141	Facility Fee	Treatment of retina	5.00
67145	Physician/Professional Fee	Treatment of retina	448.75
67145	Facility Fee	Treatment of retina	5.00
67208	Physician/Professional Fee	Treatment of retinal lesion	523.43
67208	Facility Fee	Treatment of retinal lesion	5.00
67210	Physician/Professional Fee	Treatment of retinal lesion	608.76
67210	Facility Fee	Treatment of retinal lesion	5.00
67218	Physician/Professional Fee	Treatment of retinal lesion	1284.18
67218	Facility Fee	Treatment of retinal lesion	5.00
67220	Physician/Professional Fee	Treatment of choroid lesion	924.82
67220	Facility Fee	Treatment of choroid lesion	5.00
67221	Physician/Professional Fee	Ocular photodynamic ther	206.41
67221	Facility Fee	Ocular photodynamic ther	5.00
67225	Physician/Professional Fee	Eye photodynamic ther add-on	26.28

CPT Code	Type	Description	Fee
67225	Facility Fee	Eye photodynamic ther add-on	5.00
67227	Physician/Professional Fee	Treatment of retinal lesion	519.03
67227	Facility Fee	Treatment of retinal lesion	5.00
67228	Physician/Professional Fee	Treatment of retinal lesion	884.58
67228	Facility Fee	Treatment of retinal lesion	5.00
67250	Physician/Professional Fee	Reinforce eye wall	747.88
67250	Facility Fee	Reinforce eye wall	5.00
67255	Physician/Professional Fee	Reinforce/graft eye wall	798.12
67255	Facility Fee	Reinforce/graft eye wall	5.00
67299	Facility Fee	Eye surgery procedure	5.00
67311	Physician/Professional Fee	Revise eye muscle	548.25
67311	Facility Fee	Revise eye muscle	5.00
67312	Physician/Professional Fee	Revise two eye muscles	650.88
67312	Facility Fee	Revise two eye muscles	5.00
67314	Physician/Professional Fee	Revise eye muscle	610.11
67314	Facility Fee	Revise eye muscle	5.00
67316	Physician/Professional Fee	Revise two eye muscles	730.77
67316	Facility Fee	Revise two eye muscles	5.00
67318	Physician/Professional Fee	Revise eye muscle(s)	639.61
67318	Facility Fee	Revise eye muscle(s)	5.00
67320	Physician/Professional Fee	Revise eye muscle(s) add-on	288.94
67320	Facility Fee	Revise eye muscle(s) add-on	5.00
67331	Physician/Professional Fee	Eye surgery follow-up add-on	273.32
67331	Facility Fee	Eye surgery follow-up add-on	5.00
67332	Physician/Professional Fee	Rerevise eye muscles add-on	297.95
67332	Facility Fee	Rerevise eye muscles add-on	5.00
67334	Physician/Professional Fee	Revise eye muscle w/suture	268.43
67334	Facility Fee	Revise eye muscle w/suture	5.00
67335	Physician/Professional Fee	Eye suture during surgery	141.49
67335	Facility Fee	Eye suture during surgery	5.00
67340	Physician/Professional Fee	Revise eye muscle add-on	322.11
67340	Facility Fee	Revise eye muscle add-on	5.00
67343	Physician/Professional Fee	Release eye tissue	596.03
67343	Facility Fee	Release eye tissue	5.00
67345	Physician/Professional Fee	Destroy nerve of eye muscle	199.31
67345	Facility Fee	Destroy nerve of eye muscle	5.00
67346	Physician/Professional Fee	Biopsy, eye muscle	188.93
67346	Facility Fee	Biopsy, eye muscle	5.00
68811	Physician/Professional Fee	Probe nasolacrimal duct	194.58
68811	Facility Fee	Probe nasolacrimal duct	5.00
68815	Physician/Professional Fee	Probe nasolacrimal duct	243.05
68815	Facility Fee	Probe nasolacrimal duct	5.00
68840	Physician/Professional Fee	Explore/irrigate tear ducts	99.29
68840	Facility Fee	Explore/irrigate tear ducts	5.00
68850	Physician/Professional Fee	Injection for tear sac x-ray	58.83
68850	Facility Fee	Injection for tear sac x-ray	5.00
68899	Facility Fee	Tear duct system surgery	5.00
69100	Physician/Professional Fee	Biopsy of external ear	47.85
69100	Facility Fee	Biopsy of external ear	5.00
69105	Physician/Professional Fee	Biopsy of external ear canal	65.36
69105	Facility Fee	Biopsy of external ear canal	5.00
69110	Physician/Professional Fee	Remove external ear, partial	330.37
69110	Facility Fee	Remove external ear, partial	5.00
69120	Physician/Professional Fee	Removal of external ear	420.42
69120	Facility Fee	Removal of external ear	5.00
69140	Physician/Professional Fee	Remove ear canal lesion(s)	887.50

CPT Code	Type	Description	Fee
69140	Facility Fee	Remove ear canal lesion(s)	5.00
69145	Physician/Professional Fee	Remove ear canal lesion(s)	246.14
69145	Facility Fee	Remove ear canal lesion(s)	5.00
69150	Physician/Professional Fee	Extensive ear canal surgery	1086.66
69150	Facility Fee	Extensive ear canal surgery	5.00
69155	Physician/Professional Fee	Extensive ear/neck surgery	1705.22
69155	Facility Fee	Extensive ear/neck surgery	5.00
69200	Physician/Professional Fee	Clear outer ear canal	54.27
69200	Facility Fee	Clear outer ear canal	5.00
69205	Physician/Professional Fee	Clear outer ear canal	104.34
69205	Facility Fee	Clear outer ear canal	5.00
69210	Physician/Professional Fee	Remove impacted ear wax	32.87
69210	Facility Fee	Remove impacted ear wax	36.15
70010	Physician/Professional Fee	Contrast x-ray of brain	61.18
70010	Facility Fee	Contrast x-ray of brain	188.66
70015	Physician/Professional Fee	Contrast x-ray of brain	62.13
70015	Facility Fee	Contrast x-ray of brain	188.66
70030	Physician/Professional Fee	X-ray eye for foreign body	8.97
70030	Facility Fee	X-ray eye for foreign body	52.39
70100	Physician/Professional Fee	X-ray exam of jaw	9.37
70100	Facility Fee	X-ray exam of jaw	52.39
70110	Physician/Professional Fee	X-ray exam of jaw	12.65
70110	Facility Fee	X-ray exam of jaw	52.39
70120	Physician/Professional Fee	X-ray exam of mastoids	9.37
70120	Facility Fee	X-ray exam of mastoids	52.39
70130	Physician/Professional Fee	X-ray exam of mastoids	17.89
70130	Facility Fee	X-ray exam of mastoids	52.39
70134	Physician/Professional Fee	X-ray exam of middle ear	17.89
70134	Facility Fee	X-ray exam of middle ear	90.28
70140	Physician/Professional Fee	X-ray exam of facial bones	9.77
70140	Facility Fee	X-ray exam of facial bones	52.39
70150	Physician/Professional Fee	X-ray exam of facial bones	13.05
70150	Facility Fee	X-ray exam of facial bones	52.39
70160	Physician/Professional Fee	X-ray exam of nasal bones	8.97
70160	Facility Fee	X-ray exam of nasal bones	52.39
70170	Physician/Professional Fee	X-ray exam of tear duct	15.54
70170	Facility Fee	X-ray exam of tear duct	218.51
70190	Physician/Professional Fee	X-ray exam of eye sockets	11.01
70190	Facility Fee	X-ray exam of eye sockets	52.39
70200	Physician/Professional Fee	X-ray exam of eye sockets	14.30
70200	Facility Fee	X-ray exam of eye sockets	52.39
70210	Physician/Professional Fee	X-ray exam of sinuses	8.97
70210	Facility Fee	X-ray exam of sinuses	52.39
70220	Physician/Professional Fee	X-ray exam of sinuses	12.65
70220	Facility Fee	X-ray exam of sinuses	52.39
70240	Physician/Professional Fee	X-ray exam, pituitary saddle	9.77
70240	Facility Fee	X-ray exam, pituitary saddle	52.39
70250	Physician/Professional Fee	X-ray exam of skull	12.65
70250	Facility Fee	X-ray exam of skull	52.39
70260	Physician/Professional Fee	X-ray exam of skull	17.89
70260	Facility Fee	X-ray exam of skull	90.28
70300	Physician/Professional Fee	X-ray exam of teeth	6.13
70300	Facility Fee	X-ray exam of teeth	48.38
70310	Physician/Professional Fee	X-ray exam of teeth	9.01
70310	Facility Fee	X-ray exam of teeth	48.38
70320	Physician/Professional Fee	Full mouth x-ray of teeth	11.85

CPT Code	Type	Description	Fee
70320	Facility Fee	Full mouth x-ray of teeth	48.38
70328	Physician/Professional Fee	X-ray exam of jaw joint	9.37
70328	Facility Fee	X-ray exam of jaw joint	52.39
70330	Physician/Professional Fee	X-ray exam of jaw joints	12.65
70330	Facility Fee	X-ray exam of jaw joints	52.39
70332	Physician/Professional Fee	X-ray exam of jaw joint	28.63
70332	Facility Fee	X-ray exam of jaw joint	272.64
70350	Physician/Professional Fee	X-ray head for orthodontia	9.41
70350	Facility Fee	X-ray head for orthodontia	52.39
70355	Physician/Professional Fee	Panoramic x-ray of jaws	10.62
70355	Facility Fee	Panoramic x-ray of jaws	52.39
70360	Physician/Professional Fee	X-ray exam of neck	8.97
70360	Facility Fee	X-ray exam of neck	52.39
70370	Physician/Professional Fee	Throat x-ray & fluoroscopy	16.34
70370	Facility Fee	Throat x-ray & fluoroscopy	95.33
70371	Physician/Professional Fee	Speech evaluation, complex	43.61
70371	Facility Fee	Speech evaluation, complex	95.33
70373	Physician/Professional Fee	Contrast x-ray of larynx	22.38
70373	Facility Fee	Contrast x-ray of larynx	125.23
70380	Physician/Professional Fee	X-ray exam of salivary gland	8.97
70380	Facility Fee	X-ray exam of salivary gland	52.39
70390	Physician/Professional Fee	X-ray exam of salivary duct	19.54
70390	Facility Fee	X-ray exam of salivary duct	125.23
70450	Physician/Professional Fee	Ct head/brain w/o dye	43.61
70450	Facility Fee	Ct head/brain w/o dye	228.28
70460	Physician/Professional Fee	Ct head/brain w/dye	58.30
70460	Facility Fee	Ct head/brain w/dye	301.52
70470	Physician/Professional Fee	Ct head/brain w/o & w/dye	65.63
70470	Facility Fee	Ct head/brain w/o & w/dye	357.50
70480	Physician/Professional Fee	Ct orbit/ear/fossa w/o dye	66.02
70480	Facility Fee	Ct orbit/ear/fossa w/o dye	228.28
70481	Physician/Professional Fee	Ct orbit/ear/fossa w/dye	70.96
70481	Facility Fee	Ct orbit/ear/fossa w/dye	301.52
70482	Physician/Professional Fee	Ct orbit/ear/fossa w/o&w/dye	74.25
70482	Facility Fee	Ct orbit/ear/fossa w/o&w/dye	357.50
70486	Physician/Professional Fee	Ct maxillofacial w/o dye	58.71
70486	Facility Fee	Ct maxillofacial w/o dye	228.28
70487	Physician/Professional Fee	Ct maxillofacial w/dye	67.27
70487	Facility Fee	Ct maxillofacial w/dye	301.52
70488	Physician/Professional Fee	Ct maxillofacial w/o & w/dye	73.00
70488	Facility Fee	Ct maxillofacial w/o & w/dye	357.50
70490	Physician/Professional Fee	Ct soft tissue neck w/o dye	66.02
70490	Facility Fee	Ct soft tissue neck w/o dye	228.28
70491	Physician/Professional Fee	Ct soft tissue neck w/dye	70.96
70491	Facility Fee	Ct soft tissue neck w/dye	301.52
70492	Physician/Professional Fee	Ct sft tsue nck w/o & w/dye	74.25
70492	Facility Fee	Ct sft tsue nck w/o & w/dye	357.50
70496	Physician/Professional Fee	Ct angiography, head	90.09
70496	Facility Fee	Ct angiography, head	358.59
70498	Physician/Professional Fee	Ct angiography, neck	90.09
70498	Facility Fee	Ct angiography, neck	358.59
71010	Physician/Professional Fee	Chest x-ray	9.37
71010	Facility Fee	Chest x-ray	52.39
71015	Physician/Professional Fee	Chest x-ray	11.01
71015	Facility Fee	Chest x-ray	52.39
71020	Physician/Professional Fee	Chest x-ray	11.41

CPT Code	Type	Description	Fee
71020	Facility Fee	Chest x-ray	52.39
71021	Physician/Professional Fee	Chest x-ray	13.90
71021	Facility Fee	Chest x-ray	52.39
71022	Physician/Professional Fee	Chest x-ray	15.94
71022	Facility Fee	Chest x-ray	52.39
71023	Physician/Professional Fee	Chest x-ray and fluoroscopy	19.67
71023	Facility Fee	Chest x-ray and fluoroscopy	95.33
71030	Physician/Professional Fee	Chest x-ray	15.94
71030	Facility Fee	Chest x-ray	52.39
71034	Physician/Professional Fee	Chest x-ray and fluoroscopy	24.11
71034	Facility Fee	Chest x-ray and fluoroscopy	95.33
71035	Physician/Professional Fee	Chest x-ray	9.37
71035	Facility Fee	Chest x-ray	52.39
71040	Physician/Professional Fee	Contrast x-ray of bronchi	29.70
71040	Facility Fee	Contrast x-ray of bronchi	125.23
71060	Physician/Professional Fee	Contrast x-ray of bronchi	37.92
71060	Facility Fee	Contrast x-ray of bronchi	125.23
71090	Physician/Professional Fee	X-ray & pacemaker insertion	30.41
71090	Facility Fee	X-ray & pacemaker insertion	95.33
71100	Physician/Professional Fee	X-ray exam of ribs	11.41
71100	Facility Fee	X-ray exam of ribs	52.39
71101	Physician/Professional Fee	X-ray exam of ribs/chest	13.90
71101	Facility Fee	X-ray exam of ribs/chest	52.39
71110	Physician/Professional Fee	X-ray exam of ribs	13.90
71110	Facility Fee	X-ray exam of ribs	52.39
71111	Physician/Professional Fee	X-ray exam of ribs/chest	16.34
71111	Facility Fee	X-ray exam of ribs/chest	90.28
71120	Physician/Professional Fee	X-ray exam of breastbone	10.62
71120	Facility Fee	X-ray exam of breastbone	52.39
71130	Physician/Professional Fee	X-ray exam of breastbone	11.41
71130	Facility Fee	X-ray exam of breastbone	52.39
71250	Physician/Professional Fee	Ct thorax w/o dye	59.55
71250	Facility Fee	Ct thorax w/o dye	228.28
71260	Physician/Professional Fee	Ct thorax w/dye	64.07
71260	Facility Fee	Ct thorax w/dye	301.52
71270	Physician/Professional Fee	Ct thorax w/o & w/dye	70.96
71270	Facility Fee	Ct thorax w/o & w/dye	357.50
71275	Physician/Professional Fee	Ct angiography, chest	99.02
71275	Facility Fee	Ct angiography, chest	358.59
72010	Physician/Professional Fee	X-ray exam of spine	22.83
72010	Facility Fee	X-ray exam of spine	52.39
72020	Physician/Professional Fee	X-ray exam of spine	7.73
72020	Facility Fee	X-ray exam of spine	52.39
72040	Physician/Professional Fee	X-ray exam of neck spine	11.41
72040	Facility Fee	X-ray exam of neck spine	52.39
72050	Physician/Professional Fee	X-ray exam of neck spine	15.94
72050	Facility Fee	X-ray exam of neck spine	90.28
72052	Physician/Professional Fee	X-ray exam of neck spine	18.74
72052	Facility Fee	X-ray exam of neck spine	90.28
72069	Physician/Professional Fee	X-ray exam of trunk spine	11.85
72069	Facility Fee	X-ray exam of trunk spine	52.39
72070	Physician/Professional Fee	X-ray exam of thoracic spine	11.41
72070	Facility Fee	X-ray exam of thoracic spine	52.39
72072	Physician/Professional Fee	X-ray exam of thoracic spine	11.41
72072	Facility Fee	X-ray exam of thoracic spine	52.39
72074	Physician/Professional Fee	X-ray exam of thoracic spine	11.41

CPT Code	Type	Description	Fee
72074	Facility Fee	X-ray exam of thoracic spine	52.39
72080	Physician/Professional Fee	X-ray exam of trunk spine	11.41
72080	Facility Fee	X-ray exam of trunk spine	52.39
72090	Physician/Professional Fee	X-ray exam of trunk spine	14.30
72090	Facility Fee	X-ray exam of trunk spine	90.28
72100	Physician/Professional Fee	X-ray exam of lower spine	11.41
72100	Facility Fee	X-ray exam of lower spine	52.39
72110	Physician/Professional Fee	X-ray exam of lower spine	15.94
72110	Facility Fee	X-ray exam of lower spine	90.28
72114	Physician/Professional Fee	X-ray exam of lower spine	18.74
72114	Facility Fee	X-ray exam of lower spine	90.28
72120	Physician/Professional Fee	X-ray exam of lower spine	11.41
72120	Facility Fee	X-ray exam of lower spine	90.28
72125	Physician/Professional Fee	Ct neck spine w/o dye	59.55
72125	Facility Fee	Ct neck spine w/o dye	228.28
72126	Physician/Professional Fee	Ct neck spine w/dye	62.83
72126	Facility Fee	Ct neck spine w/dye	301.52
72127	Physician/Professional Fee	Ct neck spine w/o & w/dye	65.63
72127	Facility Fee	Ct neck spine w/o & w/dye	357.50
72128	Physician/Professional Fee	Ct chest spine w/o dye	59.55
72128	Facility Fee	Ct chest spine w/o dye	228.28
72129	Physician/Professional Fee	Ct chest spine w/dye	62.83
72129	Facility Fee	Ct chest spine w/dye	301.52
72130	Physician/Professional Fee	Ct chest spine w/o & w/dye	65.63
72130	Facility Fee	Ct chest spine w/o & w/dye	357.50
72131	Physician/Professional Fee	Ct lumbar spine w/o dye	59.55
72131	Facility Fee	Ct lumbar spine w/o dye	228.28
72132	Physician/Professional Fee	Ct lumbar spine w/dye	62.83
72132	Facility Fee	Ct lumbar spine w/dye	301.52
72133	Physician/Professional Fee	Ct lumbar spine w/o & w/dye	65.63
72133	Facility Fee	Ct lumbar spine w/o & w/dye	357.50
72170	Physician/Professional Fee	X-ray exam of pelvis	8.97
72170	Facility Fee	X-ray exam of pelvis	52.39
72190	Physician/Professional Fee	X-ray exam of pelvis	11.01
72190	Facility Fee	X-ray exam of pelvis	52.39
72191	Physician/Professional Fee	Ct angiograph pelv w/o&w/dye	93.38
72191	Facility Fee	Ct angiograph pelv w/o&w/dye	358.59
72192	Physician/Professional Fee	Ct pelvis w/o dye	56.26
72192	Facility Fee	Ct pelvis w/o dye	228.28
72193	Physician/Professional Fee	Ct pelvis w/dye	59.55
72193	Facility Fee	Ct pelvis w/dye	301.52
72194	Physician/Professional Fee	Ct pelvis w/o & w/dye	62.83
72194	Facility Fee	Ct pelvis w/o & w/dye	357.50
72200	Physician/Professional Fee	X-ray exam sacroiliac joints	8.97
72200	Facility Fee	X-ray exam sacroiliac joints	52.39
72202	Physician/Professional Fee	X-ray exam sacroiliac joints	9.77
72202	Facility Fee	X-ray exam sacroiliac joints	52.39
72220	Physician/Professional Fee	X-ray exam of tailbone	8.97
72220	Facility Fee	X-ray exam of tailbone	52.39
72240	Physician/Professional Fee	Contrast x-ray of neck spine	46.44
72240	Facility Fee	Contrast x-ray of neck spine	188.66
72255	Physician/Professional Fee	Contrast x-ray, thorax spine	45.56
72255	Facility Fee	Contrast x-ray, thorax spine	188.66
72265	Physician/Professional Fee	Contrast x-ray, lower spine	42.32
72265	Facility Fee	Contrast x-ray, lower spine	188.66
72270	Physician/Professional Fee	Contrast x-ray, spine	68.03

CPT Code	Type	Description	Fee
72270	Facility Fee	Contrast x-ray, spine	188.66
72275	Physician/Professional Fee	Epidurography	37.31
72275	Facility Fee	Epidurography	188.66
72285	Physician/Professional Fee	X-ray c/t spine disk	58.84
72285	Facility Fee	X-ray c/t spine disk	1,179.92
72291	Physician/Professional Fee	Perq vertebroplasty, fluor	70.70
72291	Facility Fee	Perq vertebroplasty, fluor	188.66
72292	Physician/Professional Fee	Perq vertebroplasty, ct	72.16
72292	Facility Fee	Perq vertebroplasty, ct	188.66
72295	Physician/Professional Fee	X-ray of lower spine disk	43.39
72295	Facility Fee	X-ray of lower spine disk	1,179.92
73000	Physician/Professional Fee	X-ray exam of collar bone	8.13
73000	Facility Fee	X-ray exam of collar bone	52.39
73010	Physician/Professional Fee	X-ray exam of shoulder blade	8.97
73010	Facility Fee	X-ray exam of shoulder blade	52.39
73020	Physician/Professional Fee	X-ray exam of shoulder	7.73
73020	Facility Fee	X-ray exam of shoulder	52.39
73030	Physician/Professional Fee	X-ray exam of shoulder	9.37
73030	Facility Fee	X-ray exam of shoulder	52.39
73040	Physician/Professional Fee	Contrast x-ray of shoulder	28.19
73040	Facility Fee	Contrast x-ray of shoulder	272.64
73050	Physician/Professional Fee	X-ray exam of shoulders	10.62
73050	Facility Fee	X-ray exam of shoulders	52.39
73060	Physician/Professional Fee	X-ray exam of humerus	8.97
73060	Facility Fee	X-ray exam of humerus	52.39
73070	Physician/Professional Fee	X-ray exam of elbow	7.73
73070	Facility Fee	X-ray exam of elbow	52.39
73080	Physician/Professional Fee	X-ray exam of elbow	8.97
73080	Facility Fee	X-ray exam of elbow	52.39
73085	Physician/Professional Fee	Contrast x-ray of elbow	28.19
73085	Facility Fee	Contrast x-ray of elbow	272.64
73090	Physician/Professional Fee	X-ray exam of forearm	8.13
73090	Facility Fee	X-ray exam of forearm	52.39
73092	Physician/Professional Fee	X-ray exam of arm, infant	8.13
73092	Facility Fee	X-ray exam of arm, infant	52.39
73100	Physician/Professional Fee	X-ray exam of wrist	8.13
73100	Facility Fee	X-ray exam of wrist	52.39
73110	Physician/Professional Fee	X-ray exam of wrist	8.97
73110	Facility Fee	X-ray exam of wrist	52.39
73115	Physician/Professional Fee	Contrast x-ray of wrist	28.19
73115	Facility Fee	Contrast x-ray of wrist	272.64
73120	Physician/Professional Fee	X-ray exam of hand	8.13
73120	Facility Fee	X-ray exam of hand	52.39
73130	Physician/Professional Fee	X-ray exam of hand	8.97
73130	Facility Fee	X-ray exam of hand	52.39
73140	Physician/Professional Fee	X-ray exam of finger(s)	6.89
73140	Facility Fee	X-ray exam of finger(s)	52.39
73200	Physician/Professional Fee	Ct upper extremity w/o dye	56.26
73200	Facility Fee	Ct upper extremity w/o dye	228.28
73201	Physician/Professional Fee	Ct upper extremity w/dye	59.55
73201	Facility Fee	Ct upper extremity w/dye	301.52
73202	Physician/Professional Fee	Ct uppr extremity w/o&w/dye	62.83
73202	Facility Fee	Ct uppr extremity w/o&w/dye	357.50
73206	Physician/Professional Fee	Ct angio upr extrm w/o&w/dye	93.38
73206	Facility Fee	Ct angio upr extrm w/o&w/dye	358.59
73500	Physician/Professional Fee	X-ray exam of hip	8.97

CPT Code	Type	Description	Fee
73500	Facility Fee	X-ray exam of hip	52.39
73510	Physician/Professional Fee	X-ray exam of hip	11.01
73510	Facility Fee	X-ray exam of hip	52.39
73520	Physician/Professional Fee	X-ray exam of hips	13.49
73520	Facility Fee	X-ray exam of hips	90.28
73525	Physician/Professional Fee	Contrast x-ray of hip	28.51
73525	Facility Fee	Contrast x-ray of hip	272.64
73530	Physician/Professional Fee	X-ray exam of hip	15.14
73530	Facility Fee	X-ray exam of hip	90.28
73540	Physician/Professional Fee	X-ray exam of pelvis & hips	10.62
73540	Facility Fee	X-ray exam of pelvis & hips	52.39
73542	Physician/Professional Fee	X-ray exam, sacroiliac joint	29.22
73542	Facility Fee	X-ray exam, sacroiliac joint	272.64
73550	Physician/Professional Fee	X-ray exam of thigh	8.97
73550	Facility Fee	X-ray exam of thigh	52.39
73560	Physician/Professional Fee	X-ray exam of knee, 1 or 2	8.97
73560	Facility Fee	X-ray exam of knee, 1 or 2	52.39
73562	Physician/Professional Fee	X-ray exam of knee, 3	9.37
73562	Facility Fee	X-ray exam of knee, 3	52.39
73564	Physician/Professional Fee	X-ray exam, knee, 4 or more	11.41
73564	Facility Fee	X-ray exam, knee, 4 or more	52.39
73565	Physician/Professional Fee	X-ray exam of knees	8.97
73565	Facility Fee	X-ray exam of knees	52.39
73580	Physician/Professional Fee	Contrast x-ray of knee joint	28.07
73580	Facility Fee	Contrast x-ray of knee joint	272.64
73590	Physician/Professional Fee	X-ray exam of lower leg	8.97
73590	Facility Fee	X-ray exam of lower leg	52.39
73592	Physician/Professional Fee	X-ray exam of leg, infant	8.13
73592	Facility Fee	X-ray exam of leg, infant	52.39
73600	Physician/Professional Fee	X-ray exam of ankle	8.13
73600	Facility Fee	X-ray exam of ankle	52.39
73610	Physician/Professional Fee	X-ray exam of ankle	8.97
73610	Facility Fee	X-ray exam of ankle	52.39
73615	Physician/Professional Fee	Contrast x-ray of ankle	28.51
73615	Facility Fee	Contrast x-ray of ankle	272.64
73620	Physician/Professional Fee	X-ray exam of foot	8.13
73620	Facility Fee	X-ray exam of foot	52.39
73630	Physician/Professional Fee	X-ray exam of foot	8.97
73630	Facility Fee	X-ray exam of foot	52.39
73650	Physician/Professional Fee	X-ray exam of heel	8.13
73650	Facility Fee	X-ray exam of heel	52.39
73660	Physician/Professional Fee	X-ray exam of toe(s)	6.89
73660	Facility Fee	X-ray exam of toe(s)	52.39
73700	Physician/Professional Fee	Ct lower extremity w/o dye	56.26
73700	Facility Fee	Ct lower extremity w/o dye	228.28
73701	Physician/Professional Fee	Ct lower extremity w/dye	59.55
73701	Facility Fee	Ct lower extremity w/dye	301.52
73702	Physician/Professional Fee	Ct lwr extremity w/o&w/dye	62.83
73702	Facility Fee	Ct lwr extremity w/o&w/dye	357.50
73706	Physician/Professional Fee	Ct angio lwr extr w/o&w/dye	98.35
73706	Facility Fee	Ct angio lwr extr w/o&w/dye	358.59
74000	Physician/Professional Fee	X-ray exam of abdomen	9.37
74000	Facility Fee	X-ray exam of abdomen	52.39
74010	Physician/Professional Fee	X-ray exam of abdomen	12.25
74010	Facility Fee	X-ray exam of abdomen	52.39
74020	Physician/Professional Fee	X-ray exam of abdomen	13.90

CPT Code	Type	Description	Fee
74020	Facility Fee	X-ray exam of abdomen	52.39
74022	Physician/Professional Fee	X-ray exam series, abdomen	16.34
74022	Facility Fee	X-ray exam series, abdomen	90.28
74150	Physician/Professional Fee	Ct abdomen w/o dye	61.18
74150	Facility Fee	Ct abdomen w/o dye	228.28
74160	Physician/Professional Fee	Ct abdomen w/dye	65.63
74160	Facility Fee	Ct abdomen w/dye	301.52
74170	Physician/Professional Fee	Ct abdomen w/o & w/dye	72.20
74170	Facility Fee	Ct abdomen w/o & w/dye	357.50
74175	Physician/Professional Fee	Ct angio abdom w/o & w/dye	97.90
74175	Facility Fee	Ct angio abdom w/o & w/dye	358.59
74181	Physician/Professional Fee	Mri abdomen w/o dye	74.64
74182	Physician/Professional Fee	Mri abdomen w/dye	89.25
74183	Physician/Professional Fee	Mri abdomen w/o & w/dye	116.20
74185	Physician/Professional Fee	Mri angio, abdom w orw/o dye	92.54
74190	Physician/Professional Fee	X-ray exam of peritoneum	24.91
74190	Facility Fee	X-ray exam of peritoneum	218.51
74210	Physician/Professional Fee	Contrst x-ray exam of throat	18.74
74210	Facility Fee	Contrst x-ray exam of throat	105.57
74220	Physician/Professional Fee	Contrast x-ray, esophagus	23.67
74220	Facility Fee	Contrast x-ray, esophagus	105.57
74230	Physician/Professional Fee	Cine/vid x-ray, throat/esoph	27.35
74230	Facility Fee	Cine/vid x-ray, throat/esoph	105.57
74235	Physician/Professional Fee	Remove esophagus obstruction	61.62
74235	Facility Fee	Remove esophagus obstruction	81.05
74240	Physician/Professional Fee	X-ray exam, upper gi tract	35.48
74240	Facility Fee	X-ray exam, upper gi tract	105.57
74241	Physician/Professional Fee	X-ray exam, upper gi tract	35.48
74241	Facility Fee	X-ray exam, upper gi tract	105.57
74245	Physician/Professional Fee	X-ray exam, upper gi tract	46.89
74245	Facility Fee	X-ray exam, upper gi tract	163.78
74246	Physician/Professional Fee	Contrst x-ray uppr gi tract	35.48
74246	Facility Fee	Contrst x-ray uppr gi tract	105.57
74247	Physician/Professional Fee	Contrst x-ray uppr gi tract	35.48
74247	Facility Fee	Contrst x-ray uppr gi tract	105.57
74249	Physician/Professional Fee	Contrst x-ray uppr gi tract	46.89
74249	Facility Fee	Contrst x-ray uppr gi tract	163.78
74250	Physician/Professional Fee	X-ray exam of small bowel	24.07
74250	Facility Fee	X-ray exam of small bowel	105.57
74251	Physician/Professional Fee	X-ray exam of small bowel	35.48
74251	Facility Fee	X-ray exam of small bowel	163.78
74260	Physician/Professional Fee	X-ray exam of small bowel	25.70
74260	Facility Fee	X-ray exam of small bowel	105.57
74270	Physician/Professional Fee	Contrast x-ray exam of colon	35.48
74270	Facility Fee	Contrast x-ray exam of colon	105.57
74280	Physician/Professional Fee	Contrast x-ray exam of colon	50.58
74280	Facility Fee	Contrast x-ray exam of colon	163.78
74283	Physician/Professional Fee	Contrast x-ray exam of colon	103.95
74283	Facility Fee	Contrast x-ray exam of colon	105.57
74290	Physician/Professional Fee	Contrast x-ray, gallbladder	16.34
74290	Facility Fee	Contrast x-ray, gallbladder	105.57
74291	Physician/Professional Fee	Contrast x-rays, gallbladder	10.62
74291	Facility Fee	Contrast x-rays, gallbladder	105.57
74300	Physician/Professional Fee	X-ray bile ducts/pancreas	18.74
74300	Facility Fee	X-ray bile ducts/pancreas	125.23
74301	Physician/Professional Fee	X-rays at surgery add-on	11.01

CPT Code	Type	Description	Fee
74301	Facility Fee	X-rays at surgery add-on	125.23
74305	Physician/Professional Fee	X-ray bile ducts/pancreas	22.02
74305	Facility Fee	X-ray bile ducts/pancreas	125.23
74320	Physician/Professional Fee	Contrast x-ray of bile ducts	28.19
74320	Facility Fee	Contrast x-ray of bile ducts	218.51
74327	Physician/Professional Fee	X-ray bile stone removal	35.88
74327	Facility Fee	X-ray bile stone removal	197.95
74328	Physician/Professional Fee	X-ray bile duct endoscopy	36.32
74329	Physician/Professional Fee	X-ray for pancreas endoscopy	36.32
74330	Physician/Professional Fee	X-ray bile/panc endoscopy	46.49
74340	Physician/Professional Fee	X-ray guide for GI tube	28.19
74340	Facility Fee	X-ray guide for GI tube	95.33
74350	Physician/Professional Fee	X-ray guide, stomach tube	38.77
74350	Facility Fee	X-ray guide, stomach tube	125.23
74355	Physician/Professional Fee	X-ray guide, intestinal tube	38.77
74355	Facility Fee	X-ray guide, intestinal tube	125.23
74360	Physician/Professional Fee	X-ray guide, GI dilation	29.09
74360	Facility Fee	X-ray guide, GI dilation	81.05
74363	Physician/Professional Fee	X-ray, bile duct dilation	45.24
74363	Facility Fee	X-ray, bile duct dilation	268.78
74400	Physician/Professional Fee	Contrst x-ray, urinary tract	25.31
74400	Facility Fee	Contrst x-ray, urinary tract	178.43
74410	Physician/Professional Fee	Contrst x-ray, urinary tract	25.31
74410	Facility Fee	Contrst x-ray, urinary tract	178.43
74415	Physician/Professional Fee	Contrst x-ray, urinary tract	25.31
74415	Facility Fee	Contrst x-ray, urinary tract	178.43
74420	Physician/Professional Fee	Contrst x-ray, urinary tract	18.74
74420	Facility Fee	Contrst x-ray, urinary tract	178.43
74425	Physician/Professional Fee	Contrst x-ray, urinary tract	18.74
74425	Facility Fee	Contrst x-ray, urinary tract	178.43
74430	Physician/Professional Fee	Contrast x-ray, bladder	16.65
74430	Facility Fee	Contrast x-ray, bladder	178.43
74440	Physician/Professional Fee	X-ray, male genital tract	19.98
74440	Facility Fee	X-ray, male genital tract	178.43
74445	Physician/Professional Fee	X-ray exam of penis	60.66
74445	Facility Fee	X-ray exam of penis	178.43
74450	Physician/Professional Fee	X-ray, urethra/bladder	17.49
74450	Facility Fee	X-ray, urethra/bladder	178.43
74455	Physician/Professional Fee	X-ray, urethra/bladder	17.49
74455	Facility Fee	X-ray, urethra/bladder	178.43
74470	Physician/Professional Fee	X-ray exam of kidney lesion	27.75
74470	Facility Fee	X-ray exam of kidney lesion	125.23
74475	Physician/Professional Fee	X-ray control, cath insert	28.19
74475	Facility Fee	X-ray control, cath insert	268.78
74480	Physician/Professional Fee	X-ray control, cath insert	28.19
74480	Facility Fee	X-ray control, cath insert	197.95
74485	Physician/Professional Fee	X-ray guide, GU dilation	28.07
74485	Facility Fee	X-ray guide, GU dilation	197.95
74710	Physician/Professional Fee	X-ray measurement of pelvis	17.89
74710	Facility Fee	X-ray measurement of pelvis	90.28
74740	Physician/Professional Fee	X-ray, female genital tract	19.98
74740	Facility Fee	X-ray, female genital tract	218.51
74742	Physician/Professional Fee	X-ray, fallopian tube	31.35
74742	Facility Fee	X-ray, fallopian tube	218.51
74775	Physician/Professional Fee	X-ray exam of perineum	32.19
74775	Facility Fee	X-ray exam of perineum	178.43

CPT Code	Type	Description	Fee
75600	Physician/Professional Fee	Contrast x-ray exam of aorta	27.52
75600	Facility Fee	Contrast x-ray exam of aorta	1,537.88
75605	Physician/Professional Fee	Contrast x-ray exam of aorta	61.36
75605	Facility Fee	Contrast x-ray exam of aorta	1,537.88
75625	Physician/Professional Fee	Contrast x-ray exam of aorta	60.34
75625	Facility Fee	Contrast x-ray exam of aorta	1,537.88
75630	Physician/Professional Fee	X-ray aorta, leg arteries	96.18
75630	Facility Fee	X-ray aorta, leg arteries	1,537.88
75635	Physician/Professional Fee	Ct angio abdominal arteries	124.37
75635	Facility Fee	Ct angio abdominal arteries	358.59
75650	Physician/Professional Fee	Artery x-rays, head & neck	77.92
75650	Facility Fee	Artery x-rays, head & neck	1,537.88
75658	Physician/Professional Fee	Artery x-rays, arm	70.19
75658	Facility Fee	Artery x-rays, arm	702.09
75660	Physician/Professional Fee	Artery x-rays, head & neck	69.00
75660	Facility Fee	Artery x-rays, head & neck	461.33
75662	Physician/Professional Fee	Artery x-rays, head & neck	88.92
75662	Facility Fee	Artery x-rays, head & neck	1,537.88
75665	Physician/Professional Fee	Artery x-rays, head & neck	69.50
75665	Facility Fee	Artery x-rays, head & neck	1,537.88
75671	Physician/Professional Fee	Artery x-rays, head & neck	86.58
75671	Facility Fee	Artery x-rays, head & neck	1,537.88
75676	Physician/Professional Fee	Artery x-rays, neck	68.87
75676	Facility Fee	Artery x-rays, neck	1,537.88
75680	Physician/Professional Fee	Artery x-rays, neck	86.58
75680	Facility Fee	Artery x-rays, neck	1,537.88
75685	Physician/Professional Fee	Artery x-rays, spine	68.55
75685	Facility Fee	Artery x-rays, spine	1,537.88
75705	Physician/Professional Fee	Artery x-rays, spine	113.90
75705	Facility Fee	Artery x-rays, spine	461.33
75710	Physician/Professional Fee	Artery x-rays, arm/leg	61.10
75710	Facility Fee	Artery x-rays, arm/leg	1,537.88
75716	Physician/Professional Fee	Artery x-rays, arms/legs	68.87
75716	Facility Fee	Artery x-rays, arms/legs	1,537.88
75722	Physician/Professional Fee	Artery x-rays, kidney	61.36
75722	Facility Fee	Artery x-rays, kidney	1,537.88
75724	Physician/Professional Fee	Artery x-rays, kidneys	82.17
75724	Facility Fee	Artery x-rays, kidneys	1,537.88
75726	Physician/Professional Fee	Artery x-rays, abdomen	59.15
75726	Facility Fee	Artery x-rays, abdomen	1,537.88
75731	Physician/Professional Fee	Artery x-rays, adrenal gland	59.90
75731	Facility Fee	Artery x-rays, adrenal gland	1,537.88
75733	Physician/Professional Fee	Artery x-rays, adrenals	70.33
75733	Facility Fee	Artery x-rays, adrenals	461.33
75736	Physician/Professional Fee	Artery x-rays, pelvis	59.90
75736	Facility Fee	Artery x-rays, pelvis	1,537.88
75741	Physician/Professional Fee	Artery x-rays, lung	68.11
75741	Facility Fee	Artery x-rays, lung	702.09
75743	Physician/Professional Fee	Artery x-rays, lungs	85.25
75743	Facility Fee	Artery x-rays, lungs	1,537.88
75746	Physician/Professional Fee	Artery x-rays, lung	59.15
75746	Facility Fee	Artery x-rays, lung	702.09
75756	Physician/Professional Fee	Artery x-rays, chest	64.14
75756	Facility Fee	Artery x-rays, chest	702.09
75774	Physician/Professional Fee	Artery x-ray, each vessel	18.74
75774	Facility Fee	Artery x-ray, each vessel	702.09

CPT Code	Type	Description	Fee
75790	Physician/Professional Fee	Visualize A-V shunt	94.49
75790	Facility Fee	Visualize A-V shunt	702.09
75801	Physician/Professional Fee	Lymph vessel x-ray, arm/leg	43.22
75801	Facility Fee	Lymph vessel x-ray, arm/leg	218.51
75803	Physician/Professional Fee	Lymph vessel x-ray, arms/legs	59.50
75803	Facility Fee	Lymph vessel x-ray, arms/legs	218.51
75805	Physician/Professional Fee	Lymph vessel x-ray, trunk	42.27
75805	Facility Fee	Lymph vessel x-ray, trunk	218.51
75807	Physician/Professional Fee	Lymph vessel x-ray, trunk	59.94
75807	Facility Fee	Lymph vessel x-ray, trunk	218.51
75809	Physician/Professional Fee	Nonvascular shunt, x-ray	24.07
75809	Facility Fee	Nonvascular shunt, x-ray	125.23
75810	Physician/Professional Fee	Vein x-ray, spleen/liver	58.71
75810	Facility Fee	Vein x-ray, spleen/liver	702.09
75820	Physician/Professional Fee	Vein x-ray, arm/leg	36.76
75820	Facility Fee	Vein x-ray, arm/leg	461.33
75822	Physician/Professional Fee	Vein x-ray, arms/legs	54.62
75822	Facility Fee	Vein x-ray, arms/legs	461.33
75825	Physician/Professional Fee	Vein x-ray, trunk	59.33
75825	Facility Fee	Vein x-ray, trunk	702.09
75827	Physician/Professional Fee	Vein x-ray, chest	58.71
75827	Facility Fee	Vein x-ray, chest	702.09
75831	Physician/Professional Fee	Vein x-ray, kidney	59.01
75831	Facility Fee	Vein x-ray, kidney	702.09
75833	Physician/Professional Fee	Vein x-ray, kidneys	77.67
75833	Facility Fee	Vein x-ray, kidneys	702.09
75840	Physician/Professional Fee	Vein x-ray, adrenal gland	60.66
75840	Facility Fee	Vein x-ray, adrenal gland	1,537.88
75842	Physician/Professional Fee	Vein x-ray, adrenal glands	76.60
75842	Facility Fee	Vein x-ray, adrenal glands	1,537.88
75860	Physician/Professional Fee	Vein x-ray, neck	61.05
75860	Facility Fee	Vein x-ray, neck	461.33
75870	Physician/Professional Fee	Vein x-ray, skull	60.03
75870	Facility Fee	Vein x-ray, skull	461.33
75872	Physician/Professional Fee	Vein x-ray, skull	62.85
75872	Facility Fee	Vein x-ray, skull	702.09
75880	Physician/Professional Fee	Vein x-ray, eye socket	36.32
75880	Facility Fee	Vein x-ray, eye socket	461.33
75885	Physician/Professional Fee	Vein x-ray, liver	74.25
75885	Facility Fee	Vein x-ray, liver	1,537.88
75887	Physician/Professional Fee	Vein x-ray, liver	74.69
75887	Facility Fee	Vein x-ray, liver	702.09
75889	Physician/Professional Fee	Vein x-ray, liver	58.71
75889	Facility Fee	Vein x-ray, liver	1,537.88
75891	Physician/Professional Fee	Vein x-ray, liver	58.71
75891	Facility Fee	Vein x-ray, liver	702.09
75893	Physician/Professional Fee	Venous sampling by catheter	28.19
75893	Facility Fee	Venous sampling by catheter	461.33
75894	Physician/Professional Fee	X-rays, transcath therapy	68.29
75894	Facility Fee	X-rays, transcath therapy	619.70
75896	Physician/Professional Fee	X-rays, transcath therapy	69.13
75896	Facility Fee	X-rays, transcath therapy	619.70
75898	Physician/Professional Fee	Follow-up angiography	85.74
75898	Facility Fee	Follow-up angiography	125.23
75900	Physician/Professional Fee	Intravascular cath exchange	25.62
75901	Physician/Professional Fee	Remove cva device obstruct	25.31

CPT Code	Type	Description	Fee
75901	Facility Fee	Remove cva device obstruct	125.23
75902	Physician/Professional Fee	Remove cva lumen obstruct	20.38
75902	Facility Fee	Remove cva lumen obstruct	125.23
75940	Physician/Professional Fee	X-ray placement, vein filter	28.82
75940	Facility Fee	X-ray placement, vein filter	619.70
75945	Physician/Professional Fee	Intravascular us	21.85
75945	Facility Fee	Intravascular us	181.73
75946	Physician/Professional Fee	Intravascular us add-on	22.17
75946	Facility Fee	Intravascular us add-on	115.27
75952	Physician/Professional Fee	Endovasc repair abdom aorta	238.81
75953	Physician/Professional Fee	Abdom aneurysm endovas rpr	72.35
75954	Physician/Professional Fee	Iliac aneurysm endovas rpr	118.69
75956	Physician/Professional Fee	Xray, endovasc thor ao repr	382.95
75957	Physician/Professional Fee	Xray, endovasc thor ao repr	328.32
75958	Physician/Professional Fee	Xray, place prox ext thor ao	218.63
75959	Physician/Professional Fee	Xray, place dist ext thor ao	191.54
75960	Physician/Professional Fee	Transcath iv stent rs&i	44.01
75960	Facility Fee	Transcath iv stent rs&i	461.33
75961	Physician/Professional Fee	Retrieval, broken catheter	218.23
75961	Facility Fee	Retrieval, broken catheter	461.33
75962	Physician/Professional Fee	Repair arterial blockage	28.51
75962	Facility Fee	Repair arterial blockage	461.33
75964	Physician/Professional Fee	Repair artery blockage, each	19.05
75964	Facility Fee	Repair artery blockage, each	461.33
75966	Physician/Professional Fee	Repair arterial blockage	70.77
75966	Facility Fee	Repair arterial blockage	461.33
75968	Physician/Professional Fee	Repair artery blockage, each	19.62
75968	Facility Fee	Repair artery blockage, each	461.33
75970	Physician/Professional Fee	Vascular biopsy	43.65
75970	Facility Fee	Vascular biopsy	461.33
75978	Physician/Professional Fee	Repair venous blockage	28.19
75978	Facility Fee	Repair venous blockage	461.33
75980	Physician/Professional Fee	Contrast xray exam bile duct	74.25
75980	Facility Fee	Contrast xray exam bile duct	268.78
75982	Physician/Professional Fee	Contrast xray exam bile duct	74.25
75982	Facility Fee	Contrast xray exam bile duct	268.78
75984	Physician/Professional Fee	Xray control catheter change	37.12
75984	Facility Fee	Xray control catheter change	125.23
75989	Physician/Professional Fee	Abscess drainage under x-ray	61.18
75989	Facility Fee	Abscess drainage under x-ray	168.19
75992	Physician/Professional Fee	Atherectomy, x-ray exam	29.39
75992	Facility Fee	Atherectomy, x-ray exam	461.33
75993	Physician/Professional Fee	Atherectomy, x-ray exam	19.62
75993	Facility Fee	Atherectomy, x-ray exam	461.33
75994	Physician/Professional Fee	Atherectomy, x-ray exam	71.53
75994	Facility Fee	Atherectomy, x-ray exam	461.33
75995	Physician/Professional Fee	Atherectomy, x-ray exam	70.01
75995	Facility Fee	Atherectomy, x-ray exam	461.33
75996	Physician/Professional Fee	Atherectomy, x-ray exam	19.18
75996	Facility Fee	Atherectomy, x-ray exam	461.33
76000	Physician/Professional Fee	Fluoroscope examination	8.53
76000	Facility Fee	Fluoroscope examination	95.33
76001	Physician/Professional Fee	Fluoroscope exam, extensive	35.30
76010	Physician/Professional Fee	X-ray, nose to rectum	9.37
76010	Facility Fee	X-ray, nose to rectum	52.39
76080	Physician/Professional Fee	X-ray exam of fistula	28.19

CPT Code	Type	Description	Fee
76080	Facility Fee	X-ray exam of fistula	125.23
76098	Physician/Professional Fee	X-ray exam, breast specimen	8.13
76098	Facility Fee	X-ray exam, breast specimen	52.39
76100	Physician/Professional Fee	X-ray exam of body section	30.15
76100	Facility Fee	X-ray exam of body section	90.28
76101	Physician/Professional Fee	Complex body section x-ray	30.15
76101	Facility Fee	Complex body section x-ray	125.23
76102	Physician/Professional Fee	Complex body section x-rays	30.15
76102	Facility Fee	Complex body section x-rays	218.51
76120	Physician/Professional Fee	Cine/video x-rays	19.98
76120	Facility Fee	Cine/video x-rays	95.33
76125	Physician/Professional Fee	Cine/video x-rays add-on	13.90
76125	Facility Fee	Cine/video x-rays add-on	52.39
76150	Physician/Professional Fee	X-ray exam, dry process	21.88
76150	Facility Fee	X-ray exam, dry process	52.39
76376	Physician/Professional Fee	3d render w/o postprocess	10.92
76376	Facility Fee	3d render w/o postprocess	45.07
76377	Physician/Professional Fee	3d rendering w/postprocess	42.41
76377	Facility Fee	3d rendering w/postprocess	113.58
76380	Physician/Professional Fee	CAT scan follow-up study	50.18
76380	Facility Fee	CAT scan follow-up study	113.58
76496	Facility Fee	Fluoroscopic procedure	95.33
76497	Facility Fee	Ct procedure	113.58
76499	Facility Fee	Radiographic procedure	52.39
76506	Physician/Professional Fee	Echo exam of head	34.86
76506	Facility Fee	Echo exam of head	73.29
76510	Physician/Professional Fee	Ophth us, b & quant a	85.75
76510	Facility Fee	Ophth us, b & quant a	115.27
76511	Physician/Professional Fee	Ophth us, quant a only	52.21
76511	Facility Fee	Ophth us, quant a only	115.27
76512	Physician/Professional Fee	Ophth us, b w/non-quant a	52.33
76512	Facility Fee	Ophth us, b w/non-quant a	115.27
76513	Physician/Professional Fee	Echo exam of eye, water bath	36.62
76513	Facility Fee	Echo exam of eye, water bath	115.27
76514	Physician/Professional Fee	Echo exam of eye, thickness	9.86
76514	Facility Fee	Echo exam of eye, thickness	45.07
76516	Physician/Professional Fee	Echo exam of eye	30.09
76516	Facility Fee	Echo exam of eye	73.29
76519	Physician/Professional Fee	Echo exam of eye	30.09
76519	Facility Fee	Echo exam of eye	115.27
76529	Physician/Professional Fee	Echo exam of eye	31.21
76529	Facility Fee	Echo exam of eye	73.29
76536	Physician/Professional Fee	Us exam of head and neck	28.15
76536	Facility Fee	Us exam of head and neck	115.27
76604	Physician/Professional Fee	Us exam, chest	27.75
76604	Facility Fee	Us exam, chest	73.29
76645	Physician/Professional Fee	Us exam, breast(s)	27.75
76645	Facility Fee	Us exam, breast(s)	73.29
76700	Physician/Professional Fee	Us exam, abdom, complete	41.96
76700	Facility Fee	Us exam, abdom, complete	115.27
76705	Physician/Professional Fee	Echo exam of abdomen	30.56
76705	Facility Fee	Echo exam of abdomen	115.27
76770	Physician/Professional Fee	Us exam abdo back wall, comp	38.37
76770	Facility Fee	Us exam abdo back wall, comp	115.27
76775	Physician/Professional Fee	Us exam abdo back wall, lim	30.15
76775	Facility Fee	Us exam abdo back wall, lim	115.27

CPT Code	Type	Description	Fee
76776	Physician/Professional Fee	Us exam k transpl w/doppler	38.33
76776	Facility Fee	Us exam k transpl w/doppler	115.27
76800	Physician/Professional Fee	Us exam, spinal canal	56.97
76800	Facility Fee	Us exam, spinal canal	115.27
76801	Physician/Professional Fee	Ob us < 14 wks, single fetus	51.46
76801	Facility Fee	Ob us < 14 wks, single fetus	115.27
76802	Physician/Professional Fee	Ob us < 14 wks, add'l fetus	43.65
76802	Facility Fee	Ob us < 14 wks, add'l fetus	73.29
76805	Physician/Professional Fee	Ob us >= 14 wks, snl fetus	51.46
76805	Facility Fee	Ob us >= 14 wks, snl fetus	115.27
76810	Physician/Professional Fee	Ob us >= 14 wks, addl fetus	50.62
76810	Facility Fee	Ob us >= 14 wks, addl fetus	115.27
76811	Physician/Professional Fee	Ob us, detailed, snl fetus	100.87
76811	Facility Fee	Ob us, detailed, snl fetus	181.73
76812	Physician/Professional Fee	Ob us, detailed, addl fetus	93.95
76812	Facility Fee	Ob us, detailed, addl fetus	73.29
76813	Physician/Professional Fee	Ob us nuchal meas, 1 gest	58.57
76813	Facility Fee	Ob us nuchal meas, 1 gest	115.27
76814	Physician/Professional Fee	Ob us nuchal meas, add-on	49.12
76814	Facility Fee	Ob us nuchal meas, add-on	73.29
76815	Physician/Professional Fee	Ob us, limited, fetus(s)	33.87
76815	Facility Fee	Ob us, limited, fetus(s)	73.29
76816	Physician/Professional Fee	Ob us, follow-up, per fetus	44.93
76816	Facility Fee	Ob us, follow-up, per fetus	73.29
76817	Physician/Professional Fee	Transvaginal us, obstetric	38.81
76817	Facility Fee	Transvaginal us, obstetric	73.29
76818	Physician/Professional Fee	Fetal biophys profile w/nst	55.55
76818	Facility Fee	Fetal biophys profile w/nst	115.27
76819	Physician/Professional Fee	Fetal biophys profil w/o nst	40.05
76819	Facility Fee	Fetal biophys profil w/o nst	115.27
76820	Physician/Professional Fee	Umbilical artery echo	26.91
76820	Facility Fee	Umbilical artery echo	113.02
76821	Physician/Professional Fee	Middle cerebral artery echo	37.20
76821	Facility Fee	Middle cerebral artery echo	113.02
76825	Physician/Professional Fee	Echo exam of fetal heart	87.42
76825	Facility Fee	Echo exam of fetal heart	117.97
76826	Physician/Professional Fee	Echo exam of fetal heart	43.33
76826	Facility Fee	Echo exam of fetal heart	117.97
76827	Physician/Professional Fee	Echo exam of fetal heart	30.28
76827	Facility Fee	Echo exam of fetal heart	117.97
76828	Physician/Professional Fee	Echo exam of fetal heart	30.24
76828	Facility Fee	Echo exam of fetal heart	117.97
76830	Physician/Professional Fee	Transvaginal us, non-ob	35.48
76830	Facility Fee	Transvaginal us, non-ob	115.27
76831	Physician/Professional Fee	Echo exam, uterus	37.56
76831	Facility Fee	Echo exam, uterus	181.73
76856	Physician/Professional Fee	Us exam, pelvic, complete	35.92
76856	Facility Fee	Us exam, pelvic, complete	115.27
76857	Physician/Professional Fee	Us exam, pelvic, limited	19.98
76857	Facility Fee	Us exam, pelvic, limited	73.29
76870	Physician/Professional Fee	Us exam, scrotum	33.43
76870	Facility Fee	Us exam, scrotum	115.27
76872	Physician/Professional Fee	Us, transrectal	36.24
76872	Facility Fee	Us, transrectal	115.27
76873	Physician/Professional Fee	Echograp trans r, pros study	81.44
76873	Facility Fee	Echograp trans r, pros study	115.27

CPT Code	Type	Description	Fee
76880	Physician/Professional Fee	Us exam, extremity	30.10
76880	Facility Fee	Us exam, extremity	115.27
76885	Physician/Professional Fee	Us exam infant hips, dynamic	37.92
76885	Facility Fee	Us exam infant hips, dynamic	73.29
76886	Physician/Professional Fee	Us exam infant hips, static	31.75
76886	Facility Fee	Us exam infant hips, static	73.29
76930	Physician/Professional Fee	Echo guide, cardiocentesis	36.58
76930	Facility Fee	Echo guide, cardiocentesis	87.76
76932	Physician/Professional Fee	Echo guide for heart biopsy	37.02
76932	Facility Fee	Echo guide for heart biopsy	155.19
76936	Physician/Professional Fee	Echo guide for artery repair	104.88
76936	Facility Fee	Echo guide for artery repair	155.19
76937	Physician/Professional Fee	Us guide, vascular access	16.17
76937	Facility Fee	Us guide, vascular access	24.63
76940	Physician/Professional Fee	Us guide, tissue ablation	109.60
76940	Facility Fee	Us guide, tissue ablation	87.76
76941	Physician/Professional Fee	Echo guide for transfusion	70.96
76941	Facility Fee	Echo guide for transfusion	87.76
76942	Physician/Professional Fee	Echo guide for biopsy	34.68
76942	Facility Fee	Echo guide for biopsy	87.76
76945	Physician/Professional Fee	Echo guide, villus sampling	34.68
76945	Facility Fee	Echo guide, villus sampling	87.76
76946	Physician/Professional Fee	Echo guide for amniocentesis	19.98
76946	Facility Fee	Echo guide for amniocentesis	87.76
76948	Physician/Professional Fee	Echo guide, ova aspiration	19.54
76948	Facility Fee	Echo guide, ova aspiration	155.19
76950	Physician/Professional Fee	Echo guidance radiotherapy	30.15
76950	Facility Fee	Echo guidance radiotherapy	87.76
76965	Physician/Professional Fee	Echo guidance radiotherapy	70.82
76965	Facility Fee	Echo guidance radiotherapy	155.19
76970	Physician/Professional Fee	Ultrasound exam follow-up	20.78
76970	Facility Fee	Ultrasound exam follow-up	73.29
76975	Physician/Professional Fee	GI endoscopic ultrasound	42.85
76975	Facility Fee	GI endoscopic ultrasound	115.27
76977	Physician/Professional Fee	Us bone density measure	2.80
76977	Facility Fee	Us bone density measure	45.07
76998	Physician/Professional Fee	Us guide, intraop	21.35
76998	Facility Fee	Us guide, intraop	115.27
76999	Facility Fee	Echo examination procedure	73.29
77001	Physician/Professional Fee	Fluoroguide for vein device	19.67
77001	Facility Fee	Fluoroguide for vein device	96.11
77002	Physician/Professional Fee	Needle localization by xray	27.31
77002	Facility Fee	Needle localization by xray	74.49
77003	Physician/Professional Fee	Fluoroguide for spine inject	29.18
77003	Facility Fee	Fluoroguide for spine inject	67.88
77011	Physician/Professional Fee	Ct scan for localization	62.43
77011	Facility Fee	Ct scan for localization	301.52
77012	Physician/Professional Fee	Ct scan for needle biopsy	59.55
77012	Facility Fee	Ct scan for needle biopsy	301.52
77013	Physician/Professional Fee	Ct guide for tissue ablation	61.89
77013	Facility Fee	Ct guide for tissue ablation	357.50
77014	Physician/Professional Fee	Ct scan for therapy guide	44.05
77014	Facility Fee	Ct scan for therapy guide	113.58
77031	Physician/Professional Fee	Stereotact guide for brst bx	82.15
77031	Facility Fee	Stereotact guide for brst bx	218.51
77032	Physician/Professional Fee	Guidance for needle, breast	28.59

CPT Code	Type	Description	Fee
77032	Facility Fee	Guidance for needle, breast	125.23
77051	Physician/Professional Fee	Computer dx mammogram add-on	3.20
77051	Facility Fee	Computer dx mammogram add-on	21.62
77052	Physician/Professional Fee	Comp screen mammogram add-on	3.20
77052	Facility Fee	Comp screen mammogram add-on	21.62
77053	Physician/Professional Fee	X-ray of mammary duct	18.74
77053	Facility Fee	X-ray of mammary duct	125.23
77054	Physician/Professional Fee	X-ray of mammary ducts	23.27
77054	Facility Fee	X-ray of mammary ducts	125.23
77055	Physician/Professional Fee	Mammogram, one breast	10.68
77055	Facility Fee	Mammogram, one breast	67.28
77056	Physician/Professional Fee	Mammogram, both breasts	44.40
77056	Facility Fee	Mammogram, both breasts	84.70
77057	Physician/Professional Fee	Mammogram, screening	35.88
77057	Facility Fee	Mammogram, screening	72.68
77071	Physician/Professional Fee	X-ray stress view	31.29
77071	Facility Fee	X-ray stress view	52.39
77072	Physician/Professional Fee	X-rays for bone age	9.32
77072	Facility Fee	X-rays for bone age	52.39
77073	Physician/Professional Fee	X-rays, bone length studies	13.90
77073	Facility Fee	X-rays, bone length studies	52.39
77074	Physician/Professional Fee	X-rays, bone survey, limited	23.27
77074	Facility Fee	X-rays, bone survey, limited	90.28
77075	Physician/Professional Fee	X-rays, bone survey complete	28.19
77075	Facility Fee	X-rays, bone survey complete	90.28
77076	Physician/Professional Fee	X-rays, bone survey, infant	35.88
77076	Facility Fee	X-rays, bone survey, infant	52.39
77077	Physician/Professional Fee	Joint survey, single view	16.25
77077	Facility Fee	Joint survey, single view	52.39
77078	Physician/Professional Fee	Ct bone density, axial	12.65
77078	Facility Fee	Ct bone density, axial	86.82
77079	Physician/Professional Fee	Ct bone density, peripheral	11.41
77079	Facility Fee	Ct bone density, peripheral	113.58
77080	Physician/Professional Fee	Dxa bone density, axial	11.50
77080	Facility Fee	Dxa bone density, axial	86.82
77081	Physician/Professional Fee	Dxa bone density/peripheral	11.85
77081	Facility Fee	Dxa bone density/peripheral	40.60
77082	Physician/Professional Fee	Dxa bone density, vert fx	8.97
77082	Facility Fee	Dxa bone density, vert fx	52.39
77083	Physician/Professional Fee	Radiographic absorptiometry	10.62
77083	Facility Fee	Radiographic absorptiometry	90.28
78220	Physician/Professional Fee	Liver function study	25.31
78220	Facility Fee	Liver function study	323.30
78223	Physician/Professional Fee	Hepatobiliary imaging	43.61
78223	Facility Fee	Hepatobiliary imaging	323.30
78230	Physician/Professional Fee	Salivary gland imaging	22.83
78230	Facility Fee	Salivary gland imaging	269.77
78231	Physician/Professional Fee	Serial salivary imaging	26.95
78231	Facility Fee	Serial salivary imaging	269.77
78232	Physician/Professional Fee	Salivary gland function exam	24.07
78232	Facility Fee	Salivary gland function exam	269.77
78258	Physician/Professional Fee	Esophageal motility study	38.81
78258	Facility Fee	Esophageal motility study	269.77
78261	Physician/Professional Fee	Gastric mucosa imaging	35.92
78261	Facility Fee	Gastric mucosa imaging	269.77
78262	Physician/Professional Fee	Gastroesophageal reflux exam	35.08

CPT Code	Type	Description	Fee
78262	Facility Fee	Gastroesophageal reflux exam	269.77
78264	Physician/Professional Fee	Gastric emptying study	40.01
78264	Facility Fee	Gastric emptying study	269.77
78270	Physician/Professional Fee	Vit B-12 absorption exam	10.62
78270	Facility Fee	Vit B-12 absorption exam	148.13
78271	Physician/Professional Fee	Vit b-12 absrpx exam, int fac	10.62
78271	Facility Fee	Vit b-12 absrpx exam, int fac	148.13
78272	Physician/Professional Fee	Vit B-12 absorp, combined	13.90
78272	Facility Fee	Vit B-12 absorp, combined	148.13
78278	Physician/Professional Fee	Acute GI blood loss imaging	51.02
78278	Facility Fee	Acute GI blood loss imaging	269.77
78282	Physician/Professional Fee	GI protein loss exam	19.54
78282	Facility Fee	GI protein loss exam	269.77
78290	Physician/Professional Fee	Meckel/Es divert exam	35.08
78290	Facility Fee	Meckel/Es divert exam	269.77
78291	Physician/Professional Fee	Leveen/shunt patency exam	45.69
78291	Facility Fee	Leveen/shunt patency exam	269.77
78299	Facility Fee	GI nuclear procedure	269.77
78300	Physician/Professional Fee	Bone imaging, limited area	32.19
78300	Facility Fee	Bone imaging, limited area	289.33
78305	Physician/Professional Fee	Bone imaging, multiple areas	43.21
78305	Facility Fee	Bone imaging, multiple areas	289.33
78306	Physician/Professional Fee	Bone imaging, whole body	44.45
78306	Facility Fee	Bone imaging, whole body	289.33
78315	Physician/Professional Fee	Bone imaging, 3 phase	52.66
78315	Facility Fee	Bone imaging, 3 phase	289.33
78320	Physician/Professional Fee	Bone imaging (3D)	53.91
78320	Facility Fee	Bone imaging (3D)	289.33
78350	Facility Fee	Bone mineral, single photon	45.05
78351	Facility Fee	Bone mineral, dual photon	6.61
78399	Facility Fee	Musculoskeletal nuclear exam	289.33
78580	Physician/Professional Fee	Lung perfusion imaging	38.37
78580	Facility Fee	Lung perfusion imaging	234.88
78584	Physician/Professional Fee	Lung V/Q image single breath	51.02
78584	Facility Fee	Lung V/Q image single breath	376.48
78585	Physician/Professional Fee	Lung V/Q imaging	56.26
78585	Facility Fee	Lung V/Q imaging	376.48
78586	Physician/Professional Fee	Aerosol lung image, single	20.78
78586	Facility Fee	Aerosol lung image, single	234.88
78587	Physician/Professional Fee	Aerosol lung image, multiple	25.31
78587	Facility Fee	Aerosol lung image, multiple	234.88
78588	Physician/Professional Fee	Perfusion lung image	56.26
78588	Facility Fee	Perfusion lung image	376.48
78591	Physician/Professional Fee	Vent image, 1 breath, 1 proj	20.78
78591	Facility Fee	Vent image, 1 breath, 1 proj	234.88
78593	Physician/Professional Fee	Vent image, 1 proj, gas	25.31
78593	Facility Fee	Vent image, 1 proj, gas	234.88
78594	Physician/Professional Fee	Vent image, mult proj, gas	27.35
78594	Facility Fee	Vent image, mult proj, gas	234.88
78596	Physician/Professional Fee	Lung differential function	64.87
78596	Facility Fee	Lung differential function	376.48
80048	Facility Fee	Basic metabolic panel	25.80
80050	Facility Fee	General health panel	14.21
80051	Facility Fee	Electrolyte panel	21.38
80053	Facility Fee	Comprehen metabolic panel	32.22
80055	Facility Fee	Obstetric panel	14.21

CPT Code	Type	Description	Fee
80061	Facility Fee	Lipid panel	40.83
80069	Facility Fee	Renal function panel	26.46
80074	Facility Fee	Acute hepatitis panel	145.14
80076	Facility Fee	Hepatic function panel	24.91
80100	Facility Fee	Drug screen, qualitate/multi	44.32
80101	Facility Fee	Drug screen, single	41.97
80102	Facility Fee	Drug confirmation	40.37
80150	Facility Fee	Assay of amikacin	45.94
80152	Facility Fee	Assay of amitriptyline	54.55
80154	Facility Fee	Assay of benzodiazepines	56.36
80156	Facility Fee	Assay, carbamazepine, total	44.37
80157	Facility Fee	Assay, carbamazepine, free	40.40
80158	Facility Fee	Assay of cyclosporine	55.03
80160	Facility Fee	Assay of desipramine	52.46
80162	Facility Fee	Assay of digoxin	40.46
80164	Facility Fee	Assay, dipropylacetic acid	41.29
80166	Facility Fee	Assay of doxepin	47.25
80168	Facility Fee	Assay of ethosuximide	49.80
80170	Facility Fee	Assay of gentamicin	49.95
80172	Facility Fee	Assay of gold	49.65
80173	Facility Fee	Assay of haloperidol	44.37
80174	Facility Fee	Assay of imipramine	52.46
80176	Facility Fee	Assay of lidocaine	44.76
80178	Facility Fee	Assay of lithium	20.15
80182	Facility Fee	Assay of nortriptyline	41.29
80184	Facility Fee	Assay of phenobarbital	34.92
80185	Facility Fee	Assay of phenytoin, total	40.40
80186	Facility Fee	Assay of phenytoin, free	41.95
80188	Facility Fee	Assay of primidone	50.56
80190	Facility Fee	Assay of procainamide	51.06
80192	Facility Fee	Assay of procainamide	51.06
80194	Facility Fee	Assay of quinidine	44.48
80195	Facility Fee	Assay of sirolimus	41.81
80196	Facility Fee	Assay of salicylate	21.64
80197	Facility Fee	Assay of tacrolimus	41.81
80198	Facility Fee	Assay of theophylline	43.12
80200	Facility Fee	Assay of tobramycin	49.12
80201	Facility Fee	Assay of topiramate	36.34
80202	Facility Fee	Assay of vancomycin	41.29
80299	Facility Fee	Quantitative assay, drug	41.73
80400	Facility Fee	Acth stimulation panel	99.38
80402	Facility Fee	Acth stimulation panel	264.93
80406	Facility Fee	Acth stimulation panel	238.50
80408	Facility Fee	Aldosterone suppression eval	382.46
80410	Facility Fee	Calcitonin stimul panel	244.80
80412	Facility Fee	CRH stimulation panel	1,004.46
80414	Facility Fee	Testosterone response	157.40
80415	Facility Fee	Estradiol response panel	170.31
80416	Facility Fee	Renin stimulation panel	402.18
80417	Facility Fee	Renin stimulation panel	134.06
80418	Facility Fee	Pituitary evaluation panel	1,766.28
80420	Facility Fee	Dexamethasone panel	219.52
80422	Facility Fee	Glucagon tolerance panel	140.43
80424	Facility Fee	Glucagon tolerance panel	153.91
80426	Facility Fee	Gonadotropin hormone panel	452.39
80428	Facility Fee	Growth hormone panel	203.20

CPT Code	Type	Description	Fee
80430	Facility Fee	Growth hormone panel	239.06
80432	Facility Fee	Insulin suppression panel	411.67
80434	Facility Fee	Insulin tolerance panel	308.21
80435	Facility Fee	Insulin tolerance panel	313.77
80436	Facility Fee	Metyrapone panel	277.80
80438	Facility Fee	TRH stimulation panel	153.58
80439	Facility Fee	TRH stimulation panel	204.77
80440	Facility Fee	TRH stimulation panel	177.20
80500	Physician/Professional Fee	Lab pathology consultation	20.15
80502	Physician/Professional Fee	Lab pathology consultation	70.06
81000	Facility Fee	Urinalysis, nonauto w/scope	9.66
81001	Facility Fee	Urinalysis, auto w/scope	9.66
81002	Facility Fee	Urinalysis nonauto w/o scope	7.79
81003	Facility Fee	Urinalysis, auto, w/o scope	6.85
81005	Facility Fee	Urinalysis	6.61
81007	Facility Fee	Urine screen for bacteria	7.83
81015	Facility Fee	Microscopic exam of urine	9.25
81020	Facility Fee	Urinalysis, glass test	10.19
81025	Facility Fee	Urine pregnancy test	19.28
81050	Facility Fee	Urinalysis, volume measure	9.14
81099	Facility Fee	Urinalysis test procedure	5.00
82000	Facility Fee	Assay of blood acetaldehyde	37.76
82003	Facility Fee	Assay of acetaminophen	61.69
82009	Facility Fee	Test for acetone/ketones	13.76
82010	Facility Fee	Acetone assay	24.91
82013	Facility Fee	Acetylcholinesterase assay	34.05
82016	Facility Fee	Acylcarnitines, qual	42.25
82017	Facility Fee	Acylcarnitines, quant	51.41
82024	Facility Fee	Assay of acth	117.72
82030	Facility Fee	Assay of adp & amp	78.63
82040	Facility Fee	Assay of serum albumin	15.09
82042	Facility Fee	Assay of urine albumin	15.77
82043	Facility Fee	Microalbumin, quantitative	17.65
82044	Facility Fee	Microalbumin, semiquant	13.94
82045	Facility Fee	Albumin, ischemia modified	103.46
82055	Facility Fee	Assay of ethanol	32.94
82075	Facility Fee	Assay of breath ethanol	36.73
82085	Facility Fee	Assay of aldolase	29.58
82088	Facility Fee	Assay of aldosterone	124.20
82101	Facility Fee	Assay of urine alkaloids	91.48
82103	Facility Fee	Alpha-1-antitrypsin, total	40.94
82104	Facility Fee	Alpha-1-antitrypsin, pheno	44.06
82105	Facility Fee	Alpha-fetoprotein, serum	51.13
82106	Facility Fee	Alpha-fetoprotein, amniotic	51.13
82107	Facility Fee	Alpha-fetoprotein I3	196.29
82108	Facility Fee	Assay of aluminum	47.92
82120	Facility Fee	Amines, vaginal fluid qual	11.45
82127	Facility Fee	Amino acid, single qual	42.25
82128	Facility Fee	Amino acids, mult qual	42.25
82131	Facility Fee	Amino acids, single quant	51.41
82135	Facility Fee	Assay, aminolevulinic acid	50.17
82136	Facility Fee	Amino acids, quant, 2-5	51.41
82139	Facility Fee	Amino acids, quan, 6 or more	51.41
82140	Facility Fee	Assay of ammonia	44.41
82143	Facility Fee	Amniotic fluid scan	20.96
82145	Facility Fee	Assay of amphetamines	47.38

CPT Code	Type	Description	Fee
82150	Facility Fee	Assay of amylase	19.76
82154	Facility Fee	Androstanediol glucuronide	87.88
82157	Facility Fee	Assay of androstenedione	89.21
82160	Facility Fee	Assay of androsterone	76.21
82163	Facility Fee	Assay of angiotensin II	62.56
82164	Facility Fee	Angiotensin I enzyme test	44.48
82172	Facility Fee	Assay of apolipoprotein	47.22
82175	Facility Fee	Assay of arsenic	57.82
82180	Facility Fee	Assay of ascorbic acid	30.12
82190	Facility Fee	Atomic absorption	45.44
82205	Facility Fee	Assay of barbiturates	34.92
82232	Facility Fee	Assay of beta-2 protein	49.32
82239	Facility Fee	Bile acids, total	52.22
82240	Facility Fee	Bile acids, cholyglycine	80.99
82247	Facility Fee	Bilirubin, total	15.31
82248	Facility Fee	Bilirubin, direct	15.31
82252	Facility Fee	Fecal bilirubin test	13.85
82261	Facility Fee	Assay of biotinidase	51.41
82270	Facility Fee	Occult blood, feces	9.90
82271	Facility Fee	Occult blood, other sources	9.90
82272	Facility Fee	Occult blood, feces, single	9.90
82274	Facility Fee	Assay test for blood, fecal	48.47
82286	Facility Fee	Assay of bradykinin	20.98
82300	Facility Fee	Assay of cadmium	70.52
82306	Facility Fee	Assay of vitamin D	90.22
82307	Facility Fee	Assay of vitamin D	98.20
82308	Facility Fee	Assay of calcitonin	81.60
82310	Facility Fee	Assay of calcium	15.70
82330	Facility Fee	Assay of calcium	41.64
82331	Facility Fee	Calcium infusion test	15.77
82340	Facility Fee	Assay of calcium in urine	18.39
82355	Facility Fee	Calculus analysis, qual	35.27
82360	Facility Fee	Calculus assay, quant	39.24
82365	Facility Fee	Calculus spectroscopy	25.24
82370	Facility Fee	X-ray assay, calculus	38.19
82373	Facility Fee	Assay, c-d transfer measure	55.03
82374	Facility Fee	Assay, blood carbon dioxide	14.90
82375	Facility Fee	Assay, blood carbon monoxide	37.56
82376	Facility Fee	Test for carbon monoxide	18.26
82378	Facility Fee	Carcinoembryonic antigen	57.82
82379	Facility Fee	Assay of carnitine	51.41
82380	Facility Fee	Assay of carotene	28.12
82382	Facility Fee	Assay, urine catecholamines	52.39
82383	Facility Fee	Assay, blood catecholamines	76.37
82384	Facility Fee	Assay, three catecholamines	76.95
82387	Facility Fee	Assay of cathepsin-d	63.41
82390	Facility Fee	Assay of ceruloplasmin	32.74
82397	Facility Fee	Chemiluminescent assay	43.06
82415	Facility Fee	Assay of chloramphenicol	38.61
82435	Facility Fee	Assay of blood chloride	14.00
82436	Facility Fee	Assay of urine chloride	15.31
82438	Facility Fee	Assay, other fluid chlorides	14.90
82441	Facility Fee	Test for chlorohydrocarbons	18.28
82465	Facility Fee	Assay, bld/serum cholesterol	13.26
82480	Facility Fee	Assay, serum cholinesterase	24.02
82482	Facility Fee	Assay, rbc cholinesterase	23.43

CPT Code	Type	Description	Fee
82485	Facility Fee	Assay, chondroitin sulfate	62.93
82486	Facility Fee	Gas/liquid chromatography	55.03
82487	Facility Fee	Paper chromatography	48.64
82488	Facility Fee	Paper chromatography	65.11
82489	Facility Fee	Thin layer chromatography	56.36
82491	Facility Fee	Chromotography, quant, sing	55.03
82492	Facility Fee	Chromotography, quant, mult	55.03
82495	Facility Fee	Assay of chromium	61.82
82507	Facility Fee	Assay of citrate	84.74
82520	Facility Fee	Assay of cocaine	46.18
82523	Facility Fee	Collagen crosslinks	56.95
82525	Facility Fee	Assay of copper	37.82
82528	Facility Fee	Assay of corticosterone	68.60
82530	Facility Fee	Cortisol, free	50.93
82533	Facility Fee	Total cortisol	49.69
82540	Facility Fee	Assay of creatine	14.13
82541	Facility Fee	Column chromatography, qual	55.03
82542	Facility Fee	Column chromatography, quant	55.03
82543	Facility Fee	Column chromatograph/isotope	55.03
82544	Facility Fee	Column chromatograph/isotope	55.03
82550	Facility Fee	Assay of ck (cpk)	19.85
82552	Facility Fee	Assay of cpk in blood	40.81
82553	Facility Fee	Creatine, MB fraction	35.18
82554	Facility Fee	Creatine, isoforms	36.16
82565	Facility Fee	Assay of creatinine	15.62
82570	Facility Fee	Assay of urine creatinine	15.77
82575	Facility Fee	Creatinine clearance test	28.79
82585	Facility Fee	Assay of cryofibrinogen	26.13
82595	Facility Fee	Assay of cryoglobulin	19.72
82600	Facility Fee	Assay of cyanide	59.13
82607	Facility Fee	Vitamin B-12	45.94
82608	Facility Fee	B-12 binding capacity	43.65
82615	Facility Fee	Test for urine cystines	24.89
82626	Facility Fee	Dehydroepiandrosterone	77.02
82627	Facility Fee	Dehydroepiandrosterone	67.77
82633	Facility Fee	Desoxycorticosterone	94.40
82634	Facility Fee	Deoxycortisol	89.21
82638	Facility Fee	Assay of dibucaine number	37.32
82646	Facility Fee	Assay of dihydrocodeinone	62.93
82649	Facility Fee	Assay of dihydromorphinone	78.33
82651	Facility Fee	Assay of dihydrotestosterone	78.68
82652	Facility Fee	Assay of dihydroxyvitamin d	117.31
82654	Facility Fee	Assay of dimethadione	42.19
82656	Facility Fee	Pancreatic elastase, fecal	35.16
82657	Facility Fee	Enzyme cell activity	55.03
82658	Facility Fee	Enzyme cell activity, ra	55.03
82664	Facility Fee	Electrophoretic test	104.70
82666	Facility Fee	Assay of epiandrosterone	65.46
82668	Facility Fee	Assay of erythropoietin	57.28
82670	Facility Fee	Assay of estradiol	85.16
82671	Facility Fee	Assay of estrogens	98.44
82672	Facility Fee	Assay of estrogen	66.09
82677	Facility Fee	Assay of estriol	73.70
82679	Facility Fee	Assay of estrone	76.08
82690	Facility Fee	Assay of ethchlorvynol	52.68
82693	Facility Fee	Assay of ethylene glycol	45.41

CPT Code	Type	Description	Fee
82696	Facility Fee	Assay of etiocholanolone	71.87
82705	Facility Fee	Fats/lipids, feces, qual	15.51
82710	Facility Fee	Fats/lipids, feces, quant	51.19
82715	Facility Fee	Assay of fecal fat	52.46
82725	Facility Fee	Assay of blood fatty acids	40.57
82726	Facility Fee	Long chain fatty acids	55.03
82728	Facility Fee	Assay of ferritin	34.86
82731	Facility Fee	Assay of fetal fibronectin	196.29
82735	Facility Fee	Assay of fluoride	56.52
82742	Facility Fee	Assay of flurazepam	60.33
82746	Facility Fee	Blood folic acid serum	44.80
82747	Facility Fee	Assay of folic acid, rbc	52.79
82757	Facility Fee	Assay of semen fructose	52.87
82759	Facility Fee	Assay of rbc galactokinase	65.46
82760	Facility Fee	Assay of galactose	34.11
82775	Facility Fee	Assay galactose transferase	64.19
82776	Facility Fee	Galactose transferase test	25.54
82784	Facility Fee	Assay of gammaglobulin igm	23.27
82785	Facility Fee	Assay of gammaglobulin ige	50.19
82787	Facility Fee	Igg 1, 2, 3 or 4, each	24.43
82800	Facility Fee	Blood pH	25.80
82803	Facility Fee	Blood gases: pH, pO2 & pCO2	58.98
82805	Facility Fee	Blood gases W/O2 saturation	86.49
82810	Facility Fee	Blood gases, O2 sat only	26.61
82820	Facility Fee	Hemoglobin-oxygen affinity	28.36
82926	Facility Fee	Assay of gastric acid	16.60
82928	Facility Fee	Assay of gastric acid	19.96
82938	Facility Fee	Gastrin test	53.92
82941	Facility Fee	Assay of gastrin	53.75
82943	Facility Fee	Assay of glucagon	43.56
82945	Facility Fee	Glucose other fluid	11.95
82946	Facility Fee	Glucagon tolerance test	45.94
82947	Facility Fee	Assay, glucose, blood quant	11.95
82948	Facility Fee	Reagent strip/blood glucose	9.66
82950	Facility Fee	Glucose test	14.48
82951	Facility Fee	Glucose tolerance test (GTT)	39.24
82952	Facility Fee	GTT-added samples	11.95
82953	Facility Fee	Glucose-tolbutamide test	46.16
82955	Facility Fee	Assay of g6pd enzyme	29.56
82960	Facility Fee	Test for G6PD enzyme	18.48
82962	Facility Fee	Glucose blood test	5.52
82963	Facility Fee	Assay of glucosidase	65.46
82965	Facility Fee	Assay of gdh enzyme	23.56
82975	Facility Fee	Assay of glutamine	48.27
82977	Facility Fee	Assay of GGT	21.94
82978	Facility Fee	Assay of glutathione	43.43
82979	Facility Fee	Assay, rbc glutathione	20.98
82980	Facility Fee	Assay of glutethimide	55.84
82985	Facility Fee	Glycated protein	45.94
83001	Facility Fee	Gonadotropin (FSH)	56.65
83002	Facility Fee	Gonadotropin (LH)	56.45
83003	Facility Fee	Assay, growth hormone (hgh)	50.80
83008	Facility Fee	Assay of guanosine	51.15
83009	Facility Fee	H pylori (c-13), blood	205.28
83010	Facility Fee	Assay of haptoglobin, quant	38.35
83012	Facility Fee	Assay of haptoglobins	52.39

CPT Code	Type	Description	Fee
83013	Facility Fee	H pylori (c-13), breath	205.28
83014	Facility Fee	H pylori drug admin	23.95
83015	Facility Fee	Heavy metal screen	43.67
83018	Facility Fee	Quantitative screen, metals	66.92
83020	Physician/Professional Fee	Hemoglobin electrophoresis	19.71
83020	Facility Fee	Hemoglobin electrophoresis	39.24
83021	Facility Fee	Hemoglobin chromatography	55.03
83026	Facility Fee	Hemoglobin, copper sulfate	7.20
83030	Facility Fee	Fetal hemoglobin, chemical	25.22
83033	Facility Fee	Fetal hemoglobin assay, qual	18.17
83036	Facility Fee	Glycosylated hemoglobin test	29.58
83037	Facility Fee	Glycosylated hb, home device	45.94
83045	Facility Fee	Blood methemoglobin test	15.12
83050	Facility Fee	Blood methemoglobin assay	22.31
83051	Facility Fee	Assay of plasma hemoglobin	22.27
83055	Facility Fee	Blood sulfhemoglobin test	14.99
83060	Facility Fee	Blood sulfhemoglobin assay	25.22
83065	Facility Fee	Assay of hemoglobin heat	20.98
83068	Facility Fee	Hemoglobin stability screen	25.80
83069	Facility Fee	Assay of urine hemoglobin	12.02
83070	Facility Fee	Assay of hemosiderin, qual	14.48
83071	Facility Fee	Assay of hemosiderin, quant	20.96
83080	Facility Fee	Assay of b hexosaminidase	51.41
83088	Facility Fee	Assay of histamine	90.00
83090	Facility Fee	Assay of homocystine	51.41
83150	Facility Fee	Assay of for hva	43.67
83491	Facility Fee	Assay of corticosteroids	53.37
83497	Facility Fee	Assay of 5-hiaa	39.28
83498	Facility Fee	Assay of progesterone	82.78
83499	Facility Fee	Assay of progesterone	76.82
83500	Facility Fee	Assay, free hydroxyproline	69.04
83505	Facility Fee	Assay, total hydroxyproline	74.07
83516	Facility Fee	Immunoassay, nonantibody	35.16
83518	Facility Fee	Immunoassay, dipstick	25.85
83519	Facility Fee	Immunoassay, nonantibody	41.18
83520	Facility Fee	Immunoassay, RIA	39.46
83525	Facility Fee	Assay of insulin	34.86
83527	Facility Fee	Assay of insulin	39.46
83528	Facility Fee	Assay of intrinsic factor	48.47
83540	Facility Fee	Assay of iron	19.74
83550	Facility Fee	Iron binding test	26.63
83570	Facility Fee	Assay of idh enzyme	26.96
83582	Facility Fee	Assay of ketogenic steroids	43.19
83586	Facility Fee	Assay 17- ketosteroids	39.02
83593	Facility Fee	Fractionation, ketosteroids	80.16
83605	Facility Fee	Assay of lactic acid	32.54
83615	Facility Fee	Lactate (LD) (LDH) enzyme	18.41
83625	Facility Fee	Assay of Idh enzymes	39.00
83630	Facility Fee	Lactoferrin, fecal (qual)	59.81
83631	Facility Fee	Lactoferrin, fecal (quant)	59.81
83632	Facility Fee	Placental lactogen	61.60
83633	Facility Fee	Test urine for lactose	16.77
83634	Facility Fee	Assay of urine for lactose	35.12
83655	Facility Fee	Assay of lead	36.88
83661	Facility Fee	L/s ratio, fetal lung	66.99
83662	Facility Fee	Foam stability, fetal lung	57.65

CPT Code	Type	Description	Fee
83663	Facility Fee	Fluoro polarize, fetal lung	57.65
83664	Facility Fee	Lamellar bdy, fetal lung	57.65
83670	Facility Fee	Assay of lap enzyme	27.92
83690	Facility Fee	Assay of lipase	20.98
83695	Facility Fee	Assay of lipoprotein(a)	39.46
83698	Facility Fee	Assay lipoprotein pla2	103.46
83700	Facility Fee	Lipopro bld, electrophoretic	34.31
83701	Facility Fee	Lipoprotein bld, hr fraction	75.65
83704	Facility Fee	Lipoprotein, bld, by nmr	96.15
83718	Facility Fee	Assay of lipoprotein	24.95
83719	Facility Fee	Assay of blood lipoprotein	35.47
83721	Facility Fee	Assay of blood lipoprotein	29.08
83727	Facility Fee	Assay of lrh hormone	52.39
83735	Facility Fee	Assay of magnesium	20.42
83775	Facility Fee	Assay of md enzyme	22.47
83785	Facility Fee	Assay of manganese	74.95
83788	Facility Fee	Mass spectrometry qual	55.03
83789	Facility Fee	Mass spectrometry quant	55.03
83805	Facility Fee	Assay of meprobamate	53.72
83825	Facility Fee	Assay of mercury	49.56
83835	Facility Fee	Assay of metanephrines	51.63
83840	Facility Fee	Assay of methadone	49.75
83857	Facility Fee	Assay of methemalbumin	32.74
83858	Facility Fee	Assay of methsuximide	45.17
83864	Facility Fee	Mucopolysaccharides	60.68
83866	Facility Fee	Mucopolysaccharides screen	30.01
83872	Facility Fee	Assay synovial fluid mucin	17.86
83873	Facility Fee	Assay of csf protein	52.44
83874	Facility Fee	Assay of myoglobin	39.35
83880	Facility Fee	Natriuretic peptide	103.46
83883	Facility Fee	Assay, nephelometry not spec	41.44
83885	Facility Fee	Assay of nickel	74.66
83887	Facility Fee	Assay of nicotine	72.18
83890	Facility Fee	Molecule isolate	12.21
83891	Facility Fee	Molecule isolate nucleic	12.21
83892	Facility Fee	Molecular diagnostics	12.21
83893	Facility Fee	Molecule dot/slot/blot	12.21
83894	Facility Fee	Molecule gel electrophor	12.21
83896	Facility Fee	Molecular diagnostics	12.21
83897	Facility Fee	Molecule nucleic transfer	12.21
83898	Facility Fee	Molecule nucleic ampli, each	51.08
83900	Facility Fee	Molecule nucleic ampli 2 seq	102.17
83901	Facility Fee	Molecule nucleic ampli addon	51.08
83902	Facility Fee	Molecular diagnostics	43.25
83903	Facility Fee	Molecule mutation scan	51.08
83904	Facility Fee	Molecule mutation identify	51.08
83905	Facility Fee	Molecule mutation identify	51.08
83906	Facility Fee	Molecule mutation identify	51.08
83907	Facility Fee	Lyse cells for nucleic ext	40.70
83908	Facility Fee	Nucleic acid, signal ampli	51.08
83909	Facility Fee	Nucleic acid, high resolute	51.08
83912	Physician/Professional Fee	Genetic examination	18.83
83912	Facility Fee	Genetic examination	12.21
83913	Facility Fee	Molecular, ma stabilization	40.70
83914	Facility Fee	Mutation ident ola/sbce/aspe	51.08
83915	Facility Fee	Assay of nucleotidase	33.98

CPT Code	Type	Description	Fee
83916	Facility Fee	Oligoclonal bands	61.27
83918	Facility Fee	Organic acids, total, quant	50.17
83919	Facility Fee	Organic acids, qual, each	50.17
83921	Facility Fee	Organic acid, single, quant	50.17
83925	Facility Fee	Assay of opiates	59.31
83930	Facility Fee	Assay of blood osmolality	20.15
83935	Facility Fee	Assay of urine osmolality	20.77
83937	Facility Fee	Assay of osteocalcin	90.98
83945	Facility Fee	Assay of oxalate	39.24
83950	Facility Fee	Oncoprotein, her-2/neu	196.29
83970	Facility Fee	Assay of parathormone	125.79
83986	Facility Fee	Assay of body fluid acidity	10.91
83992	Facility Fee	Assay for phencyclidine	44.80
84022	Facility Fee	Assay of phenothiazine	47.46
84030	Facility Fee	Assay of blood pku	16.77
84035	Facility Fee	Assay of phenylketones	11.15
84060	Facility Fee	Assay acid phosphatase	22.51
84061	Facility Fee	Phosphatase, forensic exam	24.12
84066	Facility Fee	Assay prostate phosphatase	29.45
84075	Facility Fee	Assay alkaline phosphatase	15.77
84078	Facility Fee	Assay alkaline phosphatase	22.25
84080	Facility Fee	Assay alkaline phosphatases	45.06
84081	Facility Fee	Amniotic fluid enzyme test	50.36
84085	Facility Fee	Assay of rbc pg6d enzyme	20.55
84087	Facility Fee	Assay phosphohexose enzymes	31.45
84100	Facility Fee	Assay of phosphorus	14.46
84105	Facility Fee	Assay of urine phosphorus	15.77
84106	Facility Fee	Test for porphobilinogen	13.07
84110	Facility Fee	Assay of porphobilinogen	25.74
84119	Facility Fee	Test urine for porphyrins	26.24
84120	Facility Fee	Assay of urine porphyrins	44.82
84126	Facility Fee	Assay of feces porphyrins	77.63
84127	Facility Fee	Assay of feces porphyrins	35.51
84132	Facility Fee	Assay of serum potassium	14.00
84133	Facility Fee	Assay of urine potassium	13.11
84134	Facility Fee	Assay of prealbumin	44.45
84135	Facility Fee	Assay of pregnanediol	58.30
84138	Facility Fee	Assay of pregnanetriol	57.72
84140	Facility Fee	Assay of pregnenolone	63.02
84143	Facility Fee	Assay of 17-hydroxypregнено	69.56
84144	Facility Fee	Assay of progesterone	63.58
84146	Facility Fee	Assay of prolactin	59.07
84150	Facility Fee	Assay of prostaglandin	76.08
84152	Facility Fee	Assay of psa, complexed	56.06
84153	Facility Fee	Assay of psa, total	56.06
84154	Facility Fee	Assay of psa, free	56.06
84155	Facility Fee	Assay of protein, serum	11.17
84156	Facility Fee	Assay of protein, urine	11.17
84157	Facility Fee	Assay of protein, other	11.17
84160	Facility Fee	Assay of protein, any source	10.19
84163	Facility Fee	Pappa, serum	45.87
84165	Physician/Professional Fee	Protein e-phoresis, serum	19.27
84165	Facility Fee	Protein e-phoresis, serum	32.74
84166	Physician/Professional Fee	Protein e-phoresis/urine/csf	19.27
84166	Facility Fee	Protein e-phoresis/urine/csf	54.36
84181	Physician/Professional Fee	Western blot test	19.71

CPT Code	Type	Description	Fee
84181	Facility Fee	Western blot test	51.91
84182	Physician/Professional Fee	Protein, western blot test	20.46
84182	Facility Fee	Protein, western blot test	54.86
84202	Facility Fee	Assay RBC protoporphyryn	43.73
84203	Facility Fee	Test RBC protoporphyryn	26.24
84206	Facility Fee	Assay of proinsulin	54.29
84207	Facility Fee	Assay of vitamin b-6	58.13
84210	Facility Fee	Assay of pyruvate	33.09
84220	Facility Fee	Assay of pyruvate kinase	28.75
84228	Facility Fee	Assay of quinine	35.47
84233	Facility Fee	Assay of estrogen	196.29
84234	Facility Fee	Assay of progesterone	197.71
84235	Facility Fee	Assay of endocrine hormone	159.49
84238	Facility Fee	Assay, nonendocrine receptor	111.44
84244	Facility Fee	Assay of renin	67.03
84252	Facility Fee	Assay of vitamin b-2	58.13
84255	Facility Fee	Assay of selenium	77.80
84260	Facility Fee	Assay of serotonin	94.40
84270	Facility Fee	Assay of sex hormone globul	28.90
84275	Facility Fee	Assay of sialic acid	40.94
84285	Facility Fee	Assay of silica	71.76
84295	Facility Fee	Assay of serum sodium	14.66
84300	Facility Fee	Assay of urine sodium	14.81
84302	Facility Fee	Assay of sweat sodium	14.81
84305	Facility Fee	Assay of somatomedin	64.78
84307	Facility Fee	Assay of somatostatin	55.71
84311	Facility Fee	Spectrophotometry	21.31
84315	Facility Fee	Body fluid specific gravity	7.63
84375	Facility Fee	Chromatogram assay, sugars	59.74
84376	Facility Fee	Sugars, single, qual	16.77
84377	Facility Fee	Sugars, multiple, qual	16.77
84378	Facility Fee	Sugars, single, quant	35.12
84379	Facility Fee	Sugars multiple quant	35.12
84392	Facility Fee	Assay of urine sulfate	14.48
84402	Facility Fee	Assay of testosterone	77.59
84403	Facility Fee	Assay of total testosterone	78.70
84425	Facility Fee	Assay of vitamin b-1	58.13
84430	Facility Fee	Assay of thiocyanate	35.47
84432	Facility Fee	Assay of thyroglobulin	48.95
84436	Facility Fee	Assay of total thyroxine	20.96
84437	Facility Fee	Assay of neonatal thyroxine	19.72
84439	Facility Fee	Assay of free thyroxine	27.48
84442	Facility Fee	Assay of thyroid activity	45.06
84443	Facility Fee	Assay thyroid stim hormone	51.19
84445	Facility Fee	Assay of tsi	72.59
84446	Facility Fee	Assay of vitamin e	43.21
84449	Facility Fee	Assay of transcortin	54.86
84450	Facility Fee	Transferase (AST) (SGOT)	15.75
84460	Facility Fee	Alanine amino (ALT) (SGPT)	16.14
84466	Facility Fee	Assay of transferrin	38.91
84478	Facility Fee	Assay of triglycerides	17.54
84479	Facility Fee	Assay of thyroid (t3 or t4)	19.72
84480	Facility Fee	Assay, triiodothyronine (t3)	43.21
84481	Facility Fee	Free assay (FT-3)	51.63
84482	Facility Fee	T3 reverse	48.03
84484	Facility Fee	Assay of troponin, quant	29.99

CPT Code	Type	Description	Fee
84485	Facility Fee	Assay duodenal fluid trypsin	22.88
84488	Facility Fee	Test feces for trypsin	22.25
84490	Facility Fee	Assay of feces for trypsin	23.19
84510	Facility Fee	Assay of tyrosine	31.69
84512	Facility Fee	Assay of troponin, qual	23.47
84520	Facility Fee	Assay of urea nitrogen	12.02
84525	Facility Fee	Urea nitrogen semi-quant	11.45
84540	Facility Fee	Assay of urine/urea-n	14.48
84545	Facility Fee	Urea-N clearance test	20.13
84550	Facility Fee	Assay of blood/uric acid	13.76
84560	Facility Fee	Assay of urine/uric acid	14.48
84577	Facility Fee	Assay of feces/urobilinogen	38.02
84578	Facility Fee	Test urine urobilinogen	9.90
84580	Facility Fee	Assay of urine urobilinogen	21.64
84583	Facility Fee	Assay of urine urobilinogen	15.31
84585	Facility Fee	Assay of urine vma	47.25
84586	Facility Fee	Assay of vip	101.99
84588	Facility Fee	Assay of vasopressin	103.46
84590	Facility Fee	Assay of vitamin a	35.34
84591	Facility Fee	Assay of nos vitamin	35.34
84597	Facility Fee	Assay of vitamin k	41.77
84600	Facility Fee	Assay of volatiles	48.97
84620	Facility Fee	Xylose tolerance test	36.10
84630	Facility Fee	Assay of zinc	34.70
84681	Facility Fee	Assay of c-peptide	63.41
84702	Facility Fee	Chorionic gonadotropin test	45.87
84703	Facility Fee	Chorionic gonadotropin assay	22.88
84830	Facility Fee	Ovulation tests	30.58
84999	Facility Fee	Clinical chemistry test	7.11
85002	Facility Fee	Bleeding time test	13.72
85004	Facility Fee	Automated diff wbc count	19.72
85007	Facility Fee	Bl smear w/diff wbc count	10.49
85008	Facility Fee	Bl smear w/o diff wbc count	10.49
85009	Facility Fee	Manual diff wbc count b-coat	11.32
85013	Facility Fee	Spun microhematocrit	7.22
85014	Facility Fee	Hematocrit	7.22
85018	Facility Fee	Hemoglobin	7.22
85025	Facility Fee	Complete cbc w/auto diff wbc	23.69
85027	Facility Fee	Complete cbc, automated	19.72
85032	Facility Fee	Manual cell count, each	13.11
85041	Facility Fee	Automated rbc count	9.16
85044	Facility Fee	Manual reticulocyte count	13.11
85045	Facility Fee	Automated reticulocyte count	12.19
85046	Facility Fee	Reticyte/hgb concentrate	17.01
85048	Facility Fee	Automated leukocyte count	7.74
85049	Facility Fee	Automated platelet count	13.63
85055	Facility Fee	Reticulated platelet assay	55.14
85060	Physician/Professional Fee	Blood smear interpretation	24.15
85060	Facility Fee	Blood smear interpretation	5.00
85097	Physician/Professional Fee	Bone marrow interpretation	52.08
85130	Facility Fee	Chromogenic substrate assay	36.25
85170	Facility Fee	Blood clot retraction	11.02
85175	Facility Fee	Blood clot lysis time	13.85
85210	Facility Fee	Blood clot factor II test	39.57
85220	Facility Fee	Blood clot factor V test	53.79
85230	Facility Fee	Blood clot factor VII test	54.57

CPT Code	Type	Description	Fee
85240	Facility Fee	Blood clot factor VIII test	54.57
85244	Facility Fee	Blood clot factor VIII test	62.23
85245	Facility Fee	Blood clot factor VIII test	69.93
85246	Facility Fee	Blood clot factor VIII test	69.93
85247	Facility Fee	Blood clot factor VIII test	69.93
85250	Facility Fee	Blood clot factor IX test	58.02
85260	Facility Fee	Blood clot factor X test	54.57
85270	Facility Fee	Blood clot factor XI test	54.57
85280	Facility Fee	Blood clot factor XII test	58.98
85290	Facility Fee	Blood clot factor XIII test	49.80
85291	Facility Fee	Blood clot factor XIII test	27.09
85292	Facility Fee	Blood clot factor assay	57.72
85293	Facility Fee	Blood clot factor assay	57.72
85300	Facility Fee	Antithrombin III test	36.10
85301	Facility Fee	Antithrombin III test	32.96
85302	Facility Fee	Blood clot inhibitor antigen	36.64
85303	Facility Fee	Blood clot inhibitor test	42.14
85305	Facility Fee	Blood clot inhibitor assay	35.34
85306	Facility Fee	Blood clot inhibitor test	46.70
85307	Facility Fee	Assay activated protein c	46.70
85335	Facility Fee	Factor inhibitor test	39.24
85337	Facility Fee	Thrombomodulin	31.76
85345	Facility Fee	Coagulation time	13.11
85347	Facility Fee	Coagulation time	12.98
85348	Facility Fee	Coagulation time	11.34
85360	Facility Fee	Euglobulin lysis	25.61
85362	Facility Fee	Fibrin degradation products	20.98
85366	Facility Fee	Fibrinogen test	26.24
85370	Facility Fee	Fibrinogen test	34.62
85378	Facility Fee	Fibrin degrade, semiquant	21.75
85379	Facility Fee	Fibrin degradation, quant	31.02
85380	Facility Fee	Fibrin degradation, vte	31.02
85384	Facility Fee	Fibrinogen	25.89
85385	Facility Fee	Fibrinogen	25.89
85390	Physician/Professional Fee	Fibrinolysins screen	19.27
85390	Facility Fee	Fibrinolysins screen	15.75
85396	Physician/Professional Fee	Clotting assay, whole blood	20.21
85396	Facility Fee	Clotting assay, whole blood	5.00
85400	Facility Fee	Fibrinolytic plasmin	26.96
85410	Facility Fee	Fibrinolytic antiplasmin	23.49
85415	Facility Fee	Fibrinolytic plasminogen	52.39
85420	Facility Fee	Fibrinolytic plasminogen	19.91
85421	Facility Fee	Fibrinolytic plasminogen	31.04
85441	Facility Fee	Heinz bodies, direct	12.83
85445	Facility Fee	Heinz bodies, induced	20.77
85460	Facility Fee	Hemoglobin, fetal	23.58
85461	Facility Fee	Hemoglobin, fetal	20.20
85475	Facility Fee	Hemolysin	27.05
85520	Facility Fee	Heparin assay	34.86
85525	Facility Fee	Heparin neutralization	35.55
85530	Facility Fee	Heparin-protamine tolerance	43.21
85536	Facility Fee	Iron stain peripheral blood	19.72
85540	Facility Fee	Wbc alkaline phosphatase	26.22
85547	Facility Fee	RBC mechanical fragility	26.22
85549	Facility Fee	Muramidase	57.17
85555	Facility Fee	RBC osmotic fragility	20.37

CPT Code	Type	Description	Fee
85557	Facility Fee	RBC osmotic fragility	40.70
85576	Physician/Professional Fee	Blood platelet aggregation	20.15
85576	Facility Fee	Blood platelet aggregation	65.46
85597	Facility Fee	Platelet neutralization	54.79
85610	Facility Fee	Prothrombin time	11.98
85611	Facility Fee	Prothrombin test	12.02
85612	Facility Fee	Viper venom prothrombin time	29.16
85613	Facility Fee	Russell viper venom, diluted	29.16
85635	Facility Fee	Reptilase test	30.01
85651	Facility Fee	Rbc sed rate, nonautomated	10.82
85652	Facility Fee	Rbc sed rate, automated	8.22
85660	Facility Fee	RBC sickle cell test	16.82
85670	Facility Fee	Thrombin time, plasma	17.60
85675	Facility Fee	Thrombin time, titer	20.90
85705	Facility Fee	Thromboplastin inhibition	29.34
85730	Facility Fee	Thromboplastin time, partial	18.28
85732	Facility Fee	Thromboplastin time, partial	19.72
85810	Facility Fee	Blood viscosity examination	35.60
85999	Facility Fee	Hematology procedure	14.21
86000	Facility Fee	Agglutinins, febrile	20.42
86001	Facility Fee	Allergen specific igg	15.92
86003	Facility Fee	Allergen specific IgE	15.92
86005	Facility Fee	Allergen specific IgE	5.00
86021	Facility Fee	WBC antibody identification	45.87
86022	Facility Fee	Platelet antibodies	55.97
86023	Facility Fee	Immunoglobulin assay	37.95
86038	Facility Fee	Antinuclear antibodies	36.84
86039	Facility Fee	Antinuclear antibodies (ANA)	34.03
86060	Facility Fee	Antistreptolysin o, titer	22.25
86063	Facility Fee	Antistreptolysin o, screen	17.60
86077	Physician/Professional Fee	Physician blood bank service	51.32
86078	Physician/Professional Fee	Physician blood bank service	51.77
86079	Physician/Professional Fee	Physician blood bank service	51.77
86140	Facility Fee	C-reactive protein	15.77
86141	Facility Fee	C-reactive protein, hs	39.46
86146	Facility Fee	Glycoprotein antibody	77.52
86147	Facility Fee	Cardiolipin antibody	77.52
86148	Facility Fee	Phospholipid antibody	48.95
86155	Facility Fee	Chemotaxis assay	48.71
86156	Facility Fee	Cold agglutinin, screen	20.42
86157	Facility Fee	Cold agglutinin, titer	24.58
86160	Facility Fee	Complement, antigen	36.60
86161	Facility Fee	Complement/function activity	36.60
86162	Facility Fee	Complement, total (CH50)	61.93
86171	Facility Fee	Complement fixation, each	30.54
86185	Facility Fee	Counterimmunoelectrophoresis	27.27
86200	Facility Fee	Ccp antibody	39.46
86215	Facility Fee	Deoxyribonuclease, antibody	40.37
86225	Facility Fee	DNA antibody	41.88
86226	Facility Fee	DNA antibody, single strand	36.91
86235	Facility Fee	Nuclear antigen antibody	54.66
86243	Facility Fee	Fc receptor	62.56
86255	Physician/Professional Fee	Fluorescent antibody, screen	19.71
86255	Facility Fee	Fluorescent antibody, screen	36.73
86256	Physician/Professional Fee	Fluorescent antibody, titer	19.71
86256	Facility Fee	Fluorescent antibody, titer	36.73

CPT Code	Type	Description	Fee
86277	Facility Fee	Growth hormone antibody	47.97
86280	Facility Fee	Hemagglutination inhibition	24.95
86294	Facility Fee	Immunoassay, tumor, qual	59.79
86300	Facility Fee	Immunoassay, tumor, ca 15-3	63.41
86301	Facility Fee	Immunoassay, tumor, ca 19-9	63.41
86304	Facility Fee	Immunoassay, tumor, ca 125	63.41
86308	Facility Fee	Heterophile antibodies	15.77
86309	Facility Fee	Heterophile antibodies	19.72
86310	Facility Fee	Heterophile antibodies	22.47
86316	Facility Fee	Immunoassay, tumor other	63.41
86317	Facility Fee	Immunoassay, infectious agent	45.70
86318	Facility Fee	Immunoassay, infectious agent	39.46
86320	Physician/Professional Fee	Serum immunoelectrophoresis	19.71
86320	Facility Fee	Serum immunoelectrophoresis	68.32
86325	Physician/Professional Fee	Other immunoelectrophoresis	19.27
86325	Facility Fee	Other immunoelectrophoresis	68.14
86327	Physician/Professional Fee	Immunelectrophoresis assay	23.35
86327	Facility Fee	Immunelectrophoresis assay	69.15
86329	Facility Fee	Immunodiffusion	42.80
86331	Facility Fee	Immunodiffusion ouchterlony	36.54
86332	Facility Fee	Immune complex assay	74.27
86334	Physician/Professional Fee	Immunofix e-phoresis, serum	19.71
86334	Facility Fee	Immunofix e-phoresis, serum	68.08
86335	Physician/Professional Fee	Immunifix e-phorsis/urine/csf	19.71
86335	Facility Fee	Immunifix e-phorsis/urine/csf	89.43
86336	Facility Fee	Inhibin A	39.46
86337	Facility Fee	Insulin antibodies	65.26
86340	Facility Fee	Intrinsic factor antibody	45.94
86341	Facility Fee	Islet cell antibody	55.47
86343	Facility Fee	Leukocyte histamine release	37.98
86344	Facility Fee	Leukocyte phagocytosis	24.34
86353	Facility Fee	Lymphocyte transformation	149.39
86355	Facility Fee	B cells, total count	114.95
86357	Facility Fee	Nk cells, total count	114.95
86359	Facility Fee	T cells, total count	114.95
86360	Facility Fee	T cell, absolute count/ratio	143.20
86361	Facility Fee	T cell, absolute count	55.14
86367	Facility Fee	Stem cells, total count	114.95
86376	Facility Fee	Microsomal antibody	44.34
86378	Facility Fee	Migration inhibitory factor	60.01
86382	Facility Fee	Neutralization test, viral	51.52
86384	Facility Fee	Nitroblue tetrazolium dye	34.70
86403	Facility Fee	Particle agglutination test	31.06
86406	Facility Fee	Particle agglutination test	32.44
86430	Facility Fee	Rheumatoid factor test	17.30
86431	Facility Fee	Rheumatoid factor, quant	17.30
86480	Facility Fee	Tb test, cell immun measure	188.87
86490	Physician/Professional Fee	Coccidioidomycosis skin test	11.70
86510	Physician/Professional Fee	Histoplasmosis skin test	13.03
86580	Physician/Professional Fee	TB intradermal test	10.82
86586	Facility Fee	Skin test, unlisted	114.95
86590	Facility Fee	Streptokinase, antibody	33.61
86592	Facility Fee	Blood serology, qualitative	13.00
86593	Facility Fee	Blood serology, quantitative	13.44
86602	Facility Fee	Antinomyces antibody	31.02
86603	Facility Fee	Adenovirus antibody	39.22

CPT Code	Type	Description	Fee
86606	Facility Fee	Aspergillus antibody	45.87
86609	Facility Fee	Bacterium antibody	39.26
86611	Facility Fee	Bartonella antibody	31.02
86612	Facility Fee	Blastomyces antibody	39.33
86615	Facility Fee	Bordetella antibody	40.20
86617	Facility Fee	Lyme disease antibody	47.20
86618	Facility Fee	Lyme disease antibody	51.91
86619	Facility Fee	Borrelia antibody	40.77
86622	Facility Fee	Brucella antibody	27.22
86625	Facility Fee	Campylobacter antibody	39.98
86628	Facility Fee	Candida antibody	36.60
86631	Facility Fee	Chlamydia antibody	36.03
86632	Facility Fee	Chlamydia igm antibody	38.70
86635	Facility Fee	Coccidioides antibody	34.97
86638	Facility Fee	Q fever antibody	36.95
86641	Facility Fee	Cryptococcus antibody	43.93
86644	Facility Fee	CMV antibody	43.86
86645	Facility Fee	CMV antibody, IgM	51.35
86648	Facility Fee	Diphtheria antibody	46.35
86651	Facility Fee	Encephalitis antibody	40.20
86652	Facility Fee	Encephalitis antibody	40.20
86653	Facility Fee	Encephalitis antibody	40.20
86654	Facility Fee	Encephalitis antibody	40.20
86658	Facility Fee	Enterovirus antibody	39.70
86663	Facility Fee	Epstein-barr antibody	39.98
86664	Facility Fee	Epstein-barr antibody	46.63
86665	Facility Fee	Epstein-barr antibody	55.29
86666	Facility Fee	Ehrlichia antibody	31.02
86668	Facility Fee	Francisella tularensis	31.69
86671	Facility Fee	Fungus antibody	37.36
86674	Facility Fee	Giardia lamblia antibody	44.85
86677	Facility Fee	Helicobacter pylori	44.24
86682	Facility Fee	Helminth antibody	29.34
86684	Facility Fee	Hemophilus influenza	48.29
86687	Facility Fee	Htiv-i antibody	25.56
86688	Facility Fee	Htiv-ii antibody	42.69
86689	Facility Fee	HTLV/HIV confirmatory test	59.00
86692	Facility Fee	Hepatitis, delta agent	52.31
86694	Facility Fee	Herpes simplex test	43.86
86695	Facility Fee	Herpes simplex test	40.20
86696	Facility Fee	Herpes simplex type 2	59.00
86698	Facility Fee	Histoplasma	38.08
86701	Facility Fee	HIV-1	27.07
86702	Facility Fee	HIV-2	41.18
86703	Facility Fee	HIV-1/HIV-2, single assay	41.81
86704	Facility Fee	Hep b core antibody, total	36.73
86705	Facility Fee	Hep b core antibody, igm	35.86
86706	Facility Fee	Hep b surface antibody	32.74
86707	Facility Fee	Hep be antibody	35.25
86708	Facility Fee	Hep a antibody, total	37.76
86709	Facility Fee	Hep a antibody, igm	34.31
86710	Facility Fee	Influenza virus antibody	41.31
86713	Facility Fee	Legionella antibody	46.66
86717	Facility Fee	Leishmania antibody	37.34
86720	Facility Fee	Leptospira antibody	40.20
86723	Facility Fee	Listeria monocytogenes ab	40.20

CPT Code	Type	Description	Fee
86727	Facility Fee	Lymph choriomeningitis ab	39.22
86729	Facility Fee	Lympho venereum antibody	36.40
86732	Facility Fee	Mucormycosis antibody	40.20
86735	Facility Fee	Mumps antibody	39.76
86738	Facility Fee	Mycoplasma antibody	40.37
86741	Facility Fee	Neisseria meningitidis	40.20
86744	Facility Fee	Nocardia antibody	40.20
86747	Facility Fee	Parvovirus antibody	45.81
86750	Facility Fee	Malaria antibody	40.20
86753	Facility Fee	Protozoa antibody nos	37.78
86756	Facility Fee	Respiratory virus antibody	39.28
86757	Facility Fee	Rickettsia antibody	59.00
86759	Facility Fee	Rotavirus antibody	40.20
86762	Facility Fee	Rubella antibody	43.86
86765	Facility Fee	Rubeola antibody	39.26
86768	Facility Fee	Salmonella antibody	40.20
86771	Facility Fee	Shigella antibody	40.20
86774	Facility Fee	Tetanus antibody	45.11
86777	Facility Fee	Toxoplasma antibody	43.86
86778	Facility Fee	Toxoplasma antibody, igm	43.89
86781	Facility Fee	Treponema pallidum, confirm	40.35
86784	Facility Fee	Trichinella antibody	38.28
86787	Facility Fee	Varicella-zoster antibody	39.26
86788	Facility Fee	West nile virus ab, igm	51.35
86789	Facility Fee	West nile virus antibody	43.86
86790	Facility Fee	Virus antibody nos	39.26
86793	Facility Fee	Yersinia antibody	40.20
86800	Facility Fee	Thyroglobulin antibody	48.47
86803	Facility Fee	Hepatitis c ab test	43.49
86804	Facility Fee	Hep c ab test, confirm	47.20
86805	Facility Fee	Lymphocytotoxicity assay	102.61
86806	Facility Fee	Lymphocytotoxicity assay	92.38
86807	Facility Fee	Cytotoxic antibody screening	102.61
86808	Facility Fee	Cytotoxic antibody screening	90.46
86812	Facility Fee	HLA typing, A, B, or C	78.66
86813	Facility Fee	HLA typing, A, B, or C	176.72
86816	Facility Fee	HLA typing, DR/DQ	84.89
86817	Facility Fee	HLA typing, DR/DQ	196.20
86821	Facility Fee	Lymphocyte culture, mixed	172.06
86822	Facility Fee	Lymphocyte culture, primed	111.40
86849	Facility Fee	Immunology procedure	14.21
86850	Facility Fee	RBC antibody screen	14.21
86880	Facility Fee	Coombs test, direct	16.36
86885	Facility Fee	Coombs test, indirect, qual	17.43
86886	Facility Fee	Coombs test, indirect, titer	15.77
86900	Facility Fee	Blood typing, ABO	9.10
86901	Facility Fee	Blood typing, Rh (D)	9.10
86903	Facility Fee	Blood typing, antigen screen	14.61
86904	Facility Fee	Blood typing, patient serum	14.61
86905	Facility Fee	Blood typing, RBC antigens	11.65
86906	Facility Fee	Blood typing, Rh phenotype	23.62
86920	Facility Fee	Compatibility test, spin	5.00
86921	Facility Fee	Compatibility test, incubate	7.11
86922	Facility Fee	Compatibility test, antiglob	5.00
86927	Facility Fee	Plasma, fresh frozen	18.95
86940	Facility Fee	Hemolysins/agglutinins, auto	25.00

CPT Code	Type	Description	Fee
86941	Facility Fee	Hemolysins/agglutinins	36.91
87001	Facility Fee	Small animal inoculation	40.29
87003	Facility Fee	Small animal inoculation	51.30
87015	Facility Fee	Specimen concentration	20.35
87040	Facility Fee	Blood culture for bacteria	31.45
87045	Facility Fee	Feces culture, bacteria	28.75
87046	Facility Fee	Stool cultr, bacteria, each	28.75
87070	Facility Fee	Culture, bacteria, other	26.24
87071	Facility Fee	Culture bacteri aerobic othr	28.75
87073	Facility Fee	Culture bacteria anaerobic	28.75
87075	Facility Fee	Cultr bacteria, except blood	28.84
87076	Facility Fee	Culture anaerobe ident, each	24.63
87077	Facility Fee	Culture aerobic identify	24.63
87081	Facility Fee	Culture screen only	20.20
87084	Facility Fee	Culture of specimen by kit	26.24
87086	Facility Fee	Urine culture/colony count	24.60
87088	Facility Fee	Urine bacteria culture	23.27
87101	Facility Fee	Skin fungi culture	23.49
87102	Facility Fee	Fungus isolation culture	25.61
87103	Facility Fee	Blood fungus culture	27.48
87106	Facility Fee	Fungi identification, yeast	31.45
87107	Facility Fee	Fungi identification, mold	31.45
87109	Facility Fee	Mycoplasma	46.90
87110	Facility Fee	Chlamydia culture	59.70
87116	Facility Fee	Mycobacteria culture	30.06
87118	Facility Fee	Mycobacteric identification	33.35
87140	Facility Fee	Culture type immunofluoresc	16.99
87143	Facility Fee	Culture typing, glc/hplc	38.19
87147	Facility Fee	Culture type, immunologic	15.77
87149	Facility Fee	Culture type, nucleic acid	61.12
87152	Facility Fee	Culture type pulse field gel	15.94
87158	Facility Fee	Culture typing, added method	15.94
87164	Physician/Professional Fee	Dark field examination	18.83
87164	Facility Fee	Dark field examination	32.74
87166	Facility Fee	Dark field examination	34.42
87168	Facility Fee	Macroscopic exam arthropod	13.00
87169	Facility Fee	Macroscopic exam parasite	13.00
87172	Facility Fee	Pinworm exam	13.00
87176	Facility Fee	Tissue homogenization, cultr	17.93
87177	Facility Fee	Ova and parasites smears	27.11
87181	Facility Fee	Microbe susceptible, diffuse	5.67
87184	Facility Fee	Microbe susceptible, disk	21.01
87185	Facility Fee	Microbe susceptible, enzyme	5.67
87186	Facility Fee	Microbe susceptible, mic	26.35
87187	Facility Fee	Microbe susceptible, mlc	31.58
87188	Facility Fee	Microbe suscept, macrobroth	20.22
87190	Facility Fee	Microbe suscept, mycobacteri	17.23
87197	Facility Fee	Bactericidal level, serum	35.60
87205	Facility Fee	Smear, gram stain	13.00
87206	Facility Fee	Smear, fluorescent/acid stai	16.36
87207	Physician/Professional Fee	Smear, special stain	20.15
87207	Facility Fee	Smear, special stain	18.26
87209	Facility Fee	Smear, complex stain	54.77
87210	Facility Fee	Smear, wet mount, saline/ink	13.00
87220	Facility Fee	Tissue exam for fungi	13.00
87230	Facility Fee	Assay, toxin or antitoxin	60.18

CPT Code	Type	Description	Fee
87250	Facility Fee	Virus inoculate, eggs/animal	59.59
87252	Facility Fee	Virus inoculation, tissue	79.44
87253	Facility Fee	Virus inoculate tissue, adtl	27.33
87254	Facility Fee	Virus inoculation, shell via	59.59
87255	Facility Fee	Genet virus isolate, hsv	93.62
87260	Facility Fee	Adenovirus ag, if	36.56
87265	Facility Fee	Pertussis ag, if	36.56
87267	Facility Fee	Enterovirus antibody, dfa	36.56
87269	Facility Fee	Giardia ag, if	36.56
87270	Facility Fee	Chlamydia trachomatis ag, if	36.56
87271	Facility Fee	Cryptosporidium/gardia ag, if	36.56
87272	Facility Fee	Cryptosporidium ag, if	36.56
87273	Facility Fee	Herpes simplex 2, ag, if	36.56
87274	Facility Fee	Herpes simplex 1, ag, if	36.56
87275	Facility Fee	Influenza b, ag, if	36.56
87276	Facility Fee	Influenza a, ag, if	36.56
87277	Facility Fee	Legionella micdadei, ag, if	36.56
87278	Facility Fee	Legion pneumophilia ag, if	36.56
87279	Facility Fee	Parainfluenza, ag, if	36.56
87280	Facility Fee	Respiratory syncytial ag, if	36.56
87281	Facility Fee	Pneumocystis carinii, ag, if	36.56
87283	Facility Fee	Rubeola, ag, if	36.56
87285	Facility Fee	Treponema pallidum, ag, if	36.56
87290	Facility Fee	Varicella zoster, ag, if	36.56
87299	Facility Fee	Antibody detection, nos, if	36.56
87300	Facility Fee	Ag detection, polyval, if	36.56
87301	Facility Fee	Adenovirus ag, eia	36.56
87305	Facility Fee	Aspergillus ag, eia	36.56
87320	Facility Fee	Chylmd trach ag, eia	36.56
87324	Facility Fee	Clostridium ag, eia	36.56
87327	Facility Fee	Cryptococcus neoform ag, eia	36.56
87328	Facility Fee	Cryptosporidium ag, eia	36.56
87329	Facility Fee	Giardia ag, eia	36.56
87332	Facility Fee	Cytomegalovirus ag, eia	36.56
87335	Facility Fee	E coli 0157 ag, eia	36.56
87336	Facility Fee	Entamoeb hist dispr, ag, eia	36.56
87337	Facility Fee	Entamoeb hist group, ag, eia	36.56
87338	Facility Fee	Hpylori, stool, eia	36.56
87339	Facility Fee	H pylori ag, eia	36.56
87340	Facility Fee	Hepatitis b surface ag, eia	31.48
87341	Facility Fee	Hepatitis b surface, ag, eia	31.48
87350	Facility Fee	Hepatitis be ag, eia	35.12
87380	Facility Fee	Hepatitis delta ag, eia	50.04
87385	Facility Fee	Histoplasma capsul ag, eia	36.56
87390	Facility Fee	Hiv-1 ag, eia	46.13
87391	Facility Fee	Hiv-2 ag, eia	46.13
87400	Facility Fee	Influenza a/b, ag, eia	36.56
87420	Facility Fee	Resp syncytial ag, eia	36.56
87425	Facility Fee	Rotavirus ag, eia	36.56
87427	Facility Fee	Shiga-like toxin ag, eia	36.56
87430	Facility Fee	Strep a ag, eia	36.56
87449	Facility Fee	Ag detect nos, eia, mult	36.56
87450	Facility Fee	Ag detect nos, eia, single	29.21
87451	Facility Fee	Ag detect polyval, eia, mult	29.21
87470	Facility Fee	Bartonella, dna, dir probe	61.12
87471	Facility Fee	Bartonella, dna, amp probe	106.97

CPT Code	Type	Description	Fee
87472	Facility Fee	Bartonella, dna, quant	130.55
87475	Facility Fee	Lyme dis, dna, dir probe	61.12
87476	Facility Fee	Lyme dis, dna, amp probe	106.97
87477	Facility Fee	Lyme dis, dna, quant	130.55
87480	Facility Fee	Candida, dna, dir probe	61.12
87481	Facility Fee	Candida, dna, amp probe	106.97
87482	Facility Fee	Candida, dna, quant	127.23
87485	Facility Fee	Chylmd pneum, dna, dir probe	61.12
87486	Facility Fee	Chylmd pneum, dna, amp probe	106.97
87487	Facility Fee	Chylmd pneum, dna, quant	130.55
87490	Facility Fee	Chylmd trach, dna, dir probe	61.12
87491	Facility Fee	Chylmd trach, dna, amp probe	106.97
87492	Facility Fee	Chylmd trach, dna, quant	106.53
87495	Facility Fee	Cytomeg, dna, dir probe	61.12
87496	Facility Fee	Cytomeg, dna, amp probe	106.97
87497	Facility Fee	Cytomeg, dna, quant	130.55
87498	Facility Fee	Enterovirus, dna, amp probe	106.97
87510	Facility Fee	Gardner vag, dna, dir probe	61.12
87511	Facility Fee	Gardner vag, dna, amp probe	106.97
87512	Facility Fee	Gardner vag, dna, quant	127.23
87515	Facility Fee	Hepatitis b, dna, dir probe	61.12
87516	Facility Fee	Hepatitis b, dna, amp probe	106.97
87517	Facility Fee	Hepatitis b, dna, quant	130.55
87520	Facility Fee	Hepatitis c, ma, dir probe	61.12
87521	Facility Fee	Hepatitis c, ma, amp probe	106.97
87522	Facility Fee	Hepatitis c, ma, quant	130.55
87525	Facility Fee	Hepatitis g, dna, dir probe	61.12
87526	Facility Fee	Hepatitis g, dna, amp probe	106.97
87527	Facility Fee	Hepatitis g, dna, quant	127.23
87528	Facility Fee	Hsv, dna, dir probe	61.12
87529	Facility Fee	Hsv, dna, amp probe	106.97
87530	Facility Fee	Hsv, dna, quant	130.55
87531	Facility Fee	Hhv-6, dna, dir probe	61.12
87532	Facility Fee	Hhv-6, dna, amp probe	106.97
87533	Facility Fee	Hhv-6, dna, quant	127.23
87534	Facility Fee	Hiv-1, dna, dir probe	61.12
87535	Facility Fee	Hiv-1, dna, amp probe	106.97
87536	Facility Fee	Hiv-1, dna, quant	259.33
87537	Facility Fee	Hiv-2, dna, dir probe	61.12
87538	Facility Fee	Hiv-2, dna, amp probe	106.97
87539	Facility Fee	Hiv-2, dna, quant	130.55
87540	Facility Fee	Legion pneumo, dna, dir prob	61.12
87541	Facility Fee	Legion pneumo, dna, amp prob	106.97
87542	Facility Fee	Legion pneumo, dna, quant	127.23
87550	Facility Fee	Mycobacteria, dna, dir probe	61.12
87551	Facility Fee	Mycobacteria, dna, amp probe	106.97
87552	Facility Fee	Mycobacteria, dna, quant	130.55
87555	Facility Fee	M.tuberculo, dna, dir probe	61.12
87556	Facility Fee	M.tuberculo, dna, amp probe	106.97
87557	Facility Fee	M.tuberculo, dna, quant	130.55
87560	Facility Fee	M.avium-intra, dna, dir prob	61.12
87561	Facility Fee	M.avium-intra, dna, amp prob	106.97
87562	Facility Fee	M.avium-intra, dna, quant	130.55
87580	Facility Fee	M.pneumon, dna, dir probe	61.12
87581	Facility Fee	M.pneumon, dna, amp probe	106.97
87582	Facility Fee	M.pneumon, dna, quant	127.23

CPT Code	Type	Description	Fee
87590	Facility Fee	N.gonorrhoeae, dna, dir prob	61.12
87591	Facility Fee	N.gonorrhoeae, dna, amp prob	106.97
87592	Facility Fee	N.gonorrhoeae, dna, quant	130.55
87620	Facility Fee	Hpv, dna, dir probe	61.12
87621	Facility Fee	Hpv, dna, amp probe	106.97
87622	Facility Fee	Hpv, dna, quant	127.23
87640	Facility Fee	Staph a, dna, amp probe	106.97
87641	Facility Fee	Mr-staph, dna, amp probe	106.97
87650	Facility Fee	Strep a, dna, dir probe	61.12
87651	Facility Fee	Strep a, dna, amp probe	106.97
87652	Facility Fee	Strep a, dna, quant	127.23
87653	Facility Fee	Strep b, dna, amp probe	106.97
87660	Facility Fee	Trichomonas vagin, dir probe	61.12
87797	Facility Fee	Detect agent nos, dna, dir	61.12
87798	Facility Fee	Detect agent nos, dna, amp	106.97
87799	Facility Fee	Detect agent nos, dna, quant	130.55
87800	Facility Fee	Detect agnt mult, dna, direc	122.21
87801	Facility Fee	Detect agnt mult, dna, ampli	213.91
87802	Facility Fee	Strep b assay w/optic	36.56
87803	Facility Fee	Clostridium toxin a w/optic	36.56
87804	Facility Fee	Influenza assay w/optic	36.56
87807	Facility Fee	Rsv assay w/optic	36.56
87808	Facility Fee	Trichomonas assay w/optic	36.56
87810	Facility Fee	Chylmd trach assay w/optic	36.56
87850	Facility Fee	N. gonorrhoeae assay w/optic	36.56
87880	Facility Fee	Strep a assay w/optic	36.56
87899	Facility Fee	Agent nos assay w/optic	36.56
87900	Facility Fee	Phenotype, infect agent drug	397.23
87901	Facility Fee	Genotype, dna, hiv reverse t	784.57
87902	Facility Fee	Genotype, dna, hepatitis C	784.57
87903	Facility Fee	Phenotype, dna hiv w/culture	1,489.18
87904	Facility Fee	Phenotype, dna hiv w/clt add	79.44
87999	Facility Fee	Microbiology procedure	85.28
88104	Physician/Professional Fee	Cytopath fl nongyn, smears	30.37
88106	Physician/Professional Fee	Cytopath fl nongyn, filter	30.37
88107	Physician/Professional Fee	Cytopath fl nongyn, sm/fitr	41.86
88108	Physician/Professional Fee	Cytopath, concentrate tech	30.37
88112	Physician/Professional Fee	Cytopath, cell enhance tech	63.39
88125	Physician/Professional Fee	Forensic cytopathology	13.94
88130	Facility Fee	Sex chromatin identification	45.85
88140	Facility Fee	Sex chromatin identification	24.36
88141	Physician/Professional Fee	Cytopath, c/v, interpret	25.13
88142	Facility Fee	Cytopath, c/v, thin layer	61.75
88143	Facility Fee	Cytopath c/v thin layer redo	61.75
88147	Facility Fee	Cytopath, c/v, automated	34.68
88148	Facility Fee	Cytopath, c/v, auto rescreen	46.31
88150	Facility Fee	Cytopath, c/v, manual	32.20
88152	Facility Fee	Cytopath, c/v, auto redo	32.20
88153	Facility Fee	Cytopath, c/v, redo	32.20
88154	Facility Fee	Cytopath, c/v, select	32.20
88155	Facility Fee	Cytopath, c/v, index add-on	16.73
88160	Physician/Professional Fee	Cytopath smear, other source	27.04
88161	Physician/Professional Fee	Cytopath smear, other source	27.48
88162	Physician/Professional Fee	Cytopath smear, other source	40.98
88164	Facility Fee	Cytopath tbs, c/v, manual	32.20
88165	Facility Fee	Cytopath tbs, c/v, redo	32.20

CPT Code	Type	Description	Fee
88166	Facility Fee	Cytopath tbs, c/v, auto redo	32.20
88167	Facility Fee	Cytopath tbs, c/v, select	32.20
88172	Physician/Professional Fee	Cytopathology eval of fna	32.85
88173	Physician/Professional Fee	Cytopath eval, fna, report	75.47
88174	Facility Fee	Cytopath, c/v auto, in fluid	65.11
88175	Facility Fee	Cytopath c/v auto fluid redo	80.73
88182	Physician/Professional Fee	Cell marker study	40.94
88184	Physician/Professional Fee	Flowcytometry/ tc, 1 marker	71.48
88185	Physician/Professional Fee	Flowcytometry/tc, add-on	38.27
88187	Physician/Professional Fee	Flowcytometry/read, 2-8	68.59
88188	Physician/Professional Fee	Flowcytometry/read, 9-15	85.02
88189	Physician/Professional Fee	Flowcytometry/read, 16 & >	110.82
88230	Facility Fee	Tissue culture, lymphocyte	355.04
88233	Facility Fee	Tissue culture, skin/biopsy	428.90
88235	Facility Fee	Tissue culture, placenta	448.77
88237	Facility Fee	Tissue culture, bone marrow	384.92
88239	Facility Fee	Tissue culture, tumor	449.60
88240	Facility Fee	Cell cryopreserve/storage	13.68
88241	Facility Fee	Frozen cell preparation	13.68
88245	Facility Fee	Chromosome analysis, 20-25	348.45
88248	Facility Fee	Chromosome analysis, 50-100	527.77
88249	Facility Fee	Chromosome analysis, 100	527.77
88261	Facility Fee	Chromosome analysis, 5	538.61
88262	Facility Fee	Chromosome analysis, 15-20	379.84
88263	Facility Fee	Chromosome analysis, 45	458.00
88264	Facility Fee	Chromosome analysis, 20-25	379.84
88267	Facility Fee	Chromosome analys, placenta	547.86
88269	Facility Fee	Chromosome analys, amniotic	506.88
88271	Facility Fee	Cytogenetics, dna probe	65.28
88272	Facility Fee	Cytogenetics, 3-5	81.60
88273	Facility Fee	Cytogenetics, 10-30	97.92
88274	Facility Fee	Cytogenetics, 25-99	106.07
88275	Facility Fee	Cytogenetics, 100-300	122.39
88280	Facility Fee	Chromosome karyotype study	76.50
88283	Facility Fee	Chromosome banding study	103.37
88285	Facility Fee	Chromosome count, additional	57.89
88289	Facility Fee	Chromosome study, additional	28.90
88291	Physician/Professional Fee	Cyto/molecular report	28.28
88300	Physician/Professional Fee	Surgical path, gross	4.44
88302	Physician/Professional Fee	Tissue exam by pathologist	7.77
88304	Physician/Professional Fee	Tissue exam by pathologist	11.85
88305	Physician/Professional Fee	Tissue exam by pathologist	41.02
88307	Physician/Professional Fee	Tissue exam by pathologist	86.97
88309	Physician/Professional Fee	Tissue exam by pathologist	144.91
88311	Physician/Professional Fee	Decalcify tissue	13.09
88312	Physician/Professional Fee	Special stains	29.53
88313	Physician/Professional Fee	Special stains	13.09
88314	Physician/Professional Fee	Histochemical stain	24.59
88318	Physician/Professional Fee	Chemical histochemistry	23.35
88319	Physician/Professional Fee	Enzyme histochemistry	28.68
88321	Physician/Professional Fee	Microslide consultation	84.27
88323	Physician/Professional Fee	Microslide consultation	91.47
88325	Physician/Professional Fee	Comprehensive review of data	130.70
88329	Physician/Professional Fee	Path consult introp	36.58
88331	Physician/Professional Fee	Path consult intraop, 1 bloc	65.30
88332	Physician/Professional Fee	Path consult intraop, add/EI	32.00

CPT Code	Type	Description	Fee
88333	Physician/Professional Fee	Intraop cyto path consult, 1	66.15
88334	Physician/Professional Fee	Intraop cyto path consult, 2	38.09
88342	Physician/Professional Fee	Immunohistochemistry	45.95
88346	Physician/Professional Fee	Immunofluorescent study	46.35
88347	Physician/Professional Fee	Immunofluorescent study	45.47
88348	Physician/Professional Fee	Electron microscopy	81.95
88349	Physician/Professional Fee	Scanning electron microscopy	41.42
88355	Physician/Professional Fee	Analysis, skeletal muscle	99.14
88356	Physician/Professional Fee	Analysis, nerve	163.02
88358	Physician/Professional Fee	Analysis, tumor	52.19
88360	Physician/Professional Fee	Tumor immunohistochem/manual	60.07
88361	Physician/Professional Fee	Tumor immunohistochem/comput	64.56
88362	Physician/Professional Fee	Nerve teasing preparations	118.01
88365	Physician/Professional Fee	Insitu hybridization (fish)	63.62
88367	Physician/Professional Fee	Insitu hybridization, auto	69.04
88368	Physician/Professional Fee	Insitu hybridization, manual	74.41
88371	Physician/Professional Fee	Protein, western blot tissue	18.83
88371	Facility Fee	Protein, western blot tissue	67.73
88372	Physician/Professional Fee	Protein analysis w/probe	20.15
88372	Facility Fee	Protein analysis w/probe	69.34
88385	Physician/Professional Fee	Eval molecu probes, 51-250	79.78
88386	Physician/Professional Fee	Eval molecu probes, 251-500	100.65
88400	Facility Fee	Bilirubin total transcut	15.31
89049	Physician/Professional Fee	Chct for mal hyperthermia	63.79
89050	Facility Fee	Body fluid cell count	14.42
89051	Facility Fee	Body fluid cell count	16.80
89055	Facility Fee	Leukocyte assessment, fecal	13.00
89060	Physician/Professional Fee	Exam,synovial fluid crystals	20.15
89060	Facility Fee	Exam,synovial fluid crystals	21.79
89105	Physician/Professional Fee	Sample intestinal contents	29.25
89125	Facility Fee	Specimen fat stain	13.15
89130	Physician/Professional Fee	Sample stomach contents	25.48
89132	Physician/Professional Fee	Sample stomach contents	12.42
89135	Physician/Professional Fee	Sample stomach contents	45.59
89136	Physician/Professional Fee	Sample stomach contents	14.55
89140	Physician/Professional Fee	Sample stomach contents	49.86
89141	Physician/Professional Fee	Sample stomach contents	46.39
89160	Facility Fee	Exam feces for meat fibers	11.23
89190	Facility Fee	Nasal smear for eosinophils	14.48
89220	Physician/Professional Fee	Sputum specimen collection	18.78
89225	Facility Fee	Starch granules, feces	10.19
89230	Physician/Professional Fee	Collect sweat for test	5.05
89235	Facility Fee	Water load test	16.77
90465	Facility Fee	Immune admin 1 inj, < 8 yrs	76.87
90466	Facility Fee	Immune admin addl inj, < 8 y	24.16
90467	Facility Fee	Immune admin o or n, < 8 yrs	19.77
90468	Facility Fee	Immune admin o/n, addl < 8 y	10.98
90471	Facility Fee	Immunization admin	19.77
90472	Facility Fee	Immunization admin, each add	9.07
90473	Facility Fee	Immune admin oral/nasal	9.07
90474	Facility Fee	Immune admin oral/nasal addl	9.07
90760	Facility Fee	Hydration iv infusion, init	107.18
90761	Facility Fee	Hydrate iv infusion, add-on	23.37
90765	Facility Fee	Ther/proph/diag iv inf, init	107.18
90766	Facility Fee	Ther/proph/dg iv inf, add-on	23.37
90767	Facility Fee	Tx/proph/dg addl seq iv inf	23.37

CPT Code	Type	Description	Fee
90768	Facility Fee	Ther/diag concurrent inf	96.94
90772	Facility Fee	Ther/proph/diag inj, sc/im	23.37
90773	Facility Fee	Ther/proph/diag inj, ia	47.05
90774	Facility Fee	Ther/proph/diag inj, iv push	47.05
90775	Facility Fee	Ther/proph/diag inj add-on	47.05
90779	Facility Fee	Ther/prop/diag inj/inf proc	10.72
90801	Physician/Professional Fee	Psy dx interview	140.30
90802	Physician/Professional Fee	Intac psy dx interview	150.43
90804	Physician/Professional Fee	Psytx, office, 20-30 min	59.59
90805	Physician/Professional Fee	Psytx, off, 20-30 min w/e&m	66.96
90806	Physician/Professional Fee	Psytx, off, 45-50 min	91.51
90807	Physician/Professional Fee	Psytx, off, 45-50 min w/e&m	99.15
90808	Physician/Professional Fee	Psytx, office, 75-80 min	137.69
90809	Physician/Professional Fee	Psytx, off, 75-80, w/e&m	144.49
90810	Physician/Professional Fee	Intac psytx, off, 20-30 min	65.67
90811	Physician/Professional Fee	Intac psytx, 20-30, w/e&m	72.60
90812	Physician/Professional Fee	Intac psytx, off, 45-50 min	97.28
90813	Physician/Professional Fee	Intac psytx, 45-50 min w/e&m	104.93
90814	Physician/Professional Fee	Intac psytx, off, 75-80 min	144.78
90815	Physician/Professional Fee	Intac psytx, 75-80 w/e&m	149.81
90816	Physician/Professional Fee	Psytx, hosp, 20-30 min	64.77
90817	Physician/Professional Fee	Psytx, hosp, 20-30 min w/e&m	71.21
90818	Physician/Professional Fee	Psytx, hosp, 45-50 min	97.14
90819	Physician/Professional Fee	Psytx, hosp, 45-50 min w/e&m	102.17
90821	Physician/Professional Fee	Psytx, hosp, 75-80 min	144.17
90822	Physician/Professional Fee	Psytx, hosp, 75-80 min w/e&m	148.62
90823	Physician/Professional Fee	Intac psytx, hosp, 20-30 min	69.66
90824	Physician/Professional Fee	Intac psytx, hsp 20-30 w/e&m	76.41
90826	Physician/Professional Fee	Intac psytx, hosp, 45-50 min	103.18
90827	Physician/Professional Fee	Intac psytx, hsp 45-50 w/e&m	107.05
90828	Physician/Professional Fee	Intac psytx, hosp, 75-80 min	149.53
90829	Physician/Professional Fee	Intac psytx, hsp 75-80 w/e&m	153.63
90999	Facility Fee	Hemodialysis Treatment	432.27
91000	Physician/Professional Fee	Esophageal intubation	38.41
91010	Physician/Professional Fee	Esophagus motility study	67.48
91011	Physician/Professional Fee	Esophagus motility study	81.87
91012	Physician/Professional Fee	Esophagus motility study	79.07
91020	Physician/Professional Fee	Gastric motility studies	77.21
91022	Physician/Professional Fee	Duodenal motility study	78.10
91030	Physician/Professional Fee	Acid perfusion of esophagus	49.55
91034	Physician/Professional Fee	Gastroesophageal reflux test	52.62
92002	Physician/Professional Fee	Eye exam, new patient	46.83
92002	Facility Fee	Eye exam, new patient	49.31
92004	Physician/Professional Fee	Eye exam, new patient	90.03
92004	Facility Fee	Eye exam, new patient	68.39
92012	Physician/Professional Fee	Eye exam established pat	37.02
92012	Facility Fee	Eye exam established pat	41.31
92014	Physician/Professional Fee	Eye exam & treatment	60.46
92014	Facility Fee	Eye exam & treatment	49.31
92015	Facility Fee	Refraction	30.75
92018	Physician/Professional Fee	New eye exam & treatment	138.23
92018	Facility Fee	New eye exam & treatment	720.90
92019	Physician/Professional Fee	Eye exam & treatment	71.60
92019	Facility Fee	Eye exam & treatment	720.90
92020	Physician/Professional Fee	Special eye evaluation	20.15
92020	Facility Fee	Special eye evaluation	39.58

CPT Code	Type	Description	Fee
92025	Physician/Professional Fee	Corneal topography	18.03
92025	Facility Fee	Corneal topography	58.17
92060	Physician/Professional Fee	Special eye evaluation	37.82
92060	Facility Fee	Special eye evaluation	39.58
92065	Physician/Professional Fee	Orthoptic/pleoptic training	19.71
92065	Facility Fee	Orthoptic/pleoptic training	39.58
92081	Physician/Professional Fee	Visual field examination(s)	19.31
92081	Facility Fee	Visual field examination(s)	39.58
92082	Physician/Professional Fee	Visual field examination(s)	24.29
92082	Facility Fee	Visual field examination(s)	39.58
92083	Physician/Professional Fee	Visual field examination(s)	27.62
92083	Facility Fee	Visual field examination(s)	39.58
92100	Physician/Professional Fee	Serial tonometry exam(s)	49.32
92100	Facility Fee	Serial tonometry exam(s)	76.87
92120	Physician/Professional Fee	Tonography & eye evaluation	43.55
92120	Facility Fee	Tonography & eye evaluation	39.58
92130	Physician/Professional Fee	Water provocation tonography	45.32
92130	Facility Fee	Water provocation tonography	39.58
92135	Physician/Professional Fee	Ophthalmic dx imaging	18.91
92135	Facility Fee	Ophthalmic dx imaging	39.58
92136	Physician/Professional Fee	Ophthalmic biometry	30.09
92136	Facility Fee	Ophthalmic biometry	58.17
92140	Physician/Professional Fee	Glaucoma provocative tests	27.16
92140	Facility Fee	Glaucoma provocative tests	39.58
92225	Physician/Professional Fee	Special eye exam, initial	20.55
92225	Facility Fee	Special eye exam, initial	39.58
92226	Physician/Professional Fee	Special eye exam, subsequent	18.51
92226	Facility Fee	Special eye exam, subsequent	39.58
92230	Physician/Professional Fee	Eye exam with photos	31.08
92230	Facility Fee	Eye exam with photos	107.51
92235	Physician/Professional Fee	Eye exam with photos	45.76
92235	Facility Fee	Eye exam with photos	107.51
92240	Physician/Professional Fee	Icg angiography	61.79
92240	Facility Fee	Icg angiography	107.51
92250	Physician/Professional Fee	Eye exam with photos	24.29
92250	Facility Fee	Eye exam with photos	39.58
92260	Physician/Professional Fee	Ophthalmoscopy/dynamometry	11.50
92260	Facility Fee	Ophthalmoscopy/dynamometry	39.58
92265	Physician/Professional Fee	Eye muscle evaluation	42.41
92265	Facility Fee	Eye muscle evaluation	39.58
92270	Physician/Professional Fee	Electro-oculography	43.86
92270	Facility Fee	Electro-oculography	39.58
92275	Physician/Professional Fee	Electroretinography	55.93
92275	Facility Fee	Electroretinography	107.51
92283	Physician/Professional Fee	Color vision examination	9.41
92283	Facility Fee	Color vision examination	39.58
92284	Physician/Professional Fee	Dark adaptation eye exam	12.65
92284	Facility Fee	Dark adaptation eye exam	58.17
92285	Physician/Professional Fee	Eye photography	11.50
92285	Facility Fee	Eye photography	39.58
92286	Physician/Professional Fee	Internal eye photography	36.62
92286	Facility Fee	Internal eye photography	58.17
92287	Physician/Professional Fee	Internal eye photography	43.55
92287	Facility Fee	Internal eye photography	58.17
92502	Physician/Professional Fee	Ear and throat examination	101.57
92502	Facility Fee	Ear and throat examination	122.89

CPT Code	Type	Description	Fee
92504	Physician/Professional Fee	Ear microscopy examination	10.26
92504	Facility Fee	Ear microscopy examination	17.57
92506	Physician/Professional Fee	Speech/hearing evaluation	47.68
92506	Facility Fee	Speech/hearing evaluation	223.81
92507	Physician/Professional Fee	Speech/hearing therapy	28.73
92507	Facility Fee	Speech/hearing therapy	130.56
92508	Physician/Professional Fee	Speech/hearing therapy	14.39
92508	Facility Fee	Speech/hearing therapy	68.39
92551	Facility Fee	Pure tone hearing test, air	155.42
92552	Physician/Professional Fee	Pure tone audiometry, air	22.07
92552	Facility Fee	Pure tone audiometry, air	338.33
92553	Physician/Professional Fee	Audiometry, air & bone	31.55
92553	Facility Fee	Audiometry, air & bone	908.09
92555	Physician/Professional Fee	Speech threshold audiometry	18.08
92555	Facility Fee	Speech threshold audiometry	338.33
92556	Physician/Professional Fee	Speech audiometry, complete	26.68
92556	Facility Fee	Speech audiometry, complete	338.33
92557	Physician/Professional Fee	Comprehensive hearing test	57.35
92557	Facility Fee	Comprehensive hearing test	908.09
92561	Physician/Professional Fee	Bekeasy audiometry, diagnosis	33.33
92561	Facility Fee	Bekeasy audiometry, diagnosis	338.33
92562	Physician/Professional Fee	Loudness balance test	22.51
92562	Facility Fee	Loudness balance test	338.33
92563	Physician/Professional Fee	Tone decay hearing test	19.41
92563	Facility Fee	Tone decay hearing test	338.33
92564	Physician/Professional Fee	Sisi hearing test	21.93
92564	Facility Fee	Sisi hearing test	338.33
92565	Physician/Professional Fee	Stenger test, pure tone	17.20
92565	Facility Fee	Stenger test, pure tone	338.33
92567	Physician/Professional Fee	Tympanometry	24.47
92567	Facility Fee	Tympanometry	338.33
92568	Physician/Professional Fee	Acoustic refl threshold tst	15.42
92568	Facility Fee	Acoustic refl threshold tst	338.33
92569	Physician/Professional Fee	Acoustic reflex decay test	16.76
92569	Facility Fee	Acoustic reflex decay test	338.33
92571	Physician/Professional Fee	Filtered speech hearing test	18.52
92571	Facility Fee	Filtered speech hearing test	338.33
92572	Physician/Professional Fee	Staggered spondaic word test	10.06
92572	Facility Fee	Staggered spondaic word test	1,353.54
92575	Physician/Professional Fee	Sensorineural acuity test	22.77
92575	Facility Fee	Sensorineural acuity test	338.33
92576	Physician/Professional Fee	Synthetic sentence test	22.39
92576	Facility Fee	Synthetic sentence test	338.33
92577	Physician/Professional Fee	Stenger test, speech	28.77
92577	Facility Fee	Stenger test, speech	1,353.54
92579	Physician/Professional Fee	Visual audiometry (vra)	35.54
92579	Facility Fee	Visual audiometry (vra)	908.09
92582	Physician/Professional Fee	Conditioning play audiometry	38.20
92582	Facility Fee	Conditioning play audiometry	908.09
92583	Physician/Professional Fee	Select picture audiometry	39.71
92583	Facility Fee	Select picture audiometry	338.33
92584	Physician/Professional Fee	Electrocochleography	101.36
92584	Facility Fee	Electrocochleography	1,057.40
92585	Physician/Professional Fee	Auditor evoke potent, compre	27.35
92585	Facility Fee	Auditor evoke potent, compre	1,988.82
92586	Physician/Professional Fee	Auditor evoke potent, limit	81.45

CPT Code	Type	Description	Fee
92586	Facility Fee	Auditor evoke potent, limit	868.09
92587	Physician/Professional Fee	Evoked auditory test	7.77
92587	Facility Fee	Evoked auditory test	623.36
92588	Physician/Professional Fee	Evoked auditory test	19.75
92588	Facility Fee	Evoked auditory test	1,057.40
92596	Physician/Professional Fee	Ear protector evaluation	31.99
92596	Facility Fee	Ear protector evaluation	338.33
92620	Physician/Professional Fee	Auditory function, 60 min	60.34
92620	Facility Fee	Auditory function, 60 min	908.09
92621	Physician/Professional Fee	Auditory function, + 15 min	14.72
92625	Physician/Professional Fee	Tinnitus assessment	59.45
92625	Facility Fee	Tinnitus assessment	908.09
92626	Physician/Professional Fee	Eval aud rehab status	95.33
92626	Facility Fee	Eval aud rehab status	908.09
92627	Physician/Professional Fee	Eval aud status rehab add-on	23.66
92640	Physician/Professional Fee	Aud brainstem implt programg	62.32
92640	Facility Fee	Aud brainstem implt programg	908.09
92953	Physician/Professional Fee	Temporary external pacing	12.13
92953	Facility Fee	Temporary external pacing	143.57
93005	Facility Fee	Electrocardiogram, tracing	277.06
93010	Physician/Professional Fee	Electrocardiogram report	8.97
93012	Physician/Professional Fee	Transmission of ecg	251.44
93014	Physician/Professional Fee	Report on transmitted ecg	28.28
93015	Physician/Professional Fee	Cardiovascular stress test	117.54
93016	Physician/Professional Fee	Cardiovascular stress test	25.04
93017	Physician/Professional Fee	Cardiovascular stress test	76.08
93017	Facility Fee	Cardiovascular stress test	3,482.42
93018	Physician/Professional Fee	Cardiovascular stress test	16.42
93024	Physician/Professional Fee	Cardiac drug stress test	64.94
93024	Facility Fee	Cardiac drug stress test	3,482.42
93025	Physician/Professional Fee	Microvolt t-wave assess	41.46
93040	Physician/Professional Fee	Rhythm ECG with report	15.08
93041	Physician/Professional Fee	Rhythm ECG, tracing	6.96
93041	Facility Fee	Rhythm ECG, tracing	277.06
93042	Physician/Professional Fee	Rhythm ECG, report	8.13
93224	Physician/Professional Fee	ECG monitor/report, 24 hrs	172.02
93225	Physician/Professional Fee	ECG monitor/record, 24 hrs	55.65
93225	Facility Fee	ECG monitor/record, 24 hrs	747.66
93226	Physician/Professional Fee	ECG monitor/report, 24 hrs	87.64
93227	Physician/Professional Fee	ECG monitor/review, 24 hrs	28.73
93230	Physician/Professional Fee	ECG monitor/report, 24 hrs	181.50
93231	Physician/Professional Fee	Ecg monitor/record, 24 hrs	64.12
93231	Facility Fee	Ecg monitor/record, 24 hrs	747.66
93232	Physician/Professional Fee	ECG monitor/report, 24 hrs	89.10
93233	Physician/Professional Fee	ECG monitor/review, 24 hrs	28.28
93236	Facility Fee	ECG monitor/report, 24 hrs	747.66
93237	Physician/Professional Fee	ECG monitor/review, 24 hrs	24.59
93268	Physician/Professional Fee	ECG record/review	338.47
93270	Physician/Professional Fee	ECG recording	46.80
93270	Facility Fee	ECG recording	747.66
93271	Physician/Professional Fee	Ecg/monitoring and analysis	263.40
93272	Physician/Professional Fee	Ecg/review, interpret only	28.28
93278	Physician/Professional Fee	ECG/signal-averaged	13.55
93303	Physician/Professional Fee	Echo transthoracic	70.63
93303	Facility Fee	Echo transthoracic	237.48
93304	Physician/Professional Fee	Echo transthoracic	40.27

CPT Code	Type	Description	Fee
93304	Facility Fee	Echo transthoracic	117.97
93307	Physician/Professional Fee	Echo exam of heart	50.97
93307	Facility Fee	Echo exam of heart	237.48
93308	Physician/Professional Fee	Echo exam of heart	29.57
93308	Facility Fee	Echo exam of heart	117.97
93312	Physician/Professional Fee	Echo transesophageal	119.33
93313	Physician/Professional Fee	Echo transesophageal	44.29
93313	Facility Fee	Echo transesophageal	461.64
93314	Physician/Professional Fee	Echo transesophageal	68.19
93315	Physician/Professional Fee	Echo transesophageal	151.52
93316	Physician/Professional Fee	Echo transesophageal	46.63
93316	Facility Fee	Echo transesophageal	461.64
93317	Physician/Professional Fee	Echo transesophageal	99.05
93318	Physician/Professional Fee	Echo transesophageal intraop	109.69
93320	Physician/Professional Fee	Doppler echo exam, heart	21.00
93320	Facility Fee	Doppler echo exam, heart	117.97
93321	Physician/Professional Fee	Doppler echo exam, heart	8.61
93321	Facility Fee	Doppler echo exam, heart	117.97
93325	Physician/Professional Fee	Doppler color flow add-on	4.04
93325	Facility Fee	Doppler color flow add-on	117.97
93350	Physician/Professional Fee	Echo transthoracic	82.66
93350	Facility Fee	Echo transthoracic	237.48
93875	Physician/Professional Fee	Extracranial study	11.85
93875	Facility Fee	Extracranial study	113.02
93880	Physician/Professional Fee	Extracranial study	31.71
93880	Facility Fee	Extracranial study	181.73
93882	Physician/Professional Fee	Extracranial study	21.41
93882	Facility Fee	Extracranial study	181.73
93886	Physician/Professional Fee	Intracranial study	51.38
93886	Facility Fee	Intracranial study	181.73
93888	Physician/Professional Fee	Intracranial study	33.71
93888	Facility Fee	Intracranial study	73.29
93890	Physician/Professional Fee	Tcd, vasoreactivity study	54.71
93890	Facility Fee	Tcd, vasoreactivity study	115.27
93892	Physician/Professional Fee	Tcd, emboli detect w/o inj	62.12
93892	Facility Fee	Tcd, emboli detect w/o inj	115.27
93893	Physician/Professional Fee	Tcd, emboli detect w/inj	62.12
93893	Facility Fee	Tcd, emboli detect w/inj	115.27
93922	Physician/Professional Fee	Extremity study	12.97
93922	Facility Fee	Extremity study	113.02
93923	Physician/Professional Fee	Extremity study	23.89
93923	Facility Fee	Extremity study	113.02
93924	Physician/Professional Fee	Extremity study	27.09
93924	Facility Fee	Extremity study	113.02
93925	Physician/Professional Fee	Lower extremity study	30.90
93925	Facility Fee	Lower extremity study	181.73
93926	Physician/Professional Fee	Lower extremity study	21.01
93926	Facility Fee	Lower extremity study	115.27
93930	Physician/Professional Fee	Upper extremity study	24.74
93930	Facility Fee	Upper extremity study	181.73
93931	Physician/Professional Fee	Upper extremity study	16.57
93931	Facility Fee	Upper extremity study	115.27
93965	Physician/Professional Fee	Extremity study	18.34
93965	Facility Fee	Extremity study	113.02
93970	Physician/Professional Fee	Extremity study	36.02
93970	Facility Fee	Extremity study	181.73

CPT Code	Type	Description	Fee
93971	Physician/Professional Fee	Extremity study	23.58
93971	Facility Fee	Extremity study	115.27
93975	Physician/Professional Fee	Vascular study	95.43
93975	Facility Fee	Vascular study	181.73
93976	Physician/Professional Fee	Vascular study	62.43
93976	Facility Fee	Vascular study	181.73
93978	Physician/Professional Fee	Vascular study	34.82
93978	Facility Fee	Vascular study	115.27
93979	Physician/Professional Fee	Vascular study	23.58
93979	Facility Fee	Vascular study	115.27
93990	Physician/Professional Fee	Doppler flow testing	13.28
93990	Facility Fee	Doppler flow testing	115.27
94002	Facility Fee	Vent mgmt inpat, init day	3,589.63
94003	Facility Fee	Vent mgmt inpat, subq day	3,589.63
94004	Facility Fee	Vent mgmt nf per day	197.97
94010	Physician/Professional Fee	Breathing capacity test	8.53
94010	Facility Fee	Breathing capacity test	1,299.45
94014	Physician/Professional Fee	Patient recorded spirometry	53.83
94014	Facility Fee	Patient recorded spirometry	862.77
94015	Physician/Professional Fee	Patient recorded spirometry	27.33
94015	Facility Fee	Patient recorded spirometry	862.77
94016	Physician/Professional Fee	Review patient spirometry	26.51
94016	Facility Fee	Review patient spirometry	131.98
94060	Physician/Professional Fee	Evaluation of wheezing	15.50
94060	Facility Fee	Evaluation of wheezing	1,299.45
94070	Physician/Professional Fee	Evaluation of wheezing	30.06
94070	Facility Fee	Evaluation of wheezing	3,803.08
94150	Facility Fee	Vital capacity test	862.77
94200	Physician/Professional Fee	Lung function test (MBC/MVV)	5.64
94200	Facility Fee	Lung function test (MBC/MVV)	862.77
94240	Physician/Professional Fee	Residual lung capacity	13.05
94240	Facility Fee	Residual lung capacity	1,299.45
94250	Physician/Professional Fee	Expired gas collection	5.64
94250	Facility Fee	Expired gas collection	862.77
94260	Physician/Professional Fee	Thoracic gas volume	6.89
94260	Facility Fee	Thoracic gas volume	1,299.45
94350	Physician/Professional Fee	Lung nitrogen washout curve	13.05
94350	Facility Fee	Lung nitrogen washout curve	1,299.45
94360	Physician/Professional Fee	Measure airflow resistance	13.05
94360	Facility Fee	Measure airflow resistance	862.77
94370	Physician/Professional Fee	Breath airway closing volume	13.05
94370	Facility Fee	Breath airway closing volume	862.77
94375	Physician/Professional Fee	Respiratory flow volume loop	15.50
94375	Facility Fee	Respiratory flow volume loop	862.77
94400	Physician/Professional Fee	CO2 breathing response curve	20.65
94400	Facility Fee	CO2 breathing response curve	862.77
94450	Physician/Professional Fee	Hypoxia response curve	19.90
94450	Facility Fee	Hypoxia response curve	1,299.45
94452	Physician/Professional Fee	Hast w/report	15.81
94452	Facility Fee	Hast w/report	1,299.45
94453	Physician/Professional Fee	Hast w/oxygen titrate	20.34
94453	Facility Fee	Hast w/oxygen titrate	862.77
94610	Physician/Professional Fee	Surfactant admin thru tube	65.24
94610	Facility Fee	Surfactant admin thru tube	484.78
94620	Physician/Professional Fee	Pulmonary stress test/simple	32.55
94620	Facility Fee	Pulmonary stress test/simple	1,299.45

CPT Code	Type	Description	Fee
94621	Physician/Professional Fee	Pulm stress test/complex	73.00
94621	Facility Fee	Pulm stress test/complex	3,803.08
94640	Physician/Professional Fee	Airway inhalation treatment	14.79
94640	Facility Fee	Airway inhalation treatment	484.78
94642	Facility Fee	Aerosol inhalation treatment	1,540.26
94644	Physician/Professional Fee	Cbt, 1st hour	41.37
94644	Facility Fee	Cbt, 1st hour	1,540.26
94645	Physician/Professional Fee	Cbt, each addl hour	15.69
94645	Facility Fee	Cbt, each addl hour	1,540.26
94660	Physician/Professional Fee	Pos airway pressure, CPAP	38.19
94660	Facility Fee	Pos airway pressure, CPAP	2,110.26
94662	Physician/Professional Fee	Neg press ventilation, cnp	37.87
94662	Facility Fee	Neg press ventilation, cnp	3,589.63
94664	Physician/Professional Fee	Evaluate pt use of inhaler	15.87
94664	Facility Fee	Evaluate pt use of inhaler	484.78
94667	Physician/Professional Fee	Chest wall manipulation	25.04
94667	Facility Fee	Chest wall manipulation	484.78
94668	Physician/Professional Fee	Chest wall manipulation	21.00
94668	Facility Fee	Chest wall manipulation	484.78
94680	Physician/Professional Fee	Exhaled air analysis, o2	13.05
94680	Facility Fee	Exhaled air analysis, o2	862.77
94681	Physician/Professional Fee	Exhaled air analysis, o2/co2	10.16
94681	Facility Fee	Exhaled air analysis, o2/co2	1,299.45
94690	Physician/Professional Fee	Exhaled air analysis	3.60
94690	Facility Fee	Exhaled air analysis	862.77
94720	Physician/Professional Fee	Monoxide diffusing capacity	13.05
94720	Facility Fee	Monoxide diffusing capacity	1,299.45
94725	Physician/Professional Fee	Membrane diffusion capacity	13.05
94725	Facility Fee	Membrane diffusion capacity	1,299.45
94750	Physician/Professional Fee	Pulmonary compliance study	11.81
94750	Facility Fee	Pulmonary compliance study	862.77
94760	Physician/Professional Fee	Measure blood oxygen level	2.85
94760	Facility Fee	Measure blood oxygen level	41.24
94761	Physician/Professional Fee	Measure blood oxygen level	5.42
94761	Facility Fee	Measure blood oxygen level	65.99
94762	Physician/Professional Fee	Measure blood oxygen level	27.93
94762	Facility Fee	Measure blood oxygen level	1,430.71
94770	Physician/Professional Fee	Exhaled carbon dioxide test	7.29
94770	Facility Fee	Exhaled carbon dioxide test	862.77
95812	Physician/Professional Fee	Eeg, 41-60 minutes	59.27
95812	Facility Fee	Eeg, 41-60 minutes	168.06
95813	Physician/Professional Fee	Eeg, over 1 hour	94.00
95813	Facility Fee	Eeg, over 1 hour	168.06
95816	Physician/Professional Fee	Eeg, awake and drowsy	59.27
95816	Facility Fee	Eeg, awake and drowsy	168.06
95819	Physician/Professional Fee	Eeg, awake and asleep	59.27
95819	Facility Fee	Eeg, awake and asleep	168.06
95827	Physician/Professional Fee	Eeg, all night recording	57.18
95827	Facility Fee	Eeg, all night recording	168.06
95831	Physician/Professional Fee	Limb muscle testing, manual	15.62
95831	Facility Fee	Limb muscle testing, manual	29.82
95832	Physician/Professional Fee	Hand muscle testing, manual	16.34
95832	Facility Fee	Hand muscle testing, manual	29.82
95833	Physician/Professional Fee	Body muscle testing, manual	26.72
95833	Facility Fee	Body muscle testing, manual	52.19
95834	Physician/Professional Fee	Body muscle testing, manual	34.05

CPT Code	Type	Description	Fee
95834	Facility Fee	Body muscle testing, manual	64.61
95851	Physician/Professional Fee	Range of motion measurements	9.01
95851	Facility Fee	Range of motion measurements	17.40
95852	Physician/Professional Fee	Range of motion measurements	6.53
95852	Facility Fee	Range of motion measurements	12.43
95857	Physician/Professional Fee	Tensilon test	29.57
95857	Facility Fee	Tensilon test	54.67
95860	Physician/Professional Fee	Muscle test, one limb	53.68
95860	Facility Fee	Muscle test, one limb	238.56
95861	Physician/Professional Fee	Muscle test, 2 limbs	86.12
95861	Facility Fee	Muscle test, 2 limbs	208.74
95863	Physician/Professional Fee	Muscle test, 3 limbs	103.23
95863	Facility Fee	Muscle test, 3 limbs	258.44
95864	Physician/Professional Fee	Muscle test, 4 limbs	110.28
95864	Facility Fee	Muscle test, 4 limbs	427.42
95865	Physician/Professional Fee	Muscle test, larynx	89.89
95865	Facility Fee	Muscle test, larynx	181.41
95866	Physician/Professional Fee	Muscle test, hemidiaphragm	70.01
95866	Facility Fee	Muscle test, hemidiaphragm	94.43
95867	Physician/Professional Fee	Muscle test cran nerv unilat	43.50
95867	Facility Fee	Muscle test cran nerv unilat	164.01
95868	Physician/Professional Fee	Muscle test cran nerve bilat	64.77
95868	Facility Fee	Muscle test cran nerve bilat	196.32
95869	Physician/Professional Fee	Muscle test, thor paraspinal	20.46
95869	Facility Fee	Muscle test, thor paraspinal	94.43
95870	Physician/Professional Fee	Muscle test, nonparaspinal	20.46
95870	Facility Fee	Muscle test, nonparaspinal	94.43
95872	Physician/Professional Fee	Muscle test, one fiber	137.53
95872	Facility Fee	Muscle test, one fiber	159.04
95873	Physician/Professional Fee	Guide nerv destr, elec stim	20.46
95873	Facility Fee	Guide nerv destr, elec stim	89.46
95874	Physician/Professional Fee	Guide nerv destr, needle emg	20.91
95874	Facility Fee	Guide nerv destr, needle emg	89.46
95875	Physician/Professional Fee	Limb exercise test	60.20
95875	Facility Fee	Limb exercise test	243.53
95900	Physician/Professional Fee	Motor nerve conduction test	23.35
95900	Facility Fee	Motor nerve conduction test	250.99
95903	Physician/Professional Fee	Motor nerve conduction test	33.16
95903	Facility Fee	Motor nerve conduction test	226.14
95904	Physician/Professional Fee	Sense nerve conduction test	19.23
95904	Facility Fee	Sense nerve conduction test	221.17
95920	Physician/Professional Fee	Intraop nerve test add-on	119.52
95920	Facility Fee	Intraop nerve test add-on	313.11
95921	Physician/Professional Fee	Autonomic nerv function test	47.38
95921	Facility Fee	Autonomic nerv function test	126.74
95922	Physician/Professional Fee	Autonomic nerv function test	52.34
95922	Facility Fee	Autonomic nerv function test	156.56
95923	Physician/Professional Fee	Autonomic nerv function test	49.46
95923	Facility Fee	Autonomic nerv function test	407.54
95925	Physician/Professional Fee	Somatosensory testing	30.15
95925	Facility Fee	Somatosensory testing	352.87
95926	Physician/Professional Fee	Somatosensory testing	29.84
95926	Facility Fee	Somatosensory testing	342.93
95927	Physician/Professional Fee	Somatosensory testing	31.04
95927	Facility Fee	Somatosensory testing	347.90
95928	Physician/Professional Fee	C motor evoked, uppr limbs	82.44

CPT Code	Type	Description	Fee
95928	Facility Fee	C motor evoked, uppr limbs	658.53
95929	Physician/Professional Fee	C motor evoked, lwr limbs	82.89
95929	Facility Fee	C motor evoked, lwr limbs	713.20
95930	Physician/Professional Fee	Visual evoked potential test	19.23
95930	Facility Fee	Visual evoked potential test	546.71
95933	Physician/Professional Fee	Blink reflex test	32.19
95933	Facility Fee	Blink reflex test	203.77
95934	Physician/Professional Fee	H-reflex test	28.32
95934	Facility Fee	H-reflex test	84.49
95936	Physician/Professional Fee	H-reflex test	30.28
95936	Facility Fee	H-reflex test	67.10
95937	Physician/Professional Fee	Neuromuscular junction test	36.77
95937	Facility Fee	Neuromuscular junction test	106.86
95950	Physician/Professional Fee	Ambulatory eeg monitoring	83.02
95950	Facility Fee	Ambulatory eeg monitoring	830.62
95951	Physician/Professional Fee	EEG monitoring/videorecord	329.21
95951	Facility Fee	EEG monitoring/videorecord	830.62
95953	Physician/Professional Fee	EEG monitoring/computer	177.69
95953	Facility Fee	EEG monitoring/computer	830.62
95954	Physician/Professional Fee	EEG monitoring/giving drugs	132.35
95954	Facility Fee	EEG monitoring/giving drugs	88.39
95955	Physician/Professional Fee	EEG during surgery	53.01
95955	Facility Fee	EEG during surgery	168.06
95956	Physician/Professional Fee	Eeg monitoring, cable/radio	168.93
95956	Facility Fee	Eeg monitoring, cable/radio	830.62
95957	Physician/Professional Fee	EEG digital analysis	109.18
95957	Facility Fee	EEG digital analysis	88.39
95958	Physician/Professional Fee	EEG monitoring/function test	230.24
95958	Facility Fee	EEG monitoring/function test	168.06
96401	Facility Fee	Chemo, anti-neopl, sq/im	580.73
96402	Facility Fee	Chemo hormon antineopl sq/im	580.73
96405	Facility Fee	Chemo intralesional, up to 7	580.73
96406	Facility Fee	Chemo intralesional over 7	580.73
96409	Facility Fee	Chemo, iv push, sngl drug	1,158.82
96411	Facility Fee	Chemo, iv push, addl drug	1,158.82
96413	Facility Fee	Chemo, iv infusion, 1 hr	1,817.13
96415	Facility Fee	Chemo, iv infusion, addl hr	580.73
96416	Facility Fee	Chemo prolong infuse w/pump	1,817.13
96417	Facility Fee	Chemo iv infus each addl seq	580.73
96420	Facility Fee	Chemo, ia, push technique	1,158.82
96422	Facility Fee	Chemo ia infusion up to 1 hr	1,817.13
96423	Facility Fee	Chemo ia infuse each addl hr	580.73
96425	Facility Fee	Chemotherapy,infusion method	1,817.13
96440	Facility Fee	Chemotherapy, intracavitary	1,817.13
96445	Facility Fee	Chemotherapy, intracavitary	1,817.13
96450	Facility Fee	Chemotherapy, into CNS	1,817.13
96523	Facility Fee	Irrig drug delivery device	376.21
96542	Facility Fee	Chemotherapy injection	580.73
96549	Facility Fee	Chemotherapy, unspecified	132.28
97010	Facility Fee	Hot or cold packs therapy	14.91
97012	Facility Fee	Mechanical traction therapy	32.31
97014	Facility Fee	Electric stimulation therapy	47.22
97016	Facility Fee	Vasopneumatic device therapy	49.70
97018	Facility Fee	Paraffin bath therapy	29.82
97022	Facility Fee	Whirlpool therapy	59.64
97024	Facility Fee	Diathermy eg, microwave	17.40

CPT Code	Type	Description	Fee
97026	Facility Fee	Infrared therapy	14.91
97028	Facility Fee	Ultraviolet therapy	17.40
97032	Facility Fee	Electrical stimulation	42.25
97033	Facility Fee	Electric current therapy	77.04
97034	Facility Fee	Contrast bath therapy	39.76
97035	Facility Fee	Ultrasound therapy	24.85
97036	Facility Fee	Hydrotherapy	86.98
97039	Facility Fee	Physical therapy treatment	17.59
97110	Facility Fee	Therapeutic exercises	69.58
97112	Facility Fee	Neuromuscular reeducation	79.52
97113	Facility Fee	Aquatic therapy/exercises	106.86
97116	Facility Fee	Gait training therapy	62.13
97124	Facility Fee	Massage therapy	59.64
97139	Facility Fee	Physical medicine procedure	17.59
97140	Facility Fee	Manual therapy	64.61
97150	Facility Fee	Group therapeutic procedures	47.22
97530	Facility Fee	Therapeutic activities	84.49
97532	Facility Fee	Cognitive skills development	52.19
97533	Facility Fee	Sensory integration	62.13
97535	Facility Fee	Self care mngmt training	84.49
97537	Facility Fee	Community/work reintegration	67.10
97542	Facility Fee	Wheelchair mngmt training	69.58
97597	Facility Fee	Active wound care/20 cm or <	131.71
97598	Facility Fee	Active wound care > 20 cm	159.04
97602	Facility Fee	Wound(s) care non-selective	182.00
97605	Facility Fee	Neg press wound tx, < 50 cm	49.70
97606	Facility Fee	Neg press wound tx, > 50 cm	52.19
97750	Facility Fee	Physical performance test	79.52
97755	Facility Fee	Assistive technology assess	69.58
97760	Facility Fee	Orthotic mgmt and training	89.46
97761	Facility Fee	Prosthetic training	72.07
97762	Facility Fee	C/o for orthotic/prosth use	124.25
97799	Facility Fee	Physical medicine procedure	17.59
97802	Facility Fee	Medical nutrition, indiv, in	236.24
97803	Facility Fee	Med nutrition, indiv, subseq	236.24
97804	Facility Fee	Medical nutrition, group	93.25
98960	Facility Fee	Self-mgmt educ & train, 1 pt	354.36
98961	Facility Fee	Self-mgmt educ/train, 2-4 pt	167.86
98962	Facility Fee	Self-mgmt educ/train, 5-8 pt	124.34
99175	Physician/Professional Fee	Induction of vomiting	53.18
99175	Facility Fee	Induction of vomiting	267.17
99195	Facility Fee	Phlebotomy	418.47
99201	Physician/Professional Fee	Office/outpatient visit, new	23.58
99201	Facility Fee	Office/outpatient visit, new	41.31
99202	Physician/Professional Fee	Office/outpatient visit, new	46.89
99202	Facility Fee	Office/outpatient visit, new	49.31
99203	Physician/Professional Fee	Office/outpatient visit, new	72.02
99203	Facility Fee	Office/outpatient visit, new	68.39
99204	Physician/Professional Fee	Office/outpatient visit, new	117.99
99204	Facility Fee	Office/outpatient visit, new	85.68
99205	Physician/Professional Fee	Office/outpatient visit, new	154.75
99205	Facility Fee	Office/outpatient visit, new	109.22
99211	Physician/Professional Fee	Office/outpatient visit, est	8.97
99211	Facility Fee	Office/outpatient visit, est	41.31
99212	Physician/Professional Fee	Office/outpatient visit, est	24.02
99212	Facility Fee	Office/outpatient visit, est	49.31

CPT Code	Type	Description	Fee
99213	Physician/Professional Fee	Office/outpatient visit, est	45.20
99213	Facility Fee	Office/outpatient visit, est	49.31
99214	Physician/Professional Fee	Office/outpatient visit, est	71.36
99214	Facility Fee	Office/outpatient visit, est	68.39
99215	Physician/Professional Fee	Office/outpatient visit, est	102.84
99215	Facility Fee	Office/outpatient visit, est	85.68
99217	Physician/Professional Fee	Observation care discharge	71.34
99218	Physician/Professional Fee	Observation care	66.92
99219	Physician/Professional Fee	Observation care	110.47
99220	Physician/Professional Fee	Observation care	155.81
99221	Physician/Professional Fee	Initial hospital care	91.04
99222	Physician/Professional Fee	Initial hospital care	127.89
99223	Physician/Professional Fee	Initial hospital care	186.54
99231	Physician/Professional Fee	Subsequent hospital care	38.33
99232	Physician/Professional Fee	Subsequent hospital care	68.51
99233	Physician/Professional Fee	Subsequent hospital care	97.78
99234	Physician/Professional Fee	Observ/hosp same date	134.58
99235	Physician/Professional Fee	Observ/hosp same date	177.39
99236	Physician/Professional Fee	Observ/hosp same date	221.12
99238	Physician/Professional Fee	Hospital discharge day	71.03
99239	Physician/Professional Fee	Hospital discharge day	102.47
99241	Physician/Professional Fee	Office consultation	34.50
99242	Physician/Professional Fee	Office consultation	72.33
99243	Physician/Professional Fee	Office consultation	100.00
99244	Physician/Professional Fee	Office consultation	156.74
99245	Physician/Professional Fee	Office consultation	198.40
99251	Physician/Professional Fee	Inpatient consultation	49.08
99252	Physician/Professional Fee	Inpatient consultation	78.95
99253	Physician/Professional Fee	Inpatient consultation	116.92
99254	Physician/Professional Fee	Inpatient consultation	168.50
99255	Physician/Professional Fee	Inpatient consultation	210.28
99281	Physician/Professional Fee	Emergency dept visit	20.61
99281	Facility Fee	Emergency dept visit	48.20
99282	Physician/Professional Fee	Emergency dept visit	39.49
99282	Facility Fee	Emergency dept visit	79.97
99283	Physician/Professional Fee	Emergency dept visit	64.49
99283	Facility Fee	Emergency dept visit	125.31
99284	Physician/Professional Fee	Emergency dept visit	117.18
99284	Facility Fee	Emergency dept visit	202.41
99285	Physician/Professional Fee	Emergency dept visit	175.42
99285	Facility Fee	Emergency dept visit	313.51
99291	Physician/Professional Fee	Critical care, first hour	223.90
99291	Facility Fee	Critical care, first hour	390.40
99292	Physician/Professional Fee	Critical care, add'l 30 min	112.13
99292	Facility Fee	Critical care, add'l 30 min	148.95
99293	Physician/Professional Fee	Ped critical care, initial	808.16
99294	Physician/Professional Fee	Ped critical care, subseq	400.84
99295	Physician/Professional Fee	Neonate crit care, initial	927.83
99296	Physician/Professional Fee	Neonate critical care subseq	402.08
99298	Physician/Professional Fee	lc for lbw infant < 1500 gm	142.63
99299	Physician/Professional Fee	lc, lbw infant 1500-2500 gm	132.20
99300	Physician/Professional Fee	lc, infant pbw 2501-5000 gm	127.40
99374	Physician/Professional Fee	Home health care supervision	59.00
99375	Physician/Professional Fee	Home health care supervision	88.00
99381	Physician/Professional Fee	Init pm e/m, new pat, inf	62.00
99382	Physician/Professional Fee	Init pm e/m, new pat 1-4 yrs	72.00

CPT Code	Type	Description	Fee
99383	Physician/Professional Fee	Prev visit, new, age 5-11	72.00
99384	Physician/Professional Fee	Prev visit, new, age 12-17	82.00
99385	Physician/Professional Fee	Prev visit, new, age 18-39	82.00
99386	Physician/Professional Fee	Prev visit, new, age 40-64	93.00
99387	Physician/Professional Fee	Init pm e/m, new pat 65+ yrs	104.00
99391	Physician/Professional Fee	Per pm reeval, est pat, inf	62.00
99392	Physician/Professional Fee	Prev visit, est, age 1-4	72.00
99393	Physician/Professional Fee	Prev visit, est, age 5-11	72.00
99394	Physician/Professional Fee	Prev visit, est, age 12-17	82.00
99395	Physician/Professional Fee	Prev visit, est, age 18-39	82.00
99396	Physician/Professional Fee	Prev visit, est, age 40-64	93.00
99397	Physician/Professional Fee	Per pm reeval est pat 65+ yr	104.00
99401	Physician/Professional Fee	Preventive counseling, indiv	29.00
99402	Physician/Professional Fee	Preventive counseling, indiv	59.00
99403	Physician/Professional Fee	Preventive counseling, indiv	88.00
99404	Physician/Professional Fee	Preventive counseling, indiv	118.00
99411	Physician/Professional Fee	Preventive counseling, group	29.00
99412	Physician/Professional Fee	Preventive counseling, group	59.00
99431	Physician/Professional Fee	Initial care, normal newborn	59.06
99433	Physician/Professional Fee	Normal newborn care/hospital	31.44
99435	Physician/Professional Fee	Newborn discharge day hosp	80.67
99436	Physician/Professional Fee	Attendance, birth	75.36
99440	Physician/Professional Fee	Newborn resuscitation	147.87
C8957	Facility Fee	Prolonged IV inf, req pump	1,817.13
C8957	Facility Fee	Prolonged IV inf, req pump	1,817.13
D0150	Facility Fee	Comprehensve oral evaluation	5,158.69
D0240	Facility Fee	Intraoral occlusal film	5,158.69
D0250	Facility Fee	Extraoral first film	5,158.69
D0260	Facility Fee	Extraoral ea additional film	5,158.69
D0270	Facility Fee	Dental bitewing single film	5,158.69
D0272	Facility Fee	Dental bitewings two films	5,158.69
D0274	Facility Fee	Dental bitewings four films	5,158.69
D0277	Facility Fee	Vert bitewings-sev to eight	5,158.69
D0460	Facility Fee	Pulp vitality test	5,158.69
D1510	Facility Fee	Space maintainer fxd unilat	5,158.69
D1515	Facility Fee	Fixed bilat space maintainer	5,158.69
D1520	Facility Fee	Remove unilat space maintain	5,158.69
D1525	Facility Fee	Remove bilat space maintain	5,158.69
D1550	Facility Fee	Recement space maintainer	5,158.69
D2999	Facility Fee	Dental unspec restorative pr	5,158.69
D3460	Facility Fee	Endodontic endosseous implan	5,158.69
D3999	Facility Fee	Endodontic procedure	5,158.69
D4260	Facility Fee	Osseous surgery per quadrant	5,158.69
D4263	Facility Fee	Bone replce graft first site	5,158.69
D4264	Facility Fee	Bone replce graft each add	5,158.69
D4268	Facility Fee	Surgical revision procedure	5,158.69
D4270	Facility Fee	Pedicle soft tissue graft pr	5,158.69
D4271	Facility Fee	Free soft tissue graft proc	5,158.69
D4273	Facility Fee	Subepithelial tissue graft	5,158.69
D4355	Facility Fee	Full mouth debridement	5,158.69
D4381	Facility Fee	Localized delivery antimicro	5,158.69
D5911	Facility Fee	Facial moulage sectional	5,158.69
D5912	Facility Fee	Facial moulage complete	5,158.69
D5983	Facility Fee	Radiation applicator	5,158.69
D5984	Facility Fee	Radiation shield	5,158.69
D5985	Facility Fee	Radiation cone locator	5,158.69

CPT Code	Type	Description	Fee
D5987	Facility Fee	Commissure splint	5,158.69
D6920	Facility Fee	Dental connector bar	5,158.69
D7111	Facility Fee	Extraction coronal remnants	5,158.69
D7140	Facility Fee	Extraction erupted tooth/exr	5,158.69
D7210	Facility Fee	Rem imp tooth w mucoper flap	5,158.69
D7220	Facility Fee	Impact tooth remov soft tiss	5,158.69
D7230	Facility Fee	Impact tooth remov part bony	5,158.69
D7240	Facility Fee	Impact tooth remov comp bony	5,158.69
D7241	Facility Fee	Impact tooth rem bony w/comp	5,158.69
D7250	Facility Fee	Tooth root removal	5,158.69
D7260	Facility Fee	Oral antral fistula closure	5,158.69
D7261	Facility Fee	Primary closure sinus perf	5,158.69
D7291	Facility Fee	Transseptal fibrotomy	5,158.69
D7940	Facility Fee	Reshaping bone orthognathic	5,158.69
D9630	Facility Fee	Other drugs/medicaments	5,158.69
D9930	Facility Fee	Treatment of complications	5,158.69
D9940	Facility Fee	Dental occlusal guard	5,158.69
D9950	Facility Fee	Occlusion analysis	5,158.69
D9951	Facility Fee	Limited occlusal adjustment	5,158.69
D9952	Facility Fee	Complete occlusal adjustment	5,158.69
G0008	Facility Fee	Admin influenza virus vac	288.46
G0009	Facility Fee	Admin pneumococcal vaccine	288.46
G0101	Physician/Professional Fee	CA screen;pelvic/breast exam	39.21
G0101	Facility Fee	CA screen;pelvic/breast exam	602.66
G0102	Physician/Professional Fee	Prostate ca screening; dre	8.97
G0103	Facility Fee	PSA screening	56.06
G0104	Physician/Professional Fee	CA screen;flexi sigmoidscope	60.38
G0104	Facility Fee	CA screen;flexi sigmoidscope	5.00
G0105	Physician/Professional Fee	Colorectal scrn; hi risk ind	211.70
G0105	Facility Fee	Colorectal scrn; hi risk ind	5.00
G0106	Physician/Professional Fee	Colon CA screen;barium enema	50.58
G0106	Facility Fee	Colon CA screen;barium enema	156.20
G0108	Physician/Professional Fee	Diab manage trn per indiv	34.42
G0108	Facility Fee	Diab manage trn per indiv	478.70
G0108	Physician/Professional Fee	Diab manage trn ind/group	19.80
G0109	Facility Fee	Diab manage trn ind/group	273.54
G0117	Physician/Professional Fee	Glaucoma scrn hgh risk direc	49.09
G0117	Facility Fee	Glaucoma scrn hgh risk direc	577.51
G0118	Physician/Professional Fee	Glaucoma scrn hgh risk direc	32.89
G0118	Facility Fee	Glaucoma scrn hgh risk direc	577.51
G0120	Physician/Professional Fee	Colon ca scrn; barium enema	50.58
G0120	Facility Fee	Colon ca scrn; barium enema	156.20
G0121	Physician/Professional Fee	Colon ca scrn not hi rsk ind	211.70
G0121	Facility Fee	Colon ca scrn not hi rsk ind	5.00
G0122	Facility Fee	Colon ca scrn; barium enema	179.01
G0123	Facility Fee	Screen cerv/vag thin layer	61.75
G0124	Physician/Professional Fee	Screen c/v thin layer by MD	25.13
G0127	Physician/Professional Fee	Trim nail(s)	9.41
G0127	Facility Fee	Trim nail(s)	566.25
G0128	Physician/Professional Fee	CORF skilled nursing service	4.44
G0130	Physician/Professional Fee	Single energy x-ray study	11.41
G0141	Physician/Professional Fee	Scr c/v cyto,autosys and md	25.13
G0166	Physician/Professional Fee	Extrnl counterpulse, per tx	171.45
G0168	Physician/Professional Fee	Wound closure by adhesive	26.68
G0179	Physician/Professional Fee	MD recertification HHA PT	56.04
G0180	Physician/Professional Fee	MD certification HHA patient	73.21

CPT Code	Type	Description	Fee
G0181	Physician/Professional Fee	Home health care supervision	123.04
G0182	Physician/Professional Fee	Hospice care supervision	129.24
G0202	Physician/Professional Fee	Screeningmammographydigital	35.88
G0202	Facility Fee	Screeningmammographydigital	151.37
G0204	Physician/Professional Fee	Diagnosticmammographydigital	44.40
G0204	Facility Fee	Diagnosticmammographydigital	156.18
G0206	Physician/Professional Fee	Diagnosticmammographydigital	35.88
G0206	Facility Fee	Diagnosticmammographydigital	125.54
G0237	Physician/Professional Fee	Therapeutic procd strg endur	18.78
G0238	Physician/Professional Fee	Oth resp proc, indiv	19.67
G0239	Physician/Professional Fee	Oth resp proc, group	15.25
G0245	Physician/Professional Fee	Initial foot exam pt lops	46.58
G0245	Facility Fee	Initial foot exam pt lops	602.66
G0246	Physician/Professional Fee	Followup eval of foot pt lop	23.71
G0246	Facility Fee	Followup eval of foot pt lop	719.51
G0247	Physician/Professional Fee	Routine footcare pt w lops	27.48
G0247	Facility Fee	Routine footcare pt w lops	49.70
G0248	Physician/Professional Fee	Demonstrate use home inr mon	257.19
G0249	Physician/Professional Fee	Provide test material,equipm	158.42
G0250	Physician/Professional Fee	MD review interpret of test	9.81
G0260	Facility Fee	Inj for sacroiliac jt anesth	422.85
G0268	Physician/Professional Fee	Removal of impacted wax md	32.81
G0281	Facility Fee	Elec stim unattend for press	29.82
G0282	Facility Fee	Elect stim wound care not pd	37.68
G0283	Facility Fee	Elec stim other than wound	29.82
G0289	Physician/Professional Fee	Arthro, loose body + chondro	94.55
G0289	Facility Fee	Arthro, loose body + chondro	5.00
G0306	Facility Fee	CBC/diffwbc w/o platelet	23.69
G0307	Facility Fee	CBC without platelet	19.72
G0308	Physician/Professional Fee	ESRD related svc 4+mo < 2yrs	816.91
G0309	Physician/Professional Fee	ESRD related svc 2-3mo <2yrs	682.44
G0310	Physician/Professional Fee	ESRD related svc 1 vst <2yrs	535.30
G0311	Physician/Professional Fee	ESRD related svcs 4+mo 2-11yr	557.66
G0312	Physician/Professional Fee	ESRD relate svcs 2-3 mo 2-11y	460.94
G0313	Physician/Professional Fee	ESRD related svcs 1 mon 2-11y	365.78
G0314	Physician/Professional Fee	ESRD related svcs 4+ mo 12-19	491.52
G0315	Physician/Professional Fee	ESRD related svcs 2-3mo/12-19	406.57
G0316	Physician/Professional Fee	ESRD related svcs 1vis/12-19y	320.16
G0317	Physician/Professional Fee	ESRD related svcs 4+mo 20+yrs	308.95
G0318	Physician/Professional Fee	ESRD related svcs 2-3 mo 20+y	255.08
G0319	Physician/Professional Fee	ESRD related svcs 1visit 20+y	201.60
G0320	Physician/Professional Fee	ESD related svcs home undr 2	658.97
G0321	Physician/Professional Fee	ESRDrelatedsvcs home mo 2-11y	453.41
G0322	Physician/Professional Fee	ESRD related svcs hom mo12-19	396.83
G0323	Physician/Professional Fee	ESRD related svcs home mo 20+	248.87
G0324	Physician/Professional Fee	ESRD relate svcs home/dy <2yr	22.45
G0325	Physician/Professional Fee	ESRD relate home/day/ 2-11yr	13.59
G0326	Physician/Professional Fee	ESRD relate home/dy 12-19yr	15.23
G0327	Physician/Professional Fee	ESRD relate home/dy 20+yrs	9.05
G0328	Facility Fee	Fecal blood scrm immunoassay	48.47
G0329	Physician/Professional Fee	Electromagntic tx for ulcers	8.52
G0329	Facility Fee	Electromagntic tx for ulcers	34.79
G0332	Physician/Professional Fee	Preadmin IV immunoglobulin	87.24
G0341	Physician/Professional Fee	Percutaneous islet celltrans	375.13
G0342	Physician/Professional Fee	Laparoscopy islet cell trans	706.50
G0343	Physician/Professional Fee	Laparotomy islet cell transp	1164.87

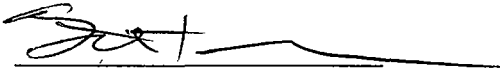
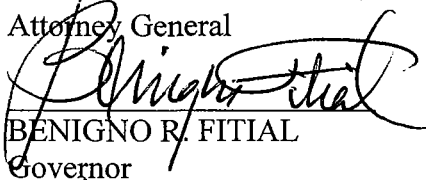
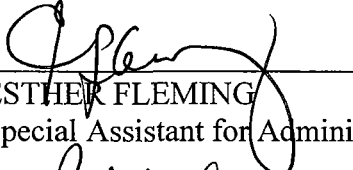
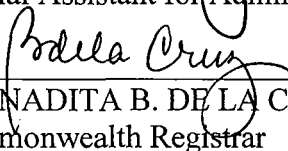
CPT Code	Type	Description	Fee
G0344	Physician/Professional Fee	Initial preventive exam	72.33
G0364	Physician/Professional Fee	Bone marrow aspirate & biopsy	9.51
G0365	Physician/Professional Fee	Vessel mapping hemo access	12.97
G0366	Physician/Professional Fee	EKG for initial prevent exam	27.75
G0367	Physician/Professional Fee	EKG tracing for initial prev	18.78
G0368	Physician/Professional Fee	EKG interpret & report preve	8.97
G0372	Physician/Professional Fee	MD service required for PMD	8.97
G0375	Physician/Professional Fee	Smoke/tobacco counselng 3-10	13.09
G0375	Facility Fee	Smoke/tobacco counselng 3-10	129.13
G0376	Physician/Professional Fee	Smoke/tobacco counseling >10	24.59
G0376	Facility Fee	Smoke/tobacco counseling >10	129.13
G0378	Facility Fee	Hospital observation per hr	426.81
G0379	Facility Fee	Direct admit hospital observ	48.83
G0389	Physician/Professional Fee	Ultrasound exam AAA screen	30.15
G0392	Physician/Professional Fee	AV fistula or graft arterial	514.67
G0393	Physician/Professional Fee	AV fistula or graft venous	327.50
G0394	Facility Fee	Blood occult test,colorectal	9.90
G9041	Physician/Professional Fee	Low vision rehab occupationa	26.94
G9042	Physician/Professional Fee	Low vision rehab orient/mobi	13.66
G9043	Physician/Professional Fee	Low vision lowvision therapi	13.66
G9044	Physician/Professional Fee	Low vision rehabilitate teache	11.89
M0064	Physician/Professional Fee	Visit for drug monitoring	18.39
P3001	Physician/Professional Fee	Screening pap smear by phys	25.13
P9012	Facility Fee	Cryoprecipitate each unit	106.35
P9019	Facility Fee	Platelets, each unit	172.82
P9021	Facility Fee	Red blood cells unit	598.23
P9034	Facility Fee	Platelets, pheresis	1,262.93
P9059	Facility Fee	Plasma, frz between 8-24hour	132.94
Q0035	Physician/Professional Fee	Cardiokymography	8.97
Q0091	Physician/Professional Fee	Obtaining screen pap smear	19.58
Q0091	Facility Fee	Obtaining screen pap smear	107.34
N/A	Facility Fee	Ambulance Trips (per Mile)	129.87
N/A	Facility Fee	Recovery Room	102.37
N/A	Facility Fee	Newborn Nursery	242.58
N/A	Facility Fee	NICU - Level III	242.58
N/A	Facility Fee	Med/Surgery Room & Board	303.75
N/A	Facility Fee	Obstetric; SP; Room & Board	475.21
N/A	Facility Fee	Pediatric;SP; Room & Board	672.44
N/A	Facility Fee	TLC unit, Room & Board	954.92
N/A	Facility Fee	ICU	954.92
N/A	Facility Fee	Psychiatric Pvt Room & Board	1,774.16
N/A	Facility Fee	Anesthesia each add 15 min	63.13
N/A	Facility Fee	Anesthesia FMI	252.50
N/A	Facility Fee	Surgery each add 15 min	1,467.05
N/A	Facility Fee	Surgery FMI	5,868.19
Drugs	Facility Fee	Drugs	Actual + 201.56% markup

**PUBLIC NOTICE OF EMERGENCY REGULATIONS AND NOTICE OF
INTENT TO ADOPT AMENDMENTS TO IMMIGRATION REGULATION
SECTION 706K**

EMERGENCY: The Commonwealth of the Northern Mariana Islands Division of Immigration finds that under 1 CMC § 9104(b), the public interest requires the amendment of Regulations regarding Immigration Regulation § 706 K. Whereas the Attorney General is authorized to implement such regulations as are needed to ensure timely response to the needs of Commonwealth businesses, the Attorney General hereby adopts these regulations upon fewer than thirty (30) days notice. These regulations shall become effective after publication in the Commonwealth Register, following the approval of the Attorney General and the concurrence of the Governor, and shall remain effective for 120 days.

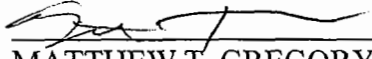
REASONS FOR EMERGENCY: These regulations refine the scope of permissible activities for foreign guest workers who are employed in facilities that serve alcoholic beverages. Many businesses in the Commonwealth have expressed that the present regulation impedes their ability to employ musicians, other entertainers, and other personnel who are under the age of 21 years, but who are necessary to offer services to local and foreign customers. These employees are not required to be in contact with alcoholic beverages in the course of their employment, but the present regulation currently forbids their employment. These Regulations are published as emergency regulations to encourage business by allowing employers to immediately respond to needs for employees to rather than requiring employers to wait for a longer period had the regulations been published as non-emergency regulations.

INTENT TO ADOPT: It is the intent of the Office of Attorney General to adopt the emergency amendments to Immigration Regulation § 706 K as permanent, pursuant to 1 CMC § 9104(a)(1) and (2). Accordingly, interested parties may submit written comments on these emergency amendments to Assistant Attorney General Kevin A. Lynch, Division of Immigration Service, Caller Box 10007, Saipan MP 96950 or by fax to (670) 234-7016.

Submitted by:	 MATTHEW T. GREGORY Attorney General	<u>9/11/07</u> Date
Concurred by:	 BENIGNO R. FITIAL Governor	<u>9/13/07</u> Date
Received by:	 ESTHER FLEMING Special Assistant for Administration	<u>9/14/07</u> Date
Filed and Recorded by:	 BERNADITA B. DE LA CRUZ Commonwealth Registrar	<u>9-13-07</u> Date

Pursuant to 1CMC §2153, as amended by Public Law 10-50, amendments attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General's Office.

Dated this 11th day of September 2007.


MATTHEW T. GREGORY
Attorney General

9/11/07
Date

PROPOSED AMENDMENTS TO IMMIGRATION REGULATION SECTION 706 K

Immigration Regulation §706K is amended to read:

Nonresident Worker Entry Permit – An alien who is coming temporarily to the CNMI to perform temporary service or labor who has been certified as an eligible nonresident worker by the Department of Labor may be granted an entry permit in accordance with Public Law No. 3-66, except that no alien under the age of twenty-one (21) shall be approved for entry under this section to perform work of any kind in an establishment licensed to serve alcohol, except to work as a musician, entertainer, busperson, cleaner, or in a capacity that does not require the handling of alcoholic beverages except waste. In addition to any other penalties available by law or regulation, an alien worker under the age of 21 who consumes alcohol on the premises of their employer or who misrepresents their age in any document required for entry into the Commonwealth or employment is subject to revocation of their entry permit and repatriation at the employer's expense. No person under the age of 21 years may be granted an entry permit to work in a karaoke or business where strip-tease dancing occurs.

**NOTISIAN PUBLIKU POT ENSIGIDAS NA REGULASION YAN NOTISIAN
INTENSION PARA U MA'ADOPTA I AMENDASION SIHA PARA I
REGULASION IMIGRASION SEKSIONA 706K**

ENSIGIDAS: I Commonwealth I Sankattan Siha Na Islan Mariana, I Dibision I Imigrasion masodda na papa I lai 1 CMC Seksiona 9104 (b), I enteres publiku a rekomenda I amendasion I Regulasion siha ni tineteka I Regulasion Imigrasion Seksiona 706 K. Asi kumo I Abugâdu Henerât ma'aturisa para u tutuhon I regulasion siha ni manisita para u asigura I insigidas na ineppe' para I nisisidât siha para I bisnis Commonwealth, I Abugâdu Henerât este na momento a adopta este siha na regulasion gi hâlom trenta (30) diha siha na notisia. Este na regulasion siempre u efektibu despues di mapublika gi Rehistran I Commonwealth, tinatititi I apruebasion I Abugâdu Henerât yan I kinonfotmen I Gubietno, ya debi di u efektitibu ha' esta sientu bente (120) diha siha.

RASON I ENSIGIDAS: Este na regulasion a na adulânta I aktibidât siha para I hotnalerun estrangheru siha ni man macho'cho'chu' gi fasilidât siha ni man bebende maneska. Meggai na bisnis gi hâlom I Commonwealth ma'ekspressa na gi I presente na regulasion a chochoma I abilidad niha para u ma'emplea kantadot, yan otru siha na dibetsion, yan palu siha na petsona ni man gaige gi papa I idât bente-uno (21), lâo man prisisu para u ma'ofresi I setbisiu para I kometsiânten estrangheru yan tâotâo tâno'. Este siha na empleâo ti nisisário para u ma'usa I maneska gi durânten I chochu'-niha, lâo I presente na regulasion a prohibi I checho'-niha. Este siha na regulasion man mapublika kumo ensigidas na regulasion pot para u sohyo I bisnis para u sedi I man emplelea para u ma'oppe ensigidas I nisisidât siha para I empleâo adimâs u rekomenda I man emplelea para u nangga la'apmam na tiempo yanggen esta mapublika I regulasion kumo ti ensigidas na regulasion siha.

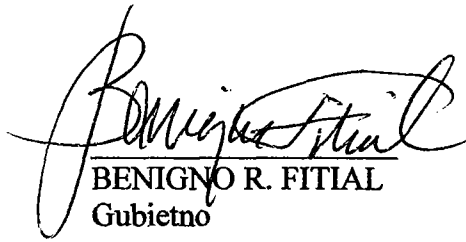
INTENSION PARA U MA'ADOPTA: I intension I Ofisinan I Abugâdu Henerât para u adopta I Ensigidas na amendasion para I Imigrasion Regulasion 706K kumo petmanente, sigun I lai 1 CMC Seksiona 9104(a)(1) yan (2). Kinonsisiste, i man enteresâo na petsona u fan na halom tinige' opinion siha pot este ensigidas na amendasion siha guatu as Kevin A Lynch, I Segundon I Abugâdu Henerât, gi Dibision I Setbisiun Imigrasion, gi Caller Box 10007, Saipan MP 96950 osino fax guatu gi (670) 234-7016.

Ninahalom as:

MATTHEW T. GREGORY
Abugâdu Henerât

Fecha

Kinonfotme as:


BENIGNO R. FITIAL
Gubietno


10/17/07
Fecha

Maresibe' as:


ESTHER FLEMING
Espesiât Na Ayudante Para I Atministrasion

10/17/07
Fecha

Pinelo' yan
Marikot as:


BERNADITA B. DELA CRUZ
Rehistran I Commonwealth

10/17/07
Fecha

Sigun I lai 1 CMC Seksiona 2153, ni inamenda ni Lai Publiku 10-50, I amendasion siha ni man che'che'ton este na momento esta man ma'ina yan ma'apueba pot para u fotma yan ligât sufisiente ginen I Ofisinan I Abugâdu Henerât I CNMI.

Mafecha este gi mina _____ na diha gi Septiembre 2007.

Ginen as: _____
Matthew T. Gregory

Fecha

**ARONGOL TOULAP REEL GHITIPWOTCHUL ALLÉGH KKAAL ME
ARONG IGHA EBWE FILLÓÓY LLIWEL KKAAL NGÁLI ALLÉGHÚL
IMMIGRATION TÁLIL 706 K**

GHITIPWOTCHOL: Commonwealth Téél falúw kka falúwasch Marianas Division mellól Immigration e schungi bwe faal allégh ye 1 CMC Tálil 9104(b), tipeer toulap bwe rebwe yááyá ngáli lliwelil Alléghúl Immigration ye Tálil 706 K. Sibwe ira, eyoor bwángil Sów Bwungul Allégh Lapalap ebwe ayoora alléghúl kka ebwe alúghúlúgh bwelle wiisal Commonwealth businesses, Sów Bwungul Allégh Lapalap ebwe fillóóy allégh kkaal ótol eliigh (30) rááilil arong yeel. Allégh kaal ebwe allégheló mwiril schagh yaal akkatéelong llól Commonwealth Register, ngáre schagh Sów Bwungul Allégh me Sów Lemelem re alúghúlúghúw, me ebwe kkaamalló llól ebwughúw ruweigh (120) rááilil.

BWULUL GHITIPWOTCHOL: Allégh kkaal ebwe aghatchuwuló fillongol foreign guest worker ikka re angaang llól leliyal akkameelóól áshi. Soghúúr Businesses mellól Commonwealth rekke apasa bwe allégh kka ighila ekke afitighoghow umwumur schóóy kkéél, amweyút schóóy kkéél, me amweyút schóóy angaang kka resáál toori reweigh me eew rághiiir, me ikka rebwe alisiir schóól faleey me foreign customers. Schóóy angaang kkaal nge ressóbw ghotopa eschy alcoholic beverages reel yaar angaang, Allégh yeel e pileey yaar angaang. Allegh kkaal nge re ayoora bwelle ghitipwotchol allegh (emergency regulation) igha ebwe amwascheliir business bwe schóóy attarabwagho ebwe amweri wiiseer schóóy angaang mmwal igha rebwe wetiilo igha schagh allegh kkaal aa akkate bwe non-emergency regulations.

MÁNGEMÁNGIL FILLÓ: Sów Bwungul Allégh Lapalap e mángi ebwe schéschéél fillóóy ghitipwotchol lliwel kkaal ngáli Alléghul Immigration Tálil 706 K, bwelle reel 1 CMC Talil 9104(a)(1) me (2). Weletcharal, schookka re tipeli nge emmwel rebwe ischilong reel Sów Alililil Sów Bwungul Allegh Lapalap, Kevin A. Lynch, Division of Immigration Services, Caller Box 10007, Seipel MP 96950 me ngáre fax reel (670) 234-7016.

Isaliyallong:

MATTHEW T. GREGORY
Sow Bwungul Allegh Lapalap

Rál

Alúghúlúgh:

BENIGNO R. FITIAL
Sów Lemelem


Rál

Mwir sáangi:

ESTHER FLEMING
Sów Ajillisil Sów Lemelem

Rál

Ammwel
Sáangi:


BERNADITA DELA CRUZ
Commonwealth Register

10/17/07
Rál


Sáangi allégh ye 1 CMC Talil 2153, iye aa lliwel mereel Alléghúl Toulap 10-50, lliwel kka e appasch nge raa takkal amweri fischi mereel CNMI Bwulasiyool Sów Bwungul Allégh Lapalap.

Rááilil ye _____ llól Maan 2007.

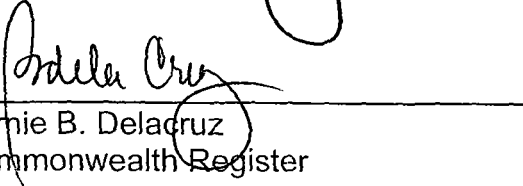
MATTHEW T. GREGORY
Sów Bwungul Allégh Lapalap

Rál

Written comments on these proposed regulations should be sent to the
Carolinian Affairs Office, Caller Box 10007, Saipan MP 96950.


Submitted by:  10.09.07
Angelica W. Iginioet-Mangarero
Executive Assistant - CAO
Date

Received by:  10/09/07
Special Assistant for Governor
Date

Filed by:  10/09/07
Bernie B. Delacruz
Commonwealth Register
Date

Certification by the Office of the Attorney General

Pursuant to 1 CMC § 2153, as amended by P.L. 10-50, the proposed regulations
attached hereto have been reviewed and approved as to form and legal
sufficiency by the Office of the Attorney General.

 10/17/07
Attorney General
Date

REGULASION YAN AREKLAMENTO SIHA PARA I METKÃO I CAO OCEAN-SITE

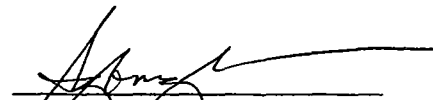
ATTIKULU I:

Propositu, Diniseha yan Estruktura:

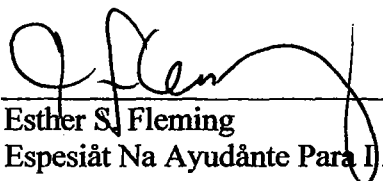
- 1.1 I propositun I Metkão I CAO Ocean-Site giya Garapan gi lugåt I Carolinian Affairs (CAO) madesigna kumo I sitio Numiru 008 D 29 yan 008 D 30 giya Saipan para u atbãnsa I sinenten komunidåt pot minagof yan interes para I uriyan Saipan. Spesifikátmente I aktibidåt siha para u:
 - a) Na guaha mãolek na esephos para I Distriton Garapan;
 - b) Na guaha lugåt dinanña para I residente yan turista siha para u magosa I abundãnsia na guinaha, talento yan produkton I táotáo-ta (local) siha;
 - c) Na guaha dinanña aktibidåt komunidåt ni para u susteni yan praktika yan u mafåtta (exhibition) I sustãnsian kultura yan tradision siha.
 - d) Masusteni I esephos I espisiåt na distritu gi komunidåt; yan
 - e) a asiste entero I komunidåt.
- 1.2 Intension I Metkão I CAO Ocean-site para u na guaha siha aktibidåt anai siña u atbãnsa entieru I uriyan I familia siha. I Metkão a aliligáo aktibidåt siha anai, solamente osino man grurupo, parehu man hoben yan man âmko, pot para u maprobeniyi I kometsiãnte siha katkuet manera para I lugåt I metkão. **Todu I aktibidåt siha debi di u fan konsiste yan este siha na diniseha.**
- 1.3 Ma'otganisa I Metkão I CAO Ocean-Site ni I Ofisinan I Carolinian Affairs ya masupotta ni I koporasion I man sigente siha na otganisasion yan ahensia siha: Bureau of Environmental Health and Sanitation, papa I Dipåtamenton I Hinemlo' Publiku, Dipåtamenton I Sinãfu Publiku Dibision I Pulisia yan Guãfi, Dipåtamenton I Sitbisiun Publiku, Marianas Visitors Authority (MVA), Dipåtamenton I Tano' Publiku, Coprorate Sponsors, Man Amigun I Metkão, yan man Baluntátario siha.
- 1.4 Todu I aktibidåt siha papa I supottasion I Kabiseyon I Metkão I CAO Ocean-Site yan I konsutasion I Executive Assistant para I CAROLINIAN AFFAIRS OFFICE (CAO) ni man ma'entrega ni áturidåt para u marebisa I aplikasion plãnun I aktibidåt yan inatbãnsa, yan I enfuetsamente nui areklaemento yan regulasion siha. I areklamento yan regulasion siha siña man marebisa gi I diskripsion I Kabiseyon I Metkão I CAO Ocean-Site yan I konsutasion yan kininfotmen I Executive Assistant para CAO.

Notisian Pupbliku

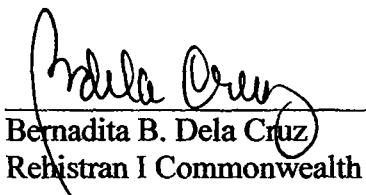
Tinige' opinion siha pot I sigente na propositu regulasion siha u mana fan hâlom gi Ofisinan I Carolinian Affairs, Caller Box 10007, Saipan MP 96950.

Ninahalom as: 
Angelina W. Ignoef-Mangarero
Executive Assistant, CAO

10-16-07
Fecha

Maresibe' as: 
Esther S. Fleming
Especiât Na Ayudante Para I Atministrasion


10-17-07
Fecha

Pinelo' yan
Marikot as: 
Bernadita B. Dela Cruz
Rehistran I Commonwealth

10-17-07
Fecha

Setifikasion Ginen I Ofisinan I Abugâdu Henerât

Sigun I kodigun I lai 1 CMC Seksiona 2153, ni inamenda ni Lai Pupbliku 10-50, I propositun I regulasion siha ni man che'che'ton esta man maribisa yan aprueba kumo echo yan ligât ginen I Ofisinan I Abugâdu Henerât.


Abugâdu Henerât

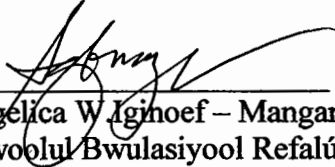
CAO Ocean-site Market
Allégh me Ammwel
Article Eew (1)

Bwungul, Goals me Structure:

- 1.1 Bwungul CAO Ocean-site Market mellól Arabwal reel Bwulasiyool Refalúwasch Llól falúw ye 008D 29 me 008D 30 mewóól Seipél igha ebwe amwóllaló mwaayúl máfiyeer llól sóbweey reel meseighil weleoról faleey. E ipighil ayoora bwelle ebwe:
 - (a) Yoor kkepas fischil apilómw ye Arabwal;
 - (b) Ayoora leliyel yaar schu schóóy faleey me schóóy tooto (tourists) bwe rebwe meseigh ágheli toulapal ngúlúwal ghuleyeer me yaar angaang;
 - (c) Ayoora schulapal urul sóóbw llól ammwelil me aisisil igha ebwe bwáári ngúlwal kkool ighila me mwey we.
 - (d) Lugheey iit fischil sóbweey; me
 - (e) Schiyeli lapalpal sóóbw, bwuleyil falúwasch.
- 1.2 CAO Ocean-site Market e tipeli ebwe ayoora toulapal uur kka ebwe fisch ngáliir schulapal lefileer schó (famillia). Market yeel e bwal tilifi akkááw tappal uur ye e fil ngáliir alongeer olighát me tufey me alongal tappal akkamééló mellól bwuleyúl akkamé. Alongal nge ebwe fil fengál me aghiyeghil me ngáre goals.
- 1.3 E bwunguló CAO Ocean-site Market faal lemelemil Bwulasiyool Refalúwasch me yaar aschischilong bwulasiyo kkaal; Bureau of Environmental, Health and Sanitation faal Bwulasiyo kka Public Health, Public Safety, Fire me Police Public Works, Marianas Visitors Authority (MVA) Public Land, Corporate Sponsors, Friends of the Market me Volunteers.
- 1.4 Alongal mwóghutughut nge faal bwángil Assamwoolul CAO Ocean-site Market sáangi alúghúlúgh mereel Samwoolul Bwulasiyool Refalúwasch (CAO).

Arongorongol Toulap

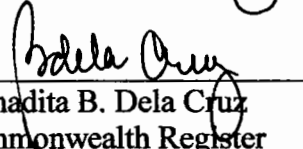
Reel mángemángimi me máfiyámi reel tingórol pomwol allégh kkaal, ów akkafang ngáli Bwulasiyool Refalúwasch (CAO) reel Caller Box ye 10007, Seipél MP 96950.

Isaliyallong: 
Angelica W. Iginoef – Mangarero
Samwoolul Bwulasiyool Refalúwasch

10.16.07
Rál

Mwir sáangi: 
Esther S. Fleming
Sów Alillisil Sów Lemelem

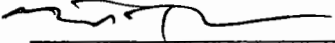
10/17/07
Rál

Aisis sáangi: 
Bernadita B. Dela Cruz
Commonwealth Register

10/17/07
Rál

Alúghúlúgh mereel Bwulasiyool Sów Bwungul Allégh Lapalap

Sáangi allégh ye 1 CMC, Tálil 2153, iye aa ssiwel ngáli Allégh ye 10-50, pomwol allégh kkaal aa filló me alúghúlúghúló sáangi Bwulasiyool Sów Bwungul Allégh Lapalap


Sów Bwungul Allégh Lapalap



CAROLINIAN AFFAIRS OFFICE

Office of the Governor

Caller Box 10007, Saipan, MP 96950

Tel. 234-6385 * Fax. 235-5088

Email Address: admincao@pticom.com



INTERIM RULES AND REGULATION

CAO OCEANSITE MARKET

Adopted for review on August 06, 2007

CAO OCEAN-SITE MARKET RULES & REGULATIONS

Article I:

Purpose, Goals and Structure:

- 1.1 The purpose of the CAO Ocean-site Market in Garapan Carolinian Affairs Office (CAO) lot designation number 008 D 29 and 008 D 30 on Saipan is to promote a feeling of community pride and enthusiasm for Saipan and its surrounding environment. Specifically, the event is designed to:
 - a) Create a positive image for Garapan Special District;
 - b) Provide a gathering place for residents and tourists of all ages to enjoy the bounty of local talents, produce's, and products;
 - c) Provide a forum for community activities in maintenance and preservation and exhibitions of cultural values and traditions;
 - d) Maintain the special district identity important to a community's self-image; and
 - e) Enhance the community as a whole.
- 1.2 It is the goal of the CAO Ocean-site Market to stage an event with activities that promote a wholesome, family atmosphere. The Market seeks activities which, individually or in combination with other activities, appeal to both young and old, and provide a consumer mix that reaches all aspects of the marketplace. **All activities must be consistent with these goals.**
- 1.3 The CAO Ocean-site Market is organized by the Carolinian Affairs Office (CAO) and supported through cooperation with the following organizations and agencies: Bureau of Environmental Health and Sanitation under the Department of Public Health, Department of Public Safety Fire Division and Police Division, Department of Public Works, Marianas Visitors Authority (MVA), Department of Public Land, Corporate Sponsors, Friends of the Market, and Volunteers.
- 1.4 All activities are under the auspices of the CAO Ocean-site Market Chairperson and in consultation with the Executive Assistant for CAROLINIAN AFFAIRS OFFICE (CAO) in whom are given the authority to reviews applications, plan events and promotions, and enforce all rules and regulations. The rules and regulations may be revised at the discretion of the CAO Ocean-site Market Chairperson in consultation and or the concurrence of the Executive Assistant for CAO.

Article II:

HOURS OF MARKET OPERATION:

- 2.1 The CAO Ocean-site Market Season will be *October 24, 2007 through August 13, 2008. (There will be NO Market activities or functions on every July 4th and other CNMI Government Holidays that fall on Wednesdays.)*
- 2.2 The CAO Ocean-site Market hours of operation are *5:00 p.m. to 9:30 p.m.*
- 2.3 The streets in the designated lot will be barricaded at approximately *12:00 p.m.*
- 2.4 Participants may begin set-up at any time after their segment of the street is fully closed to traffic.

- 2.5 The Market Information Booth will be open at *4:15 p.m.* to assist participants and will close at *9:00 p.m.*
- 2.6 **ALL VEHICLES MUST BE OUT OF THE BARRICADED MARKET AREA BY 4:45 P.M.**
- 2.7 All participants shall have their set-up complete at 5:00 p.m. A walk-through inspection will take place each Wednesday at approximately *5:15 p.m.*
- 2.8 Vehicles may re-enter the street to take down booths and activities **NO EARLIER THAN 9:40 p.m.**
- 2.9 All booths and equipment must be out of the street or designated area by *10:15 p.m.*, so the police can open the street for traffic.
- 2.10 **THERE ARE NO REFUNDS FOR OFFICIAL PROCLAIMED EMERGENCY DISASTERS BY OFFICE OF THE EMERGENCY MANAGEMENT AND OTHER CNMI GOVERNMENT AGENCY OR RAINED OUT MARKETS.**

Article III:

General Policies and Operating Procedures for All Participants:

- 3.1 ALL PARTICIPANTS MUST COMPLY WITH ALL OF THE POLICIES, RULES, REGULATIONS AND OPERATING PROCEDURES OF THE CAO OCEAN-SITE MARKET. NON-COMPLIANCE INCLUDING OFFENSIVE CONDUCT, BREACH OF THESE RULES, REGULATIONS AND POLICIES, REFUSAL TO COOPERATE WITH CAO OCEAN-SITE MARKET PERSONNEL (INCLUDING VOLUNTEERS) MAY RESULT IN IMMEDIATE SANCTIONS, INCLUDING REVOCATION OF THE PERMIT, REMOVAL FROM THE MARKET WITH FEES NOT REFUNDED, AND POSSIBLE PERMANENT EXCLUSION FROM FUTURE PARTICIPATION IN THE CAO OCEAN-SITE MARKETS FUNCTIONS OR OPERATIONS.
- 3.2 All booths and activities will be open and operating during all the hours the Market is open to the public, unless a written request is submitted in advance to CAO Ocean-site Market management and approved.
- 3.3 All sales, activities & entertainment will commence at opening time & will cease at closing time. Participants who open early or who do not close on time may not be permitted to open the following week, & their fees will not be refunded. Arrangements for disposal of all leftover food and trash should be made prior to closing time.
- 3.4 All selling activities, entertainment and informational activities must take place entirely within the assigned space and outside of the required fire lane area. It is the responsibility of participating organizations to keep their staff and volunteers entirely within the space assigned.
- 3.5 It is the responsibility of all participants to notify the CAO Ocean-site Market Chairman, Coordinator or CAROLINIAN AFFAIRS OFFICE (CAO) of any changes in leadership within the organization or seek prior approval for changes in proposed activities, items for sale, menus or prices.
- 3.6 Participants in CAO Ocean-site Market shall be appropriately dressed (e.g. shirts and shoes), and conduct themselves with proper decorum. With the exception to entertainers attires.
- 3.7 No person shall deface or otherwise abuse public or private property, and shall not use any public or private facilities or structure for electricity, water, or otherwise without the prior consent of the CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO), Department of Public Land, or owner of the facility or structure.
- 3.8 All participants shall set up their area in a safe manner. All electrical cords on the ground will be taped securely and completely covered. All barbecue units will be barricaded from the public. Structures, signs and equipment will be secured against wind.
- 3.9 All participants shall keep their area clean during the Market and leave the space surrounding their area clean after the Market.
- 3.10 Participants shall reimburse the CAO Ocean-site Market or CAROLINIAN AFFAIRS OFFICE (CAO) for any costs incurred relating directly to their activity.
- 3.11 No person participating in the CAO Ocean-site Market shall state, imply or otherwise suggest that the CAO Ocean-site Market, its officer or employees, or its sponsors endorse or support the views of his or her organization.
- 3.12 Alcoholic beverages may not be sold, consumed, or advertised at the CAO Ocean-site Market.
- 3.13 Merchant's show windows may not be obscured at any time by boards, banners, or other large displays.

- 3.14 CAROLINIAN AFFAIRS OFFICE (CAO)) and the CAO Ocean-site Market Committee are not responsible for theft or damages to property belonging to persons participating in the CAO Ocean-site Market. The CAO Ocean-site Market assumes no responsibility for items left unattended before, during, or at the conclusion of Market activities.
- 3.15 The CAO Ocean-site Market and or CAROLINIAN AFFAIRS OFFICE (CAO) reserves the right to revoke the permit and/or order the removal of all equipment and material belonging to a participant - from the Market boundaries for any reason deemed necessary to better meet the goals and purposes of the CAO Ocean-site Market or for public health, safety and welfare, and fees shall not be refunded.
- 3.16 There shall be no sub leasing agreement by the participants or vendors.

Article IV: Participation and Application:

Participation is limited to:

- 4.1 Established food service businesses that wish to sell barbecued, pre-prepared or pre-packaged foods for consumption at the Market.
- 4.2 Artists and Craftspeople who wish to sell their own **handmade** Arts and/or Crafts.
- 4.3 Community Service Agencies who wish to tell their story, showcase and or exhibit to Market attendees.
- 4.4 Certified growers who wish to sell their agricultural produce.
- 4.5 Entertainers whose talents are deemed by the selection committee to be attractive to families, youngsters and/or senior citizens.
- 4.6 Processed Food Vendors, who wholly produce, manufacture & package products for sale that aren't ready-to-eat.
- 4.7 Corporate Sponsors who contract directly with the CAO Ocean-site Market and or CAO.

The Selection Process:

- 4.8 All participants must apply in writing to the CAO Ocean-site Market on a Market Application.
- 4.9 Application for participation in any Market activity is an offer to contract with the CAO Ocean-site Market subject to the provisions stated on the Application Form and the Market Rules and Regulations. Acceptance by the CAO Ocean-site Market of an application constitutes acceptance of that offer to contract.
- 4.10 Applications are reviewed to determine space availability and the extent to which they meet Market objectives and selection priorities.
- 4.11 Approved applicants are offered an invitation to participate.
- 4.12 Approved applicants must provide to the Market the following (no less than one (1) month before initial participation):
- a. Necessary fees (non-refundable) as applicable (see application and fee section)
 - b. Copies of necessary licenses and permits from regulatory agencies
 - c. Insurance Certificate, if required (see application)
 - d. All other documentation required on each specific application (see application for details)
- 4.13 When all documents and fees are received, Market management assigns space.
- 4.14 Selection to participate is for one Market Season only, or for period applied for, whichever is less.
- 4.15 Failure to be recommended by the selection committee (even after recommendation in previous years) is not necessarily a reflection on any groups past performance or current potential. Space requirements, need for change, mix of activities/products at the Market, operational needs, and scheduling are factors evaluated by the Selection Committee that do not reflect on any individual's or group's abilities but which must be considered when inviting participants.

Event Operational Policies:

- 4.16 Participation privileges may NOT be assigned, transferred, or sold.
- 4.17 **Once space is allocated, participation is required or future application may be denied, and no prepaid fees will be refunded.**
- 4.18 Participants will be assigned space locations at the discretion of the CAO Ocean-site Market Chairman/Coordinator or conformity to CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO) approved site designation.

- 4.19 The number of spaces to be allotted to each type of vendor or other participants will be determined by the CAO Ocean-site Market Chairman/Coordinator.
- 4.20 Participants shall limit sales and activities to items specified on the application, unless prior consent of the Market is obtained.
- 4.21 Under the street closure or other relevant permits issued by the CNMI Government, the CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO) has full discretion concerning the use of the area designated for the CAO Ocean-site Market.
- 4.22 The person in charge of any activity must be in possession of a valid Market permit at all times during set-up, operation and dismantling. The permit is to be clearly displayed during operation. Additionally, if the activity involves food sales, the participants must also have all relevant documents or permits demonstrating compliance with all applicable governmental regulations, statutes and mandates.
- 4.23 It is the responsibility of approved applicants to have their Market permit. Permits not received in the mail may be picked up at the Market Information Booth after 4:15 p.m., but before 4:45 p.m., on Wednesday.
- 4.24 The CAO Ocean-site Market permit may be revoked for any one of the following reasons (which are not all-inclusive):
- a. Non-compliance with these or any other of the CAO Ocean-site Market Rules and Regulations or
 - b. any applicable governmental regulations, statues and ordinances, including DPS Fire Department, and
 - c. Department of Health Rules and Regulations and CNMI Public Law 12-48. Fees will not be refunded.
 - d. Non-payment of prescribed fees within the designated time period.
 - e. **Poor attendance.** (Vendors who are assigned space and do not attend are subject to Loss of participation privileges for the Market Season, and fees shall not be refunded.)

Article V:

Regulatory Agencies and Market Participants:

(Department of Public Health Bureau of environmental, health and sanitation division, Department of Public Safety fire division and police division, Marianas Visitors Authority, Department of Commerce division of Alcoholic, Beverage & Tobacco Control, Department of Public Works, and CAROLINIAN AFFAIRS OFFICE (CAO))

- 5.1 Where applicable, regulations of the Department of Public Health, Department of Public Safety, Department of Public Land, Department of Public Works, Department of Commerce-Alcoholic Beverage and Tobacco Control Act must be adhered to by all CAO Ocean-site Market Participants or vendors.
- 5.2 It is the responsibility of the Participant to obtain all permits and licenses applicable to participation at the CAO Ocean-site Market, including, but not limited to, Department of Finance Business License, and any necessary permits required for food preparation issued by the Department of Public Health.
- 5.3 Fees for all necessary permits and licenses are the responsibility of the Participant or approved vendors.
- 5.4 The laws regarding sales tax are complex. It is the responsibility of the Participants/vendors, not CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO), to determine their tax status with regard to local, state and federal statutes and regulations, in particular CNMI excise tax on all items, foods, and drinks sold at the Market.
- 5.5 The laws regarding food sales are complex. It is the responsibility of the Participants/vendors, not the CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO), to determine the Health and Safety Code Requirements and ordinances applicable to any food preparation, presentation and sales.
- 5.6 The laws regarding certified produce sales are complex. It is the responsibility of the Participants, not the CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO), to determine the Division of Agriculture under Department of Lands and Natural Resources on Requirements and certification applicable to any produce preparation, presentation and sales.
- 5.7 Violation of any existing statutes or regulations from Department of Public Health, Department of Lands and Natural Resources, Department of Public Safety, Department of Public Works, Department

of Public Land, and Department of Commerce on Alcoholic Beverage and Tobacco Control regulations is grounds for immediate booth closure.

NOTE: NO ALCOHOLIC BEVERAGE SALES ARE PERMITTED WITHIN THE DEPARTMENT OF PUBLIC LAND (DPL) APPROVED BOUNDARIES OF AND FOR THE CAO OCEAN-SITE MARKET.

Article VI: Equipment and Services

- 6.1 THE CAO OCEAN-SITE MARKET/CAROLINIAN AFFAIRS OFFICE (CAO) IS UNDER NO OBLIGATION TO PROVIDE MORE THAN (2) 110 VOLTS ELECTRICAL POWER OUTLETS AND LIGHT SOCKET. FURTHERMORE, THE CAO OCEAN-SITE MARKET/CAROLINIAN AFFAIRS OFFICE (CAO) IS ALSO UNDER NO OBLIGATION TO PROVIDE WATER, TABLES OR ANY EQUIPMENT TO PARTICIPANTS. PARTICIPANTS MUST PROVIDE OR ARRANGE FOR SERVICES AND EQUIPMENT THEMSELVES, AND NO FEES WILL BE REFUNDED FOR PARTICIPANT'S FAILURE TO MAKE SUCH ARRANGEMENTS.**
- 6.2 THE CAO OCEAN-SITE MARKET/CAROLINIAN AFFAIRS OFFICE (CAO) MAY PROVIDE IN SERVICE TRAINING TO THE PARTICIPANTS/VENDORS ON THE CAO OCEAN-SITE MARKET RULES AND REGULATION AND MAY ACT AS LIAISON ON BEHALF OF THE PARTICIPANTS/VENDORS IN AVAILING INFORMATION(S) FROM OTHER AFFECTED GOVERNMENT AGENCIES RELATING TO SAFETY AND HEALTH ISSUES AND OR TRAININGS WHICH WILL BE AT THE EXPENSE OF THE CAO OCEAN-SITE MARKET PARTICIPANTS/VENDORS ON ANY ASSOCIATED FEES RENDERED FROM OTHER CNMI GOVERNMENT AGENCIES.**

Article VII: Fees for the CAO Ocean-site Market Season

- 7.1 Participation in the CAO Ocean-site Market is a privilege for all. There are substantial costs in operating the weekly events. Vendor fees are set to cover the costs of operating the Market. Fees are not refundable, except as provided herein. Partial spaces or double spaces may be available at varying fees. Please inquire with the CAO Ocean-site Market office under the auspices of Carolinian Affairs Office (CAO) via official correspondence attention to:**
- Executive Assistant
CAROLINIAN AFFAIRS OFFICE
CAO Ocean-Site Market (OSM)
Caller Box 10007 Saipan MP 96950
- 7.2 Food Sales: \$35 per night per space along the street. Food vendor fees are due prior to the vendors opening at the Market.**
- 7.3 Arts & Crafts Sales: Arts and Crafts vendor's fee is \$10. All spaces are approximately 10'x 10' along the street. Fees are due prior to the vendors opening at the market.**
- 7.4 Non-Profit/Community Service Agencies: \$5 per Wednesday Night per space along the street (approximately 8' x 8' or as determined by the CAO Ocean-site Market Chairman or Coordinator). Community Service Agencies pay on a weekly basis with fees to be paid no less than three weeks prior to initial participation at the Market.**
- 7.5 Farm Market: \$25 per Wednesday night per 10-foot unit of space on the street. Fees must be paid one week in advance of the Market.**
- 7.6 Processed Food Vendors: \$40 per week for one space. Fees must be paid one week in advance of the Market.**
- 7.7 All CAO Ocean-site Market participants/vendors agrees to submit to CAROLINIAN AFFAIRS OFFICE (CAO) on the following(s):**
- 1. Gross Sales generated on every Wednesday night on every following Mondays (failure to comply with this provision will result in enforcement of Article VII, Section 7.8)**
 - 2. And any official request from CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO) shall be adhered or complied to the CAO Ocean-site Market participants/vendors in 5 working days. Failure for compliance will result in the enforcement of Article VII, Section 7.8.**

7.8 **Warning, Fine and/or Expulsion Policy:** A warning letter will be issued for the first violation of the CAO Ocean-site Market's Rules and Regulations; the second violation will result in a fine equal to one week's fee; the third violation will result in a two week suspension from the Market with no refund; and the fourth violation will result in suspension from the entire CAO Ocean-site Market Season.

7.9 **LIABILITY INSURANCE:** Vendors should be aware that the CAO Ocean-site Market's liability insurance does NOT cover sellers. You are encouraged to obtain your own liability insurance. (It is **recommended, but not required**, that all applicants provide a certificate of insurance insuring them as follows: \$1,000,000 Product & Comprehensive General Liability Insurance naming the CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO) as additionally insured.)

AGREEMENT

Applicant agrees to defend, hold harmless, and indemnify the CAO Ocean-site Market/Carolinian Affairs Office (CAO), its officers and employees, from and against any and all claims for damages and any or all loss, provided such claim, liability or loss arises in whole or in part by any act or omission of applicant or that of any employee or agent of applicant, and so applicant agrees, irrespective of whether such claim, damages or loss also arose from or were caused by a negligent omission on the part of the Carolinian Affairs Office, the CAO Ocean-site Market, or any of its officers or employees. Applicant has read the foregoing CAO Ocean-site Market's Rules and Regulations regarding the Purpose, Goals and Structure; General Policies and Operating Procedures for All Participants; Participation & Application; Hours of Market Operation; Regulatory Agencies; Equipment and Services; Fees for the CAO Ocean-site Market Season, and the Section herein regarding applicants specific area of participation and applicant agrees to conform to the regulations contained therein.

CAO Ocean-site Market Vendor: _____ Date: _____
(Print and Signed)

CAO Ocean-site Market/CAROLINIAN AFFAIRS OFFICE (CAO) Officer: _____ Date: _____
(Print and Signed)

Adopted and Approved for public comments by:  _____ Date: 9.19.07
Angie W. Iginioef -Mangarero

Concurred By:  _____ Date: 09/19/2007
Melvin Faisao, CAO Advisory Chairman

TEMPORARY AUTHORIZATION TO USE PUBLIC LAND
T.A. No. 07-41S

WHEREAS, the Department of Public Lands ("DPL") received your letter dated July 30, 2007 and received on August 2, 2007, in which the Carolinian Affairs Office is requesting for authorization to conduct its Wednesday Nights Market in Garapan, Saipan; and

WHEREAS, the proposed Wednesday Nights Market is an activity that is supported in the authorization as granted by the DPL to the Carolinian Affairs Office on August 16, 2006 (reference no. PL 06-1021); and

WHEREAS, the DPL hereby grants the Carolinian Affairs Office ("Permittee") this Temporary Authorization ("T.A") use public land Lot Nos. 008 D 29 and 008 D 30 in Garapan, Saipan, for its Wednesday Nights Street Market.

NOW, THEREFORE, in view of the above recitals, and in consideration of the mutual covenants, conditions, and benefits to be derived herein, the DPL and the Permittee mutually agree as follows:

1. Permittee agrees and covenants to use the Premises solely to conduct its Wednesday Nights Street Market, as stated above.
2. The term ("Term") of this T.A. shall be for a period beginning August 15, 2007, and ending on August 14, 2008. Wednesday Nights Street Market hours shall be from 12:00 p.m. to 11:00 p.m., which includes preparation and cleanup time. At the expiration of this T.A., Permittee shall discontinue the use of and remove all materials used for the activity from the Premises.
3. Permittee shall have non-exclusive use of the Premises, and this T.A. shall be revocable at any time.
4. Permittee shall not assign, transfer, permit, or sublease this T.A.
5. No fee is charged as Permittee's use of the Premises is for non-commercial purposes. Permittee is a Government agency of the CNMI.
6. Permittee agrees to use the Premises in a reasonably prudent manner, so as to not cause nuisance or hazards to the public.
7. Permittee shall seek and obtain the assistance of the Department of Public Safety to provide security and public safety of the general public during the Term of this T.A.
8. Permittee shall provide sufficient lighting on the Premises, including within the designated parking and the walking areas, for the safety and convenience of patrons.
9. Materials that may cause health or environmental hazard are prohibited from being placed or stored on the Premises at any time. Entirely at its discretion, the MPLA may demand the removal of materials it deems not related to the intended, stated purpose of the concession. Also at its discretion, the MPLA may demand the removal of materials it deems unsafe or hazardous to the health and safety of the general public using the Premises.
10. Permittee shall procure all licenses, certificates, permits, or other temporary authorizations from other governmental authorities having jurisdiction over the operations of Permittee's activities.
11. Any and all disputes arising from Permittee's use of Premises shall be settled by Permittee. Permittee

*Temporary Authorization
Carolinian Affairs Office
Wednesday Nights Market
Page 1 of 2*

DEPARTMENT OF PUBLIC LANDS
P.O. Box 500380 Saipan, MP 96950

DEPARTMENT OF PUBLIC LANDS
P.O. Box 500380 Saipan, MP 96950

agrees and covenants that its dispute(s) shall in no way involve the DPL as a party to such dispute(s), and that no liability whatsoever shall be assumed by the DPL in any form of settlement or compromise of such disputes.

12. As a part of the consideration hereof, the Permittee hereby releases and forever discharges and agrees to indemnify and hold harmless the DPL, the CNMI Government, their successors, employees and assigns, from any and all injury or loss and all liability for injury or loss to persons or property which occur on the Premises, or which arise out of or in connection with any activities under this T.A. during the term of this T.A., any extension thereto, or during any holdover by Permittee.

As part of the consideration hereof, the Permittee also agrees to defend the DPL, the CNMI Government, their successors, employees and assigns, from and against any claim, demand or lawsuit with respect to the subject of the indemnity contained herein, whether or not such claims, demands or actions are rightfully or wrongfully brought or filed against all costs incurred by the DPL, the CNMI Government, their successors, employees and assigns therein. In case a claim should be brought or an action filed with respect to the subject of indemnity herein, Permittee agrees that the DPL, the CNMI Government, their successors, employees and assigns may employ attorneys of their own selection to appear and defend the claim or action on their behalf, at the expense of the Permittee. The DPL, the CNMI Government, their successors, employees and assigns, at their own option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromise or settlement of any claims or actions against them.

13. This T.A. may be canceled or terminated by the DPL at any time, with or without cause; provided, Permittee is given at least two (2) days advance written notice of termination or cancellation of this T.A. After this T.A. is canceled by the DPL, Permittee shall physically vacate the Premises by removing from the Premises its belongings and properties, and cease using and occupying the Premises. In addition, Permittee must restore the Premises to its original physical condition, cleared of any and all debris and litter, and properly disposed of at any designated dumping place.

14. This T.A. shall not be amended, modified or altered unless done so in writing by the parties.

Please indicate your acceptance of the aforementioned conditions by signing on the space provided below and return the signed original to us.

Sincerely,



JOHN S. DELROSARIO, JR.
Secretary

08/09/07
Date

ACCEPTED BY:



ANGIE W. IGINIOF-MANGARERO
Executive Assistant
Carolinian Affairs Office
Caller Box 10007
Saipan, MP 96950

08/15/07
Date

*Temporary Authorization
Carolinian Affairs Office
Wednesday Nights Market
Page 2 of 2*

PUBLIC NOTICE

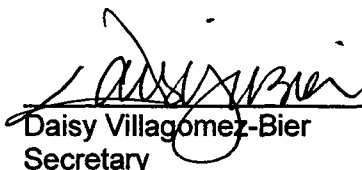
NOTICE OF PROPOSED HPO REGULATIONS

The Commonwealth of the Northern Mariana Islands (CNMI) Historic Preservation Office (HPO), hereby notifies the public that it proposes to adopt regulations to implement the duties and responsibilities assigned to it pursuant to the Commonwealth Historic Preservation Act of 1982 (P.L. 3-39; 1 CMC § 2381, et seq.)

These regulations describe the historical and cultural resource preservation policies of the CNMI, establish standards for the inventory of cultural and historical properties, and provide assessment, review, and permitting procedures.

In accordance with 1 CMC § 9104(a), the public has the opportunity to comment on the proposed regulations. Copies of the proposed regulations are available at the Historic Preservation Office, Airport Road, Saipan. Written comments should be submitted to: CNMI Historic Preservation Office, Airport Road, Caller Box 10007, Saipan, MP 96950. Comments must be received by HPO within thirty (30) days of the date this notice is published in the Commonwealth Register.

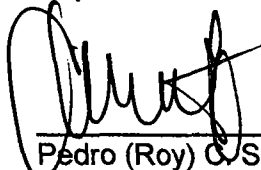
Issued by:



Daisy Villagomez-Bier
Secretary

Date 10.15.07

Department of Community and Cultural Affairs



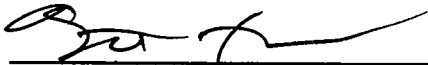
Pedro (Roy) G. Sablan
Historic Preservation Officer

Date 10/15/07

CNMI Historic Preservation Office


Pursuant to 1 CMC § 2153(e) and 1 CMC § 9104(a)(3) the proposed regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General.

Dated the 16th day of October, 2007.



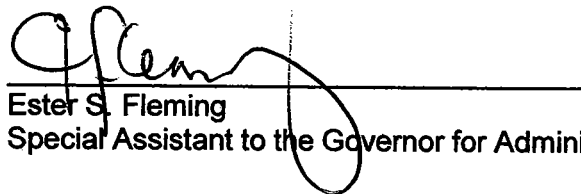
MATTHEW T. GREGORY,
Attorney General

Date: 10-16-07



Bernadita B. Dela Cruz
Commonwealth Registrar

Date: 10-17-07



Ester S. Fleming
Special Assistant to the Governor for Administration

NOTISIAN PUPBLIKU

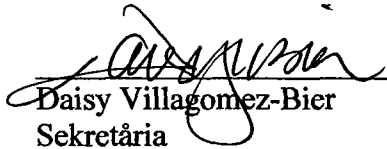
NOTISIA POT MAN MAPROPONE I REGULASION SIHA PARA I OFISINAN I INADAHEN HISTORIAN I TANO' (HPO)

I Ofisnan I Inadahen Historian I Tano' (HPO) gi Commonwealth I Sankattan Siha Na Islan Mariana, este na momento a notisia I pupbliku na a propopone para u adopta regulasion siha para u matutuhon I che'cho' yan responsabilidat siha ni man ma'entrega sigun I Akton I Inadahen Historia gi Commonwealth gi 1982 (Lai Pupbliku3-39; 1 CMC Seksiona 2381, et seq.)

Este na regulasion siha a deskribi I areklamenton inadahen historia yan guinahan kuttura gi CNMI, a establesi I areklamento para I kuttura yan tutat I lugat historia siha, ya u probeniyi ebaluasion, ribisa yan areklamenton petmisu siha.

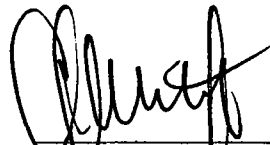
Gi I kininsisten I lai 1 CMC Seksiona 9104 (a), gai opotunidat I pupbliku para u fan gai opinion pot I man mapropone na regulasion siha. Kopian I man mapropone na regulasion siha man gaige gi Ofisinan I Inadahen Historia, gi Airport Road, giya Saipan. I tinige' opinion debi di u mana fan halom guatu gi: Ofisinan I Inadahen Historian CNMI, gi Airport Road, gi Caller Box 10007, giya Saipan MP 96950. Debi di u maresibe' I opinion siha ni I Ofisinan I Inadahen Historia gi halom trenta (30) diha siha gi anai mafecha este na notisia para I publikasion gi Rehistran I Commonwealth.

Malaknos as:


Daisy Villagomez-Bier
Sekretaria

Dipattamenton I Asunton Komunidat yan Kuttura

Fecha: 10.15.07


Pedro (Roy) C. Sablan

Ofisiat gi Inadahen Historia
Ofisinan I Inadahen Historian CNMI

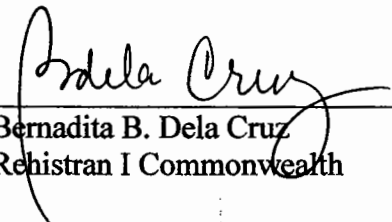
Fecha: 10/15/07

Sigun I lai 1 CMC Seksiona 2153(e) yan 1 CMC Seksiona 9104(a)(3) I man mapropone na regulasion siha ni man che'che'ton esta man ma'ina yan ma'aprueba pot para u fotma yan ligat sufisiente ginen I Abugadu Henerat I CNMI.

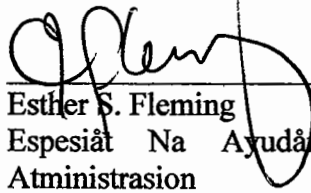
Mafecha este gi mina 16th na diha gi ^{October} ~~September~~, 2007


MATTHEW T. GREGORY,
Abugâdu Henerât

Fecha: 10/16/07


Bernadita B. Dela Cruz
Rehistran I Commonwealth

Fecha: 10/17/07


Esther S. Fleming
Espesiât Na Ayudânte Para I
Atministrasion

ARONGOL TOULAP

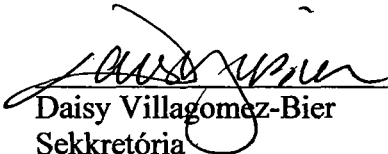
**ARONGORONGOL REEL POMWOL ALLÉGHÚL ME AMMWELIL
URUWOWUL FALÚW (HPO)**

Bwulasiyool Ammwelil Uruwowul falúw (HPO) mellól Téél falúw kka Efang Marianas, ighila ekke arongaar aramas toulap bwe ekke powmoli bwe ebwe fillóoy allégh kkaal igha ebwe ayoora angaangal me mwóghutul ngáli Alléghúl Ammwelil Uruwowul falúw ye e allégheló llól sangaras tiwabwughúw waliigh me ruwoow (1982) (Alléghúl Toulap ye 3-39; 1 CMC Tálil 2381, et seq.)

Allégh kkaal ebwe affatawow alléghúl me ammwelil uruwowul falúw me peirághil kko me bwuley me ayoora asóssót, ammwel me igha e mweiti ngáli.

Sáangi allégh ye 1 CMC 9104 (a) aramas toulap re mweiti ngáliir rebwe isisilong mángemáng me máfiyeer reel powmol allégh kkaal. Pomwol allégh kkaal elo reel Bwulasiyool Ammwelil Uruwowul falúw me Airport Road, Seipél, P.O. Box 10007, MP 96950. Ischilong yáami mángemáng reel CNMI HPO llól eliigh (30) sáangi yaal akkatééwow llól Commonwealth Register

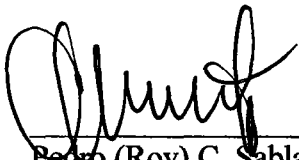
Isaliyalong:



Daisy Villagomez-Bier

Sekkretória

Bwulasiyool Ammwelil sóóbw me Kko



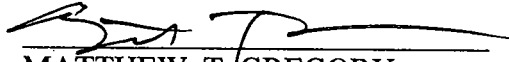
Pedro (Roy) C. Sablan

Samwoolul Ammwelil Uruwowul falúw


Bwulasiyool Ammwelil Uruwowul falúw mellól CNMI

Sáangi allégh ye 1 CMC Talil 2153(e) me 1 CMC Tálil 9104 (a)(3) pomwol allégh kka e appash nge raa takkal amweri fischi me allégheló mereel CNMI Sów Bwungul Allégh Lapalap.

Ráánil ye 17 ^{octobre} llól Maan (~~Setembre~~), 2007.


MATTHEW T. GREGORY,
Sów Bwungul Allégh Lapalap

Ral: 10-16-07


Bernadita B. Dela Cruz/
Commonwealth Register

Ral: 10-17-07


Esther S. Fleming
Sow Allisil Sow Lemelem

**TITLE 55
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS**

Chapter 10 – Historic Preservation Office

PART I. GENERAL PROVISIONS

§ 10.1.1 These regulations shall be known as the CNMI Historic Preservation Office Regulations and shall be cited as “HPO Regs § 10.xx.xx” or “55 NMIAC § 10.xx.xx”

§ 10.1.2 These regulations are established under the authority of Section 3 of Article XIV of the Constitution of the Northern Mariana Islands; Section 3(d) of Chapter 7 of Public Law 1-8, the Executive Branch Organization Act of 1978; and Section 5(i) of Public Law 3-39, the Commonwealth Historic Preservation Act of 1982.

PART II. DEFINITIONS

As used in these regulations:

§ 10.2.1 “Act” means the Commonwealth Historic Preservation Act of 1982, Public Law 3-39, codified at 2 CMC § 4811, et seq.

§ 10.2.2 “Adaptive use” means the use of a cultural and historic property for a contemporary purpose or purposes, usually different from its historical use and usually with some alteration of its character, but retaining its major significant historical characteristics.

§ 10.2.3 “Agency” means any agency of the Commonwealth Government or its political subdivisions, including independent boards and commissions.

§ 10.2.4 “Archeologist” means an individual meeting the current standards of the Department of the Interior for archeologists serving on State Review Boards under the authority of Section 101(b)(1)(B) of the National Historic Preservation Act.

§ 10.2.5 “Architect” means an individual meeting the current standards of the Department of the Interior for architects serving on State Review Boards under the authority of Section 101(b)(1)(B) of the National Historic Preservation Act.

§ 10.2.6 “Architectural historian” means an individual meeting the current standards of the Department of the Interior for architectural historians serving on State Review Boards under the authority of Section 101(b)(1)(B) of the National Historic Preservation Act.

§ 10.2.7 “Artifact” means any object related to, derived from, or contained in a cultural and historic property that is important in the study, interpretation, or public appreciation of such property.

§ 10.2.8 “Board” means the Review Board created by Section 6 of the Act.

§ 10.2.9 “Cultural and historic property” means any site, structure, district, building, object, or combination thereof, that”:

- (a) is included in the National Register of Historic Places;
- (b) is determined by the Historic Preservation Office or the Keeper of the National Register of Historic Places to be eligible for the National Register, or
- (c) meets any of the criteria set forth in Appendix I.

The term explicitly embraces the terms “historic and cultural property”, “cultural and historic property”, and “valuable historic property” as used in the Act. Cultural and historic properties may be recognized as such individually or as members of “groups” of like or unlike properties whose numbers and locations can be specified, or as “classes” of like properties whose characteristics can be specified but whose precise total numbers and locations may not be specifiable.

§ 10.2.10 “Cultural anthropologist” means an individual whose training and experience, usually including receipt of a postgraduate degree, equips him or her for the professional practice of cultural anthropology as recognized in the academic institutions of the United States, Japan, Australia, New Zealand, Canada, or the countries of western Europe.

§ 10.2.11 “Cultural exchange” means the exchange of artifacts and/or information, practices, ideas, arts, or crafts between the Commonwealth and any other political entity, organization, or institution.

§ 10.2.12 “Culture” means the traditions, beliefs, traditional practices, lifeways, arts, crafts and social institutions of the Chamorro and Carolinian peoples, or of a particular community within the Commonwealth.

§ 10.2.13 “Data recovery” means the study of a cultural and historic property, by or under the supervision of qualified scholars with expertise appropriate to the property, and including appropriate analysis and dissemination of study results, in order to recover, understand, and make available information about the property.

§ 10.2.14 “Development” means the placement or erection of any solid material or structure; discharge or disposal of any dredged material or of any gaseous, liquid, solid, or thermal waste; grading, removing, dredging, mining or extraction of any materials; change in the density or intensity of use of land, including, but not limited to, subdivision of land and any other division of land including lot parceling; change in the intensity of use of water and ecology related thereto; alteration of the size of any structure, including any facility of any private, public, or municipal government or utility; and land clearing of any amount,

Deleted: of 100 square meters or more on any slope greater that three percent

§ 10.2.15 “Donation” means providing artifacts or other material derived from or related to a cultural and historic property, either permanently or for a fixed period of time, to a non-profit organization recognized and approved by the Historic Preservation Office.

§ 10.2.16 “Historian” means an individual meeting the current standards of the Department of the Interior for historians serving on State Review Boards under the authority of Section 101(b)(1)(B) of the National Historic Preservation Act.

§ 10.2.17 “HPO” means the Historic Preservation Office created by Section 4 of the Act, including its head, the Historic Preservation Officer, and his or her staff acting in official capacities.

§ 10.2.18 “Impact” means any modification in an element of a cultural and historic property that tends to damage or reduce the integrity of such element. “Impacts” include:

(a) “Direct impacts”, which are caused by a given action and occur at the same time and place, and

(b) “Indirect impacts”, which are caused by a given action and are later in time or farther removed in distance, but are still reasonably foreseeable. Indirect impacts may include, but are not limited to, the inducement of population growth, the inducement of changes in the density or distribution of land uses, and changes in traffic patterns.

§ 10.2.19 “Interpretation” means making a cultural and historic property, or the information and artifacts it contains, understandable to the public for purposes of education and enlightenment.

§ 10.2.20 “Parties” means the agency or agencies involved in the action subject to review, the HPO, and any other person, organization, or group with a financial, professional, or cultural interest in the action or property involved.

§ 10.2.21 “Permitting” means issuance of a written license or authorization (including any condition) to any person, empowering such person to do some act not forbidden by law, but not allowed without such authority, or the modification or amendment of any permit or condition thereof subsequent to its issuance.

§ 10.2.22 “Person” means the Government of the United States of America or any agency or department thereof; the Government of the Commonwealth or any agency or department or any municipality thereof; any sovereign state or nation; any public or private institution; any public or private corporation, association, partnership, or joint venture, any lessee or other occupant of property, or any individual, acting singly or as part of a group.

§ 10.2.23 “Physical anthropologist” means an individual whose training and experience, usually including receipt of a postgraduate degree, equips him or her for the professional practice of physical anthropology as recognized in the academic institutions of the United States, Japan, Australia, New Zealand, Canada, or the countries of western Europe.

§ 10.2.24 “Plan”, depending on context, means:

- (a) The design, specifications, and schedule of a development action;
- (b) A cultural and historic preservation plan, designed to ensure that cultural and historic properties are wisely integrated into contemporary land uses and development, or
- (c) A plan for treatment of a particular cultural and historic property or group of such properties subject to impact by a development action or actions.

§ 10.2.25 “Predictive model” means an element of a cultural and historic preservation plan which, on the basis of existing information and extrapolation, predicts the distribution and density of various classes of historic properties over a given island or other area.

§ 10.2.26 “Preservation” means the identification, evaluation, recordation, documentation, curation, acquisition, protection, management, rehabilitation, restoration, stabilization, maintenance, or reconstruction of a cultural and historic property, or any combination of the foregoing activities.

§ 10.2.27 “Project” means any use, development or other activity subject to review under these regulations, or where the context so indicates, a preservation activity carried out pursuant to these regulations.

§ 10.2.28 “Records” of a preservation activity mean the notes, other documents, photographs, forms, files, electronic records, maps, specifications, and other material describing the activity, its results, the property involved, and any data recovered from or pertaining to the property.

§ 10.2.29 “Regulated activity on private lands” means any use of private lands that is subject to issuance of a permit by any agency, or that is wholly or partly dependent on financial, technical, or other forms of assistance by any Commonwealth or Federal agency, including but not limited to those activities requiring permits or assistance under the Department of Public Lands homestead program or commercial lease, the Coastal Resources Management Regulations, or any Division of Environmental Quality Regulation.

§ 10.2.30 “Rehabilitation” means the process of returning a property to a state of utility, through repair or alteration, which makes possible an efficient contemporary use while preserving or restoring the property’s significant historical or cultural elements.

§ 10.2.31 “Restoration” means the process of accurately recovering the form and details of a property as it appeared at a particular period of time by removing later work and replacing missing original work.

§ 10.2.32 “Scientific identification” means the study of artifacts, other material, and/or information derived from or relating to a cultural and historic property or properties, for purposes of increasing knowledge about such properties or about topics of scientific or humanistic

research; such study may include destructive activities such as the gasification of samples for radiometric age determination, where appropriate.

§ 10.2.33 “Significant element” of a cultural and historic property means an element integral to the property’s cultural or historical significance, disturbance of which will impair such significance. Where pertinent, a significant element may be present in the environment surrounding the property, or in its airspace, as well as or rather than in the property itself.

§ 10.2.34 “Survey”, when used as a noun, means a systematic, planned effort to identify, record, and evaluate cultural and historic properties in a manner consistent with applicable professional standards. Survey may be conducted at a general level, as in the survey of an entire island, or at the level of a particular parcel or tract of land. When used as a verb, “to survey” means the act of conducting a survey as defined above.

§ 10.2.35 “Use” of a cultural and historic property means its use for traditional cultural purposes, for scientific or humanistic study, or for productive contemporary purposes. It is recognized that such use may, in the public interest, require the alteration of the property’s significant elements or even its total destruction.

§ 10.2.36 “Wartime context”, with reference to a cultural and historical property associated with World War II, means the context in which the property was made or used during World War II, as opposed to a context to which it may have been removed after World War II.

PART III. POLICY

§ 10.3.1 These regulations shall be implemented in a manner that balances the preservation of cultural and historic properties against the needs of development and continuing use of land and other resources.

(a) Commonwealth policy favoring the preservation of cultural and historic properties is articulated in Section 3 of Article XIV of the Constitution, which directs that “places of importance to the culture, traditions, and history of the people of the Northern Mariana Islands” and “(a)rtifacts and other things of cultural or historical significance...shall be protected and preserved”, and in Section 3 of the Commonwealth Historic Preservation Act of 1982, which declares the policy “to promote and preserve historic and cultural properties in the Commonwealth”.

(b) It is recognized, however, that cultural and historic properties can in most cases coexist with modern development, and that preservation of such properties; may involve creative activities other than static protection in place and unchanged, including but not limited to adaptive use, rehabilitation, and data recovery.

(c) It is further recognized that protection of all cultural and historic properties in place and unchanged could seriously impede the wise use and development of lands in

the public interest, frustrate scientific research, unduly restrict the cultural use of such properties, and allow such properties to fall into disrepair through disuse.

(d) Accordingly, the guiding principle to be used in implementation of these regulations shall be the United States Government policy articulated in Section 2(1) of the National Historic Preservation Act: that is: “to foster conditions under which our modern society and our prehistoric and historic resources can exist in productive harmony and fulfill the social, economic, and other requirements of present and future generations.”

§ 10.3.2 Cultural and historic properties that play or may play continuing roles in the culture of the Chamorro or Carolinian people, or in the culture of a given island, area, or community, shall be considered in planning with sensitivity to the concerns of the people who ascribe cultural value to them, in consultation with such people. It is recognized that such properties may be particularly sensitive to the indirect impacts of development. In planning for the use of such properties, consideration shall be given to the “Recommendation concerning the safeguarding of the beauty and character of landscapes and sites”, adopted by the General Conference of the United Nations Educational, Scientific and Cultural Organization (UNESCO) at Paris, December 11, 1962.

§ 10.3.3 Cultural and historic properties that are now or may be of importance in archeological research shall be considered in planning in a way that balances this value against the needs of development, as well as against any non-archeological values they may possess. It is recognized that the research value of such properties can often be preserved or realized through careful data recovery before their destruction in the interests of development, provided such study is well organized to define and address significant research topics, meets the standards of the Register of Professional Archeologists, and takes into account the “Recommendations on international principles applicable to archeological excavations”, adopted by the General Conference of UNESCO at New Delhi, December 5, 1956.

§ 10.3.4 Cultural and historic properties having architectural merit, or representing architectural style or building practices typical of past periods in the history of the Commonwealth, are recognized to be rare and accordingly shall be preserved in place to the extent feasible. Rehabilitation and adaptive use of such properties shall be encouraged. Special efforts shall be made to identify and preserve, as functional and active living areas, neighborhoods and communities whose buildings are of historical architectural interest, in a manner consistent with the recommended treatments in the United States Secretary of the Interior’s “Standards for Rehabilitation and Guidelines for Rehabilitation of Historic Buildings”, taking into account the “Recommendation concerning the safeguarding and contemporary role of historic areas” adopted by the General Conference of UNESCO at Nairobi, November 26, 1976.

§ 10.3.5 Recognizing the importance of the Northern Mariana Islands in the history of World War II and the diversity of material remains of that War on these islands, special efforts shall be made to identify, study, and preserve good examples of cultural and historic properties and artifacts associated with the War, and to interpret these for the public. Preservation and interpretation shall be undertaken in a manner that has the least impact feasible on productive

contemporary land uses, and with recognition of the fact that the gradual decay and transformation of War materiel originally designed for short-term use is inevitable. As a rule, the relocation of such materiel as tanks, large guns, and armored vehicles shall be discouraged, as shall their restoration, while the interpretation of such materiel in place and in its natural condition shall be encouraged. An exception to this rule shall be made with respect to materiel relocated from its wartime context at or near the end of the war, after American capture of the Northern Mariana Islands; where the wartime context of a piece of materiel has already been lost, further relocation and/or restoration shall not be discouraged.

§ 10.3.6 Pursuant to Section 10 of the Act, 2 CMC § 4832, where development will result in impacts to a cultural and historic property, and costs must be incurred to preserve, protect, rehabilitate or recover data from the property, it shall be the responsibility of the person whose actions damage the property to bear such costs unless undue hardship would result. Where undue hardship would result, the HPO shall work with the person otherwise responsible for bearing the costs, to identify alternative funding sources and mechanisms for sharing costs.

§ 10.3.7 The HPO shall encourage the adoption of measures to ensure that new buildings and infrastructure improvements adapt harmoniously to the spatial organization and setting of cultural and historic properties, and that they take into account the social and cultural activities, ways of life and social relationships, and land tenure practices of the occupants and/or users of such properties.

§ 10.3.8 The HPO shall administer these regulations in a manner that minimizes paperwork and redundant permit requirements.

§ 10.3.9 The HPO shall seek to coordinate implementation of these regulations with the implementation of historic and cultural preservation laws in and by the several states of the United States of America, Guam, the Federated States of Micronesia, the Republic of Palau, the Republic of the Marshall Islands, and Japan.

§ 10.3.10 The HPO shall take necessary steps to control the export of artifacts from the Commonwealth, in accordance with law and in cooperation with other agencies having jurisdiction, and shall cooperate with the authorized officials of other governments in the control of such exportation.

PART IV. HISTORIC PRESERVATION REVIEW BOARD

§ 10.4.1 The Review Board proposed by Section 6 of the Act shall be referred to as the Commonwealth Historic Preservation Review Board, and hereinafter as the Board. The Board shall commence the implementation of its duties, described in Section 7 of the Act, upon the full composition of the Board by nine members appointed by the Governor.

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§ 10.4.2 Pursuant to Section 6 of the Act, 2 CMC § 4875, the provisions of Title 1(a), Chapter 1, Section 1 of the Executive Branch Organization Act, 1 CMC 2901(g), shall not apply to the

composition of the Board. The Governor shall, however, take the purposes of Title 1(a), Chapter 1, Section 1 into account when appointing members to the Board.

§ 10.4.3 All Board members shall be citizens or national of the United States, and residents of the Commonwealth, at least eighteen (18) years of age.

§ 10.4.4 Members of the Board shall be appointed from a list of nominees provided by the HPO. In preparing this list, the HPO shall solicit and take into account recommendations of the public and appropriate agencies, including local governments. The list shall include at least two (2) individuals in each of the following categories:

- (a) Resident of Tinian;
- (b) Resident of Rota;
- (c) Resident of Saipan representing Carolinian cultural concerns;
- (d) Resident of Saipan representing the Marianas Visitors Authority; and
- (e) Resident of Saipan representing business and/or development interests.

§ 10.4.5 The Governor shall appoint one (1) member from each of the categories in § 10.4.4. Each member shall serve for four (4) years, except the members first appointed, who shall serve terms as provided in section 8 of the Act.

§ 10.4.6 In addition to the five (5) members of the Board, the Governor shall appoint three (3) Technical Advisors to the Board, from a list of at least six (6) nominees provided by the HPO. The list provided by the HPO shall include at least two (2) individuals in each of the following categories, who need not be residents of the Commonwealth, but who shall be citizens or nationals of the United States:

- (a) Professional architect or architectural historian;
- (b) Professional historian, and
- (c) Professional archaeologist.

§ 10.4.7 The Governor shall appoint one (1) Technical Advisor from each of the categories in § 10.4.6. Each Technical Advisor shall serve for four (4) years. Technical Advisors shall not vote on actions taken by the Board pursuant to these regulations, but may participate in discussions preceding such actions, and may participate in Board actions taken pursuant to pertinent Federal regulations implementing the National Historic Preservation Act and related authorities.

§ 10.4.8 The Board shall elect from among its members a Chairman and a Vice-Chairman. Three members shall constitute a quorum.

§ 10.4.9 The Board may, from time to time and in consultation with local governments and the HPO, recognize local advisory committees to assist it in its work. It may also recognize advisory committees made up of specialists in technical areas of concern such as history, local traditions, archeology, engineering, and planning, and it may request the assistance of other Commonwealth agencies in carrying out its responsibilities.

§ 10.4.10 The Board may delegate its responsibilities to the HPO, subject to oversight by the Board.

§ 10.4.11 Formal actions of the Board may be taken only at meetings of the full Board or a quorum thereof. Meetings may be held in regular session, in special session, or unassembled.

- (a) Regular sessions shall be held quarterly, preceded by appropriate notice to the public.
- (b) Special sessions may be held when the Chairman determines that circumstances so warrant. Adequate notice shall be provided to ensure the public's opportunity to attend the session.
- (c) When the Chairman determines that the full Board should act on a single or limited number of issues, and a regular or special session is not warranted, (s)he may convene an unassembled meeting. Business may be conducted by mail, telephone, radio, or other medium. General rules relating to notice, quorum voting, and record-keeping shall apply. No business shall be transacted at unassembled meetings that violate principles of public participation. The public shall be afforded access to all materials transmitted among members in unassembled meetings.

§ 10.4.12 All Board meetings shall be held in places generally accessible to the public, and shall be open to the public with the following exceptions:

- (a) Unassembled meetings, and
- (b) Meetings dealing with subjects properly withheld from public disclosure in accordance with law.

§ 10.4.13 Adequate notice of all Board meetings shall be provided to the public generally and to interested persons. The extent of public notification shall reflect a good faith effort to provide actual notice to persons interested in the subject matter of the meeting balanced against considerations of cost and burden on staff time.

§ 10.4.14 Meetings shall be presided over by the Chairman, or in the Chairman's absence, by the Vice-Chairman. Roberts' Rules of Order shall govern meeting procedures, except where they may conflict with these regulations, in which event these regulations shall govern. Full and accurate minutes shall be kept by the HPO, acting as staff to the Board; minutes may be kept in written form or electronically.

§ 10.4.15 Only Board members may vote at Board meetings except in cases where Federal law or regulation requires that Technical Advisors be allowed to vote, in which event both Board members and Technical Advisors may vote. No member or Technical Advisor shall be permitted to vote on a matter in which (s)he has a direct personal or organizational interest not common to other members and Technical Advisors. Matters voted on shall require a simple majority of those present and voting for passage, except where law may require a larger majority. A member may give a proxy to another voting member and a Technical Advisor may give a proxy to another Technical Advisor or to a voting member, to be cast on one or more specific items on the meeting agenda. No member may hold more than one (1) proxy. Valid proxies shall be counted as members present and qualified to vote whenever a point of order is raised about the presence of a quorum. Proxies must be in writing or recorded electronically prior to the vote on the issue for which the proxy is given.

§ 10.4.16 The Board, with the participation of the Technical Advisors as needed, shall:

- (a) Carry out the responsibilities of the State Historic Preservation Review Board under U.S. Government regulations;
- (b) Provide general oversight to the HPO;
- (c) Review requests for permits and proposed land uses when HPO finds that a cultural and historic property will be directly or indirectly impacted by the proposed activity;
- (d) Promulgate rules and regulations as necessary to carry out the purposes of the Act;
- (e) Determine whether particular properties, groups of properties, or classes of properties should be designated as not cultural and historic, pursuant to § 10.6.5 of these regulations;
- (f) Review and approve the Commonwealth Cultural and Historic Preservation Plan and revisions thereof, pursuant to § 10.8.3 of these regulations;
- (g) Monitor exempt activities pursuant to § 10.9.3 of these regulations;
- (h) Review the findings of the HPO pursuant to § 10.9.10 of these regulations;
- (i) Review and approve programmatic agreements pursuant to § 10.9.18 of these regulations;
- (j) Review and approve Section 11 permit terms pursuant to § 10.10.5 and § 10.10.7 of these regulations;
- (k) Review and approve loans and leases pursuant to § 10.10.11 of these regulations;

(l) Participate in the development of curation facilities pursuant to § 10.10.12 of these regulations, and

(m) Prepare a written annual report summarizing its activities and reporting on the status of cultural and historic preservation in the Commonwealth, and furnish copies to the Governor, the President of the Senate, and the Speaker of the House.

PART V. INVENTORY OF CULTURAL AND HISTORIC PROPERTIES

§ 10.5.1 The HPO, in consultation with local governments and other appropriate agencies, shall conduct a systematic, phased survey to inventory cultural and historic properties throughout the Commonwealth.

§ 10.5.2 All citizens of the Commonwealth are requested to cooperate in the HPO's survey by providing access to private lands, by reporting the discovery of cultural and historic properties and artifacts, and by participating in survey activities organized by the HPO.

§ 10.5.3 The HPO shall establish survey priorities based on research and planning needs and the availability of funds.

§ 10.5.4 The HPO shall document survey methods, results, properties identified, and areas surveyed in a manner consistent with contemporary professional standards in history, architectural history, architecture, archeology, and cultural anthropology.

§ 10.5.5 Based on the survey results, including field inspections and background research, the HPO shall develop and periodically refine a predictive model identifying areas known or likely to contain cultural and historic properties as well as areas known or likely not to contain such properties. This model shall be developed and refined in accordance with contemporary professional standards.

§ 10.5.6 The HPO shall make the predictive model and its periodic refinements available to other agencies, including but not limited to:

- (a) Mayors and other local government officials;
- (b) The Coastal Resources Management Office, for purposes of the administration of its regulatory programs in a manner consistent with 2 CMC §§ 1511(a)(11) and (14);
- (c) The Division of Environmental Quality for purposes of the administration of its regulatory programs in a manner consistent with 2 CMC § 3111(a)(4);
- (d) The Department of Public Lands, for purposes of carrying out its responsibilities under Sections 5(s) and 5(f) of Article XI of the Constitution in a manner consistent with Section 3 of Article XIV of the Constitution;

(e) Agencies of the United States Government, for purposes of their compliance with Sections 106, 110, and 111 of the National Historic Preservation Act, and

(f) Other agencies, at the discretion of the HPO, for purposes of compliance with these regulations.

§ 10.5.7 The HPO shall promulgate standards for survey and identification of cultural and historic properties, taking into account relevant United States Government standards and guidelines, international conventions and recommendations, the standards and guidelines in use by other Pacific jurisdictions, and contemporary professional standards in archeology, cultural and physical anthropology, history, architecture, and other relevant fields.

PART VI. RECORDING CULTURAL AND HISTORIC PROPERTIES

§ 10.6.1 The HPO shall maintain a comprehensive inventory of identified cultural and historic properties, and shall promulgate standards and guidelines for the evaluation, classification, and recordation of such properties, taking into account United States Government standards and guidelines, international conventions and recommendations, the standards and guidelines in use by other Pacific jurisdictions, and contemporary professional practice.

§ 10.6.2 Identified cultural and historic properties shall be classified with reference to Appendix I.

§ 10.6.3 Properties shall be nominated to the National Register of Historic Places when:

- (a) The owner of a cultural and historic property so requests;
- (b) Public or private investment in preservation of the cultural and historic property has occurred or is likely to occur;
- (c) The cultural and historic property has been or is likely to be legally dedicated in whole or partial title to preservation purposes; or
- (d) Such nomination will advance purposes set forth in the Commonwealth Cultural and Historic Preservation Plan or a local cultural and historic preservation plan.

§ 10.6.4 Properties appearing to meet any of the criteria set forth in Appendix I shall be assumed to be cultural and historic properties eligible for inclusion in the National Register of Historic Places, for purposes of compliance with Parts IX and X of these regulations, Sections 9 and 11 of the Act, and Sections 106, 110, and 111 of the National Historic Preservation Act where applicable, and shall be considered to be potential elements of the world cultural heritage for purposes of Articles 4, 5, and 6 of the "Convention concerning the protection of the world cultural and natural heritage" adopted by the General Conference of UNESCO at Paris, November 16, 1972.

§ 10.6.5 On the recommendation of the HPO, and after affording the public a reasonable opportunity to comment and taking such comments into account, the Board may determine that a given property, group of properties, or class of properties is not cultural and historic. Such a determination shall be in writing, and shall be accompanied by a written explanation as to why such property, group, or class does not meet any of the criteria set forth in Appendix I. A property, group, or class so determined shall not be treated as cultural and historic under these regulations unless new evidence is brought forward showing the Board's determination was in error, whereupon the Board shall rescind or revise the determination accordingly, or unless the Keeper of the National Register of Historic Places determines that such a property, group, or class is eligible for inclusion in the National Register.

PART VII. SURVEY AND IDENTIFICATION IN ADVANCE OF DEVELOPMENT

§ 10.7.1 Pursuant to Section 9 of the Act, public lands shall not be disposed of, nor activities permitted on public or private lands, that might damage cultural and historic properties without first complying with Part IX of these regulations.

§ 10.7.2 Identification of cultural and historic properties in advance of development shall be conducted in a manner consistent with the standards promulgated by the HPO under § 10.5.7 and § 10.6.1 of these regulations.

§ 10.7.3 The results of all surveys to identify cultural and historic properties shall be provided to the HPO for review and approval.

§ 10.7.4 All surveys to identify cultural and historic properties in advance of development shall take into account the urban and regional social, cultural, historical and environmental contexts of such properties and the economic, social, demographic, and land use effects that the subject development may have, if any, beyond the boundaries of the development site.

PART VIII. COMMONWEALTH AND LOCAL CULTURAL AND HISTORIC PRESERVATION PLANS

§ 10.8.1 The HPO shall prepare and periodically update a Commonwealth Cultural and Historic Preservation Plan fulfilling the requirements of Section 101(b)(3)(C) of the National Historic Preservation Act and pertinent United States Government standards. In preparing and refining this plan, the HPO shall consult with and take into account the views of agencies including, but not limited to, local governments, the Coastal Resources Management Office, the Department of Public Lands, and the Division of Environmental Quality. The Plan shall take into account, and to the extent feasible, be consistent with local cultural and historic preservation plans. The Plan shall take into account the equivalent plans, if any, of other Pacific jurisdictions.

§ 10.8.2 The Commonwealth Cultural and Historic Preservation Plan shall incorporate the predictive model developed pursuant to § 10.5.5 of these regulations and shall be designed to assist the HPO and other agencies in decision making about the need for survey, the identification and evaluation of cultural and historic properties, the integration of such properties

into development and land use, and the treatment of such properties when threatened by development.

§ 10.8.3 The Commonwealth Cultural and Historic Preservation Plan and any modification thereof shall become effective upon its approval by the Board.

§ 10.8.4 At the request of a local government, the HPO in consultation with such local government and other appropriate parties may draft a local cultural and historic preservation plan and submit this plan to the local government for review and approval. Any such plan shall take into account the Commonwealth Cultural and historic Preservation Plan, relevant United States Government guidelines, and the "Recommendation concerning the safeguarding and contemporary role of historic areas" adopted by the General Conference of UNESCO at Nairobi, November 26, 1976.

§ 10.8.5 In planning their actions, agencies shall take into account the Commonwealth Cultural and Historic Preservation Plan and any pertinent approved local cultural and historic preservation plans.

PART IX. USE OF CULTURAL AND HISTORIC PROPERTIES

§ 10.9.1 This Section implements Section 9 of the Act.

§ 10.9.2 The following activities are exempt from the requirements of this Section, except as provided in § 10.9.3 below:

- (a) Clearing of vegetation using hand tools;
- (b) Agricultural activities on lands that have been historically used for such activities, providing such activities do not involve grading or excavation;
- (c) Hunting, fishing, and trapping involving no development;
- (d) Preservation of scenic, historic, and scientific areas, including wildlife preserves, involving no development;
- (e) Expansion or improvement of an existing structure, unless the structure has been identified by the HPO as a cultural and historic property, as a contributing element of a cultural and historic property, or as lying within a cultural and historic property that could be damaged by the action;
- (f) Re-grading and/or paving of already graded land surfaces, and
- (g) Replacement, acquisition, or improvement of non-structural capital equipment involving no development.

§ 10.9.3 The Board may determine that an activity that would ordinarily be exempt from the requirements of § 10.9.2 must be reviewed in accordance with the provisions of this Part, where it finds, after consideration of the activity and of public comments thereon (if any), that the activity may do damage to a cultural and historic property.

§ 10.9.4 Any agency that may dispose of public lands, use or permit use of public lands for a nonexempt activity, or issue a permit for the conduct of a nonexempt activity on private lands, shall comply with the following procedures at the earliest possible stage in planning. Failure to comply until it is too late to reasonably consider alternatives to the action as planned shall constitute noncompliance with these regulations.

§ 10.9.5 The agency responsible for undertaking, assisting, permitting, or reviewing a nonexempt activity, hereinafter "the agency", shall:

- (a) Review the Commonwealth Cultural and Historic Preservation Plan and any applicable local cultural and historic preservation plan.
- (b) Review the predictive model maintained by the HPO, in consultation with the HPO, to determine the need for and/or the scope of any survey.
 - (1) Where the HPO has completed a survey of all lands subject to direct and indirect impact, no further survey shall be required except as may be needed to define relationships between any identified cultural and historic properties and the proposed activity.
 - (2) Where the predictive model indicates that cultural and historic properties will not be found on any lands subject to direct or indirect impact, no survey shall be required.
 - (3) Where the predictive model indicates that cultural and historic properties may be found on lands subject to direct or indirect impact, but a survey has not yet been conducted, a survey shall be required.
 - (4) Where there is insufficient information to serve as a reliable basis for predicting whether cultural and historic properties may be found, a survey shall be required.
 - (5) If a survey is not required and no cultural and historic properties are known, the HPO shall so advise the agency in writing. The agency may then proceed, complying with § 10.9.11 of these regulations where applicable.
 - (6) If a survey is not required and cultural and historic properties are known on the lands subject to direct or indirect impact, the HPO shall so advise the agency in writing. The agency shall then comply with § 10.9.10 or § 10.9.11, whichever is applicable.

- (7) If a survey is required, the agency shall:
- (A) afford the HPO a reasonable opportunity to conduct a survey in accordance with the schedule set forth in Appendix II, or
 - (B) transfer funds, or where applicable, require a permittee to transfer funds to the HPO to conduct the survey in a shorter time period than allowed by Appendix II, or
 - (C) conduct the survey itself, or where applicable, require a permittee to conduct a survey using supervisory personnel approved by the HPO and in a manner consistent with the standards promulgated by the HPO pursuant to § 10.5.7 of these regulations, and provide the report of the survey to the HPO for review and approval.

§ 10.9.6 All surveys shall take into account pertinent United States Government standards and relevant international recommendations.

§ 10.9.7 If a survey results in the identification of a cultural and historic property subject to direct or indirect impact, the survey report shall contain recommendations for the avoidance or mitigation of such impact and, where feasible, recommendations for enhancement of beneficial effects on the property.

§ 10.9.8 If a survey results in the finding that no cultural and historic properties are subject to direct or indirect impact, the HPO upon approving the report shall so advise the agency in writing.

§ 10.9.9 If a survey results in the finding that cultural and historic properties are subject to direct or indirect impact, the HPO upon approving the report shall so advise the agency in writing. The agency shall then comply with § 10.9.10 or § 10.9.11, whichever is applicable.

§ 10.9.10 Where the HPO finds that a cultural and historic property will be directly or indirectly impacted by the disposal or use of public lands:

- (a) The HPO shall report the finding, together with recommendations as to how the anticipated impacts can be avoided or mitigated, to the agency and the Board.
- (b) The Board shall review the findings and recommendations of the HPO to determine their consistency with the policies set forth in Part III of these regulations.
- (c) The Board shall request, receive, and review the comments of the agency involved in the action, of any potential recipient or user of the lands, and of the public.
- (d) The Board may modify the findings and recommendations, or direct the HPO to do so, in order to make them consistent with the policies set forth in Section III.

(e) Upon determining that the findings and recommendations are consistent with the policies in Part III, the Board shall approve them and so advise the agency.

(f) Upon receipt of the findings and recommendations approved by the Board, the agency shall modify the proposed action to accommodate the recommendations, and shall include the findings, recommendations, and a description of the modifications in any planning and environmental document required for the action, or shall desist from the proposed action.

(g) Should the agency be unable or unwilling to comply with the recommendations, it may consult with the HPO to modify the recommendations and request their re-submittal to the Board. Such consultation shall be guided by the policies set forth in Part III, and shall afford the public a reasonable opportunity to participate.

§ 10.9.11 Where an agency proposes to issue a permit for, or assist, a nonexempt regulated activity on private land, upon receipt of the findings and recommendations of the HPO pursuant to § 10.9.5(b)(5), § 10.9.5(b)(6), §10.9.8, or §10.9.9, the agency shall:

- (a) Include the report, or a synopsis thereof approved by the HPO, in any planning and environmental document required for the activity;
- (b) make the full report, if any, available to the public at a convenient location, and
- (c) publish notice of the availability of the report.

§ 10.9.12 Within thirty (30) days after promulgation of a report or synopsis in an environmental document pursuant to § 10.9.10(j) or § 10.9.11(a), or after publication of notice pursuant to § 10.9.11(c), whichever is later, any person may appeal the HPO's findings and recommendations to the Governor. An appeal shall be made in writing, in English, Chamorro, or Carolinian, and a copy should be provided to the HPO. Upon receipt of an appeal, the HPO shall consult with the appellant, the agency, and any other appropriate party (if any) to seek agreement on a course of action that will remove the objection.

§ 10.9.13 Notwithstanding § 10.9.12, the HPO may without consultation recommend to the Governor that an appeal be rejected as frivolous, and the Governor may reject the appeal as such, if the HPO finds and documents that the standards set forth in Appendix III are not met by the appeal.

§ 10.9.14 Where the HPO has determined that a cultural and historic property or properties will be directly or indirectly impacted by the proposed action, or if as the result of an appeal it is determined that such a property or properties will be impacted, the parties involved, including but not limited to the HPO, the agency responsible for the action, permit, or assistance, and other persons with financial, professional, or cultural interests in the lands or properties involved, shall consult to determine feasible and prudent means, if any, to avoid, mitigate, or satisfactorily reduce the level of impact to the property or properties. Unless the parties mutually agree to a

longer time, the consultation shall be completed within thirty (30) days after the close of the comment period provided for in § 10.9.12. Consultation shall be carried out as follows:

- (a) The agency responsible for permitting or assisting the activity shall publish notice of the beginning of consultation, advising the public of the location and time of the first consultation meeting and inviting public participation.
- (b) The agency or the applicant for a permit or assistance shall provide the HPO with a plan for treating the cultural and historic property or properties subject to impact. This plan shall take into account the property's significance, with reference to Appendix I, and pertinent Commonwealth, Federal, and international standards and guidelines, and shall be consistent with the policies set forth in Part III and the standards set forth in § 10.10.9 through § 10.10.12 of these regulations as applicable. It may include:
 - (1) Provision for preservation of a property in place and unchanged;
 - (2) Provision for the adaptive use of a property;
 - (3) Provision for data recovery, including analysis, dissemination of results, and curation of artifacts and records;
 - (4) Provision for project design to ensure sympathetic treatment of a property's significant elements;
 - (5) Such other provisions as may be appropriate to the property and the activity, and/or
 - (6) A rationale, based on the public interest and taking into account the policies set forth in Part III, for destroying or damaging the property without avoiding, mitigating, or satisfactorily reducing the level of damage.
- (c) The parties shall review the plan and consult to determine what changes may be needed, if any, in order to ensure its prudence, feasibility, and consistency with the policies in Part III and other provisions of law. Consultation shall be directed toward determining feasible and prudent means to avoid, mitigate, or satisfactorily reduce the level of damage to the property, pursuant to 2 CMC § 4831(b). Should it be proposed, pursuant to § 10.9.14(b)(6), not to pursue such means, the burden of proof shall be on those so proposing to demonstrate why such a proposal is in the public interest.
- (d) Once the parties have agreed on a plan, they shall indicate their agreement in writing. The plan shall become a binding part of the permitted or assisted activity, and shall be enforced by the agency responsible for issuing the permit or providing the assistance.
- (e) The agency responsible for issuing the permit or providing the assistance shall publish the results of the consultation in the Commonwealth Register.

§ 10.9.15 Should the parties be unable to agree on a plan, they shall submit a report to the Governor. This report, which may contain separate sections prepared by parties holding different opinions, shall outline the consultation undertaken, identify the issues that separate the parties, and offer recommendations including options for the Governor's action.

§ 10.9.16 The Governor, upon receipt of a report, shall review it, make a decision within 30 days, and publish this decision and its supporting rationale in the Commonwealth Register, providing the same report to the Legislature. Should the Legislature not override the Governor's decision pursuant to 2 CMC § 4832(c) within 30 days after it is submitted, the Governor's decision shall be final and binding upon all parties. If the Legislature overrides the Governor's decision, the findings and recommendations of the HPO, as contained in the report submitted pursuant to § 10.9.15 of these regulations, shall be binding on all parties.

§ 10.9.17 During the course of construction or land use, should a cultural and historic property be discovered that was not previously identified and considered in accordance with these regulations:

- (a) Work shall be halted by those responsible for the activity in the immediate vicinity of the property. Work may continue on elements of the activity that do not threaten the property.
- (b) Having halted work, the party responsible for the activity shall contact the HPO and cooperate with the HPO in an on-site inspection.
- (c) The HPO shall consult with the party responsible for the activity to establish interim measures to protect the property as needed with minimum impediment to the construction or land use activity.
- (d) The party responsible for the activity shall contact known persons having financial, professional, or cultural interests in the property, if any, and arrange for prompt consultation with these persons and the HPO.
- (e) If, as a result of this consultation, agreement is reached concerning the proper treatment of the property, the agreement shall become a binding part of the activity, which may then proceed in compliance with the agreement.
- (f) Should agreement not be reached, the consulting parties shall submit a report to the Governor pursuant to § 10.9.15, and the matter shall be resolved pursuant to § 10.9.16.
- (g) Should the HPO determine during the on-site inspection that the property falls into a class determined by the Board not to be cultural and historic, or that immediate data recovery or other preservation actions can and should be undertaken and will be effective in preserving the property's significant elements, the HPO may waive the

collective requirements of § 10.9.17(d) through (f), contingent upon conduct of the preservation actions (if any) determined by the HPO to be appropriate.

§ 10.9.18 The HPO may, at its discretion or at the request of an agency, elect to exercise its authorities and responsibilities on a programmatic basis rather than with reference to individual projects. Programmatic consultation shall be carried out in the manner prescribed in § 10.9.10 through § 10.9.14 above, but with reference to an entire program rather than to individual actions and projects. Programmatic agreements between the HPO and other persons or agencies shall be submitted to the Board for review and approval, and shall become effective upon approval by the Board. Should agreement not be reached, individual actions under the subject program shall be reviewed on an individual basis in accordance with these regulations.

§ 10.9.19 Where both these regulations and Sections 106 and/or 110 of the National Historic Preservation Act apply to an action, compliance with both authorities shall be coordinated to the extent feasible.

(a) Cultural and historic properties as defined in § 10.2.9 shall be assumed to be eligible for the National Register of Historic Places unless the Keeper of the National Register determines otherwise.

(b) Where the Board, pursuant to § 10.6.5 of these regulations, determines that a property, group of properties, or class of properties is not cultural and historic, or the HPO determines that a property subject to impact is not cultural and historic, if a party objects to this determination and the objection is not rejected as frivolous pursuant to § 10.9.13, a question shall be determined to exist and the Keeper of the National Register shall be asked to make a final determination of the property's eligibility for the National Register.

(c) Reports, plans, recommendations and decisions developed under these regulations shall be provided to responsible Federal agencies for submission to the Advisory Council on Historic Preservation for review under Section 106 and/or 110(f) of the National Historic Preservation Act, whichever is applicable, in a manner consistent with the regulations of the Advisory Council.

(d) To the extent feasible, parties consulting under these regulations on an activity or program in which a Federal agency is involved shall coordinate their consultation with the involved Federal agency and the Advisory Council on Historic Preservation and shall encourage the Federal agency to obtain the Council's comments pursuant to Section 106 and/or 110(f) during consultation and review under § 10.9.10, §10.9.14, or § 10.9.18 of these regulations. Where the comments of the Council are not obtained in such a case before agreement is reached or a matter is referred to the Governor, any agreement or decision of the Governor or Legislature with respect to an activity in which a Federal Agency is involved shall be understood to be conditioned upon approval by the responsible Federal agency.

PART X SECTION 11 PERMITS

§ 10.10.1 Section 11 of the Act prohibits the willful removal of any artifact that is of historic or cultural significance to the people of the Commonwealth without a permit issued by HPO.

§ 10.10.2 Section 11 of the Act prohibits the knowing destruction, removal, disturbance, displacement, or disfigurement of any cultural and historic property on public or private lands or in the waters of the Commonwealth without a permit issued by HPO, provided the cultural and historic property has been designated as such, or is eligible for designation as such by the HPO.

§ 10.10.2 Cultural and historic properties as defined in § 10.2.9 shall be understood to be eligible for designation as such by the HPO, if they have not been so designated.

§ 10.10.3 An action taken by any person in compliance with Part IX of these regulations shall be understood to be permitted by the HPO, and no separate permit shall be required pursuant to this Part.

§ 10.10.4 Any person proposing to take an artifact or artifacts from the Commonwealth, or to destroy, remove, disturb, displace, or disfigure any cultural or historic property on the land or under the waters of the Commonwealth, and has not complied with Part IX of these regulations, shall consult with the HPO well in advance of taking the proposed action, to negotiate the terms of a permit.

§ 10.10.5 Upon agreeing on the terms of a permit, the HPO shall submit the terms to the Board for review. The Board shall review the terms in consultation with the HPO, the applicant, and other interested parties, if any, and may modify the terms as it sees fit to ensure consistency with the requirements of the Act and the policies set forth in Part III of these regulations.

§ 10.10.6 Upon approval by the Board, the HPO shall issue the permit, and the activity may proceed, subject to such other requirements of law that may be required.

§ 10.10.7 Should the HPO propose not to issue a permit, the applicant may appeal to the Board, which shall review the appeal in consultation with the applicant, the HPO, and other interested persons, if any, guided by the requirements of the Act and the policies set forth in Part III of these regulations. The decision of the Board shall be final.

§ 10.10.8 Should the Board decline to approve the terms of a permit, the applicant may negotiate with the HPO to modify the terms and resubmit them to the Board for review and approval.

§ 10.10.9 Permits for archaeological excavation shall be issued only if the following minimum standards are met:

- (a) The excavation will be supervised by an archaeologist, as defined at § 10.2.4 of these regulations, who has demonstrated pertinent experience supervising archaeological field research;

(b) The excavation will be undertaken in a manner consistent with the Standards of Research Performance of the Register of Professional Archaeologists, and shall take into account the "Recommendation on international principles applicable to archaeological excavations", adopted by the General Conference of UNESCO at New Delhi, December 5, 1956.

(c) The permission of the person owning or controlling the land involved, and any required land-use or environmental permits, have been obtained, or have been applied for and are pending issuance of the Section 11 permit.

(d) The applicant's excavation plan is sensitive to any non-archaeological cultural or historic values the property may possess.

(e) Analysis and curation of specimens will occur at an institution or other entity meeting the Institutional Standards of the Register of Professional Archaeologists, unless the excavation is of such limited scope that a full range of curation facilities is not required.

(f) The excavation is designed to address significant research topics in the natural or social sciences or the humanities, or to provide data that will advance the purpose of the Commonwealth Cultural and Historic Preservation Plan or a local cultural and historic preservation plan.

(g) An appropriate schedule is provided for the submission of a final report and copies of primary field data, and for the disposition of recovered specimens.

(h) The property or properties to be excavated either is (are) threatened with destruction or damage through natural or human forces or is (are) demonstrated to be more appropriate for the study proposed than are any known available properties that are so threatened.

§ 10.10.10 Permits for work involving field research in cultural anthropology shall be issued only if the research will be conducted under the supervision of a cultural anthropologist and if the applicant certifies that (s)he will be guided by the Code of Conduct and Standards of Research Performance of the Register of Professional Archeologists and provides an appropriate schedule for submission of a final report.

§ 10.10.11 Permits for the removal of artifacts from the Commonwealth shall be issued only for purposes of cultural exchange, scientific identification, or donation to non-profit organization whose activities have cultural significance to the Commonwealth. Such organizations include scientific and educational institutions and museums that undertake research or teaching in the Commonwealth. Permittees must guarantee that artifacts removed, whether temporarily or permanently, will be properly curated in accordance with accepted museum and laboratory practice, except to the extent that scientific identification may require their modification. With the approval of the HPO and the Board, artifacts may be temporarily loaned or leased outside the Commonwealth to persons that are not non-profit organizations, for purpose other than cultural

exchange or scientific identification, provided the recipient guarantees their proper curation in accordance with accepted museum and laboratory practice, and submits a firm schedule for their return.

§ 10.10.12 The HPO and the Board shall work with other interested parties to develop appropriate curation facilities for artifacts and other material, records, photographs and documents relating to cultural and historic properties in the Commonwealth. As a rule, artifacts shall be curated as close as their proper care allows to the community of their origin. Where it is not feasible to curate artifacts within the Commonwealth, the HPO with the approval of the Board may enter into agreements with external organizations to provide curation services.

§ 10.10.13 Nothing in these regulations shall be construed to confer upon the Commonwealth Government ownership of artifacts occurring on private lands, or to forbid the maintenance of private artifact collections by residents of the Commonwealth, provided that:

- (a) The acquisition of such collection does not involve the willful destruction, removal, disturbance, displacement, or disfigurement of any cultural or historic property on public or private land or in the waters of the Commonwealth, and
- (b) Artifacts in the collection are not removed from the Commonwealth without a permit issued pursuant to this Part.

§ 10.10.14 Artifacts recovered from an archaeological excavation on private land pursuant to this Part or Parts V or IX shall, at the request of the landowner, be returned to the landowner after their scientific identification is complete. The information resulting from the excavation and scientific identification of such artifacts shall remain in the public domain. Such information, including all records of the excavation and artifacts, shall be curated in accordance with accepted museum and laboratory practice, and published as appropriate.

Part XI. SEVERABILITY

Should any provision of these regulations, or the application of any provision of these regulations to any person or to any other instrumentality or circumstances, be held invalid by a court of competent jurisdiction, or should any such provision or application be modified or disapproved by the Legislature or the Governor pursuant to Article III, Section 15 of the Constitution, the remainder of these regulations, and the application of any such provision to any person, or to any other instrumentality or circumstances, other than those held invalid, modified or disapproved, shall not be affected thereby.

APPENDIX I: CRITERIA FOR RECOGNITION AS A CULTURAL AND HISTORIC PROPERTY

In the absence of a formal determination by the HPO or the Keeper of the National of Historic Places, a property shall be recognized as cultural and historic if it appears to meet one or more of the following criteria:

- (1) Possession of cultural value: The property is viewed by a group of people as important in maintaining the group's cultural identity (e.g., a shrine).
- (2) Possession of social value: The Property plays an ongoing important role in the social life of a group (e.g., a traditional fishing location).
- (3) Possession of interpretive value: the property has current or potential use as an exhibit for educational purposes.
- (4) Possession of research archaeological value: The property contains important information pertinent to a significant archaeological research question or questions.
- (5) Possession of archival archaeological value: The property represents a class of properties identified in the Commonwealth Cultural and Historic Preservation Plan, or in a local cultural and historic preservation plan, as containing information that should be presented for archival purposes.
- (6) Possession of architectural excellence: The property is expressive of the work of a master designer or builder, or otherwise is a fine example of the architect's craft.
- (7) Possession of architectural representatives: The property is representative of an important style or period in the Commonwealth's architectural history.
- (8) Possession of historical ambience: The property conveys a "sense of place", a character that is perceived by local residents or others as being both "out of the past" and worth retaining.
- (9) Possession of esthetic value: The property is perceived by local residents or others as both "out of the past" and pleasing to the eye.
- (10) Possession of social historic value: The property is associated with a particular historical period, process, or trend in the social history of the Commonwealth.
- (11) Possession of particularistic historical value: The property is associated with a particular person or event important in the Commonwealth's history (e.g., a place importantly associated with the 1944 invasion of Saipan).

APPENDIX II: SCHEDULE FOR THE CONDUCT OF SURVEYS BY THE HISTORIC PRESERVATION OFFICE UNDER § 10.9.5(b)(7)(A) OF THE REGULATIONS.

Where an agency or other person requests that the HPO conduct a survey under § 10.9.5(b)(7)(A) of the regulations, the HPO will use the following schedule to determine the time needed to conduct the survey.

<u>On Saipan:</u>	One (1) month per acre or fraction thereof subject to direct or indirect impact.
<u>On Tinian:</u>	Two (2) months per acre or fraction thereof subject to direct or indirect impact.
<u>On Rota and Pagan</u>	Three (3) months per acre or fraction thereof subject to direct or indirect impact.
<u>On other Islands:</u>	Four (4) months per acre or fraction thereof subject to direct or indirect impact, with additional time allowance in the event of severe weather conditions or unavailable transportation.
<u>Underwater:</u>	Negotiable depending on weather conditions, turbidity, depth, location, danger of sharks, etc.

All time limits are subject to extension in the event of typhoon, tsunami, volcanic eruption, earthquake, or refusal of a landowner or tenant to grant access.

APPENDIX III: CRITERIA FOR APPEALS UNDER § 10.9.12 OF THE REGULATIONS:

Where an appeal is filed pursuant to § 10.9.12 of the regulations, the HPO may recommend to the Governor, pursuant to § 10.9.13, that the appeal be rejected as frivolous if it does not meet the following criteria:

- (1) The appeal must present an allegation of fact that contradicts the finding, recommendation, or decision being appealed. For example, if the appeal is against a decision that a given property is not cultural and historic, the appeal must allege that the property is in fact cultural and historic.
- (2) The appeal must present supporting evidence which would tend to establish the validity of the allegation of fact; for example, in the case of an allegation that a given property is cultural and historic, the appeal must present evidence for the property's cultural or historic value, preferably but not necessarily with reference to the criteria set forth in Appendix I.

- (3) The allegation presented in the appeal must be one that has not previously been received and addressed by the Governor.

PUBLIC NOTICE

**PROPOSED RULES AND REGULATIONS OF THE
TINIAN MUNICIPAL PARK RANGERS ACT OF 2007:
TINIAN LOCAL LAW 15-08**

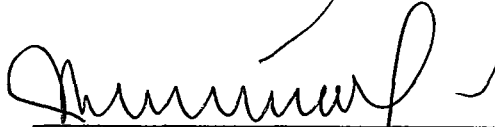
The Office of the Mayor of the Municipality of Tinian and Aguiguan, hereby notifies the public that, pursuant to the CNMI Administrative Procedures Act, particularly 1 CMC § 9102, 9104(a), and 9105, the Office of the Mayor proposes to adopt the proposed policies and regulations to establish procedures for the administration of Tinian Local Law 15-08.

In accordance with 1 CMC § 9104(a), the public has the opportunity to comment on the proposed policies and regulations. Copies of the proposed regulations are available for review and comments at the Tinian Mayor's Office, San Jose Village, P.O. Box 59, Tinian, MP 96952.

Written comments to the proposed polices and regulations should be submitted to the: Tinian Mayor's Office, Municipality of Tinian and Aguiguan, P.O. Box 59, Tinian, MP 96952, within thirty (30) days of the date this notice is published in the Commonwealth Register.

Issued by:

Date: 8/20/07



Jose P. San Nicolas
Mayor

**PROPOSED POLICIES AND REGULATIONS OF THE
TINIAN MUNICIPAL PARK RANGERS ACT OF 2007**

Citation of Statutory Authority: The Mayor of Tinian and Aguiguan proposes to promulgate policies and regulations pursuant to Tinian Local Law 15-08.

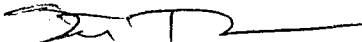
Short Statement of Goals and Objectives: The proposed policies and regulations are promulgated to implement the management of Municipal Park areas specifically belonging to and under the jurisdiction of the Municipality of Tinian & Aguiguan.

Brief Summary of Proposed Regulations: The proposed regulations will permit the Mayor of Tinian & Aguiguan to declare specific areas or parcels belonging to the Municipality of Tinian & Aguiguan as a Municipal facility or "park" and establish procedures for the maintenance thereof, construction of facilities therein, protection of resources, residents, visitors and facilities therein, and admission of the public to the park, charges and fees for such and the disposition of the charges and fees.

For Further Information, Contact: Mayor Jose P. San Nicolas at telephone **433-1800**,


Citation of Related and/or Affected Statutes, Regulations, and Orders: None.

Pursuant to 1 CMC § 2153(e) (Attorney General approval of regulations to be promulgated as to form) and 1 CMC 9104(a)(3) (obtain Attorney General approval), the proposed policies and regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General and shall be published (1 CMC §2153(f) (publication of rules and regulations)).

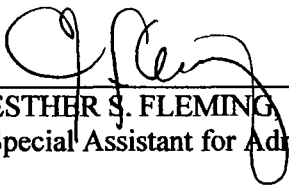


Matthew Gregory, Attorney General

Date: 8/20/07

Filed by:  Date: 8/21/07
Bernadita B. Dela Cruz,
Commonwealth Registrar

Received at the Governor's Office by:

 Date: 8/21/07
ESTHER S. FLEMING
Special Assistant for Administration

NOTISIAN PUPBLIKU

**MAN MAPROPONE NA AREKLAMENTO YAN REGULASION SIHA POT
AKTON 2007 POT PARK RANGERS MUNISIPALIDAD TINIAN: LOKAT NA
LAI TINIAN 15-08**

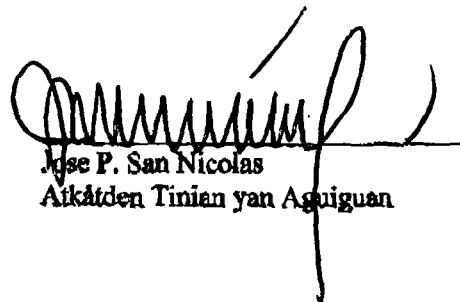
I Ofisinan I Atkátên Munisipalidad Tinian yan Aguiguan este na momento man naná'i' notisia I pupbliku na, sigun I Akton Areklamenton Atministradot I CNMI, patikulámente lai I CMC Seksiona 9102, 9104 (a), yan 9105, I Ofisinan I Atkátê a propopone para u adopta I man mapropone na areklamento yan regulasion siha para u establesi areklamento siha para I administrasion I Lokát na Lai Tinian 15-08.

Sigun I lai I CMC Seksiona 9104 (a), gai opotunidát I pupbliku para u fan gai opinion pot I man mapropone na areklamento yan regulasion siha. Kopian I man mapropone na regulasion siha man gaige para u marbisa ya u guaha opinion siha gi Ofisinan I Atkátên Tinian yan Aguiguan, gi P.O. Box 59, giya Tinian, MP 96952.

Tinige' opinion pot I man mapropone na areklamento yan regulasion siha debi di u mana fan hálom trenta (30) diha siha anai mafecha este na notisia ni mapublika gi Rehistran I Commonwealth.

Ninahalom as:

Fecha: 10-09-07


Jose P. San Nicolas
Atkátên Tinian yan Aguiguan

**MAN MAPROPONE I AREKLAMENTO YAN REGULASION I
ÅKTON 2007 POT I PARK RANGERS MUNISIPALIDÅD TINIAN**

Annok I Aturidåt I Lai: I Atkåtden Tinian yan Aguiguan a propopone para u establesi areklamento yan regulasion siha sigun I Lokåt na Lai Tinian 15-08.

**Kada'da' Na Mensåhe
Pot I Finiho yan Diniseha:** I man mapropone na areklamento yan regulasion siha man ma'establesi para I matutuhon I manehånten I Park Munisipalidad na lugåt siha espesifikåtmente duenun ya resposabilidåt I Munisipalidad Tinian yan Aguiguan.

**Kada'da' Na Sumåria
Pot I Man Mapropone
Na Regulasion siha:** I man mapropone na areklamento siha siempre a petmiti I Atkåtden Tinian yan Aguiguan para u deklåra spesifiku na lugåt osino sitio siha ni duenun I Munisipalidad Tinian yan Aguiguan kumo fasilidåt Munisipalidad osino "park" yan u establesi areklamento siha para I areklon I lugåt, konstraksion I fasilidåt siha guihe, proteksion I guinaha, residente, bisita yan fasilidåt siha yan I entrådån I publiku gi park siha, I åpas yan peña siha para I lugåt yan I disposision I åpas yan peña siha.

**Para Mås Infotmasion,
Ågang** Si Honoråpble Jose P. San Nicolas, Atkåtden Tinian, gi numirun tilifon 433-1800.

**Annok I Man Achule'
Yan/pat Inafekta na Lai,
Regulasion yan Otden Siha:** Tåya

Sigun I lai 1 CMC Seksiona 2153 (e) (I inapruedan I Abugådu Heneråt pot I regulasion siha para u ma'establesi pot para u fotma) yan I lai 1 CMC Seksiona (a)(3) (u ma'aprueba ni Abugådu Heneråt), I man mapropone na areklamento yan regulasion siha ni man che'che'ton guine esta man ma'ina yan ma'aprueba pot para u fotma yan ligåt sufisiente ni I Abugådu Heneråt I CNMI ya debi di u mapubliku (1 CMC Seksiona 2153 (f) (publikasion I areklamento yan regulasion siha))

Matthew Gregory. Abugådu Heneråt

Fecha: _____

Pinelo' as: Bernadita B. Dela Cruz
Bernadita B. Dela Cruz
Rehistran I Commonwealth

Fecha: 10-10-07

Maresibe' gi Ofisinan I Gubietno as:

Esther S. Fleming
Esther S. Fleming
Especiál na Ayudánte Para I Atministrasion

Fecha: 10/09/07

**ARONGORONGOL TOULAP
POMWOL AMMWEL ME ALLÉGHÚL NGALI MUNICIPOÓDUL PARK
RANGERS ACT LLÓL 2007:**

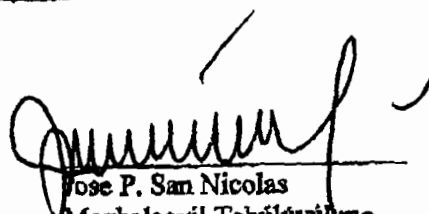
Bwulasiyool Maghalaay mewóól Munisipóódul Tchúhúyól me Úwal ekke arongaar toulap bwe, sáangi alléghúl CNMI Administrative Procedures Act, achéschéél 1 CMC Táílil kka 9102, 9104(a), me 9105, Bwulasiyool Maghalaay ekke pomwolí ebwe fillooy ammwelil me allégh kka e akkaté bwelle rebwe ayoora mwóghut ye alléghúl toulap mellól Tchúhúyól 15-08.

Sáangi allégh ye 1 CMC Táílil 9104(a), eyoor bwángiir toulap rebwe aghiyeghiy pomwol allégh me ammwelil kkaal. Tilighial allegh kkaal nge ammwel rebwe amweri fischi sáangi Bwulasiyool Maghalaay, San Jose Village, P.O. Box 59, Tchúhúyól, MP 96952.

Ischil mángemáng bwelle allégh kkaal nge ebwe isisilong reel : Bwulasiyool Maghalaayil Munisipóódul Tchúhúyól me Úwal, P.O. Box 59, Tchúhúyól, MP 96952, llól eliigh (30) ráálil yaal akkatééló llól Commonwealth Register.

Isáliyallong:

Ráíl 10-09-07


Jose P. San Nicolas
Maghalaayil Tchúhúyól me
Úwal

**POMWOL AMMWEL ME ALÉGHÚL PARK RANGERS ACT MELLÓL
MUNISIPÓÓDUL TCHULÚYÓL**

Akkatéél bwángil: Bwulasyool Maghalaay mellól Tchúlúyol me Úwal ekke pomwoli ebwe akkaté allégh kkaal reel Alléghúl Toulap mellól Tchúlúyól ye 15-4 (esáál codified).

Aweweel pomwol lliwel: Pomwol allégh kkaal ebwe akkaté bwelle rebwe ayoora ammwelil Park Rangers Act mellól Munisipóódul Tchúlúyól.

Aweweel pomwol allégh: Pomwol allégh kkaal nge emmwel bwe Maghalaayil Tchúlúyol me Uwal ebwe schéshéél apasa bwuley kka rebwe mwóghut ágheli. Sibwe ira leliyal “Park” me limifischil bwuley, akkayúúl fasilidóód, ammwelil weleór, toulap, schóoy bisita me bwuley, salapial igha rebwe yáali bwuley.

Aramas ye ubwe faingi: Awóólingil Jose P. San Nicolas, Maghalaayil Tchúlúyól, tilifoon 433-1800.

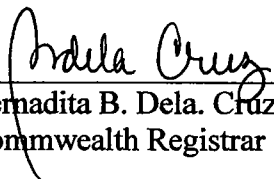
Akkatéél akkááw Allégh: Esóór

Sáangi allégh ye 1 CMC Talil 2153(e) (Alúghúlúgh sáangi Sów Bwungul Allégh ikka ebwe akkatééló bwelle) me 1 CMC 9104(a)(3) (bwughi alúghúlúgh mereel Sów Bwungul Allégh Lapalap), pomwol allégh kkaal me ammwelil kka e appasch nge raa takkal amweri fischi me alúghúlúgh mereel CNMI Sów Bwungul Allégh Lapalap me ebwe akkatééló (1CMC Talil 2153 (f) (akkatéél allégh kkaal me ammwelil)).

Matthew Gregory, Sów Bwungul Allégh Lapalap

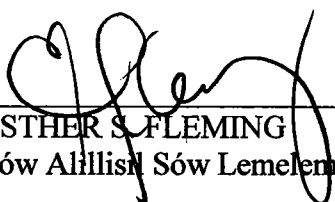
Rál

Amwelil sáangi:


Bernadita B. Dela. Cruz
Commwealth Registrar

10/10/07
Rál

Mwir sáangi Bwulasiyool Sów Lemelem:


ESTHER S. FLEMING
Sów Allisín Sów Lemelem

10/09/07
Rál

**RULES AND REGULATIONS FOR ADMINISTRATION OF THE TINIAN
PARK RANGERS ACT OF 2007: TINIAN LOCAL LAW 15-08**

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Section 1.....Purpose:

These regulations are promulgated to provide lawful instructions for the administration of the Tinian Park Rangers Act of 2007 – Tinian Local Law 15-08.

Section 2. Definitions:

As used in these regulations, the following definitions apply:

2.1 “Municipal Park” means an area set apart and designated as a Municipal Park by the Office of the Mayor of Tinian & Aguiguan including any public facilities located within the boundaries of the park.

2.2 “Fund” means the Municipality of Tinian & Aguiguan Municipal Park Rangers fund.

2.3 “Recreation Facilities” means all public sports and recreation facilities and outdoor sports and recreation areas and fields and adjoining sports facilities and shall include areas so specified and used for hiking, jogging, nature tours or exhibitions or any other public use of such a facility so designated by the Mayor.

2.4 “Mayor” means the Mayor of Tinian & Aguiguan

2.5 “Person” means any individual, estate, corporation, company, joint venture, association, partnership, trust, receiver, club, syndicate, cooperative association or any other entity.

2.6 “Enforcement Park Ranger” means any person designated by the Mayor from within the ranks of the Division of Municipal Park Rangers and charged with enforcement duties of these regulations.

2.7 "Taotao Tinian Fee" means any fee charged for use or service to a local resident of the Municipality of Tinian & Aguiguan which is at a reduced rate from that charged for general admission of all others. Residency can be proven by holding a Tinian Personal Identification Card.

Section 3. Establishment:

Under authority of Tinian local law 15-08, the Mayor of Tinian & Aguiguan hereby creates and establishes within the Office of the Mayor of Tinian & Aguiguan a Division of Municipal Park Rangers. Such unit shall be staffed by personnel selected by the Mayor for their ability to carry out the duties as described in Section 4 of these regulations. The Division shall number as required by the Mayor to carry out appropriate management and operation of designated Municipal Parks and shall have, from within its ranks, designated the required number of supervisory, clerical, enforcement and other personnel as necessary and as required and approved by the Mayor.

3.1 The Mayor may select one (1) person to act as director of the unit and as many subordinate supervisors as needed to adequately manage the various subdivisions, as created by the Mayor within the unit.

3.2 The Mayor may select sufficient personnel to handle anticipated administrative duties of the unit.

3.3 The Mayor may select sufficient personnel to handle anticipated general maintenance duties of the unit.

3.4 The Mayor may select sufficient personnel to handle anticipated general construction of facilities and shall assure that selected personnel have the requisite skills for the anticipated construction.

3.5 The Mayor may select sufficient personnel to carry out the enforcement provisions of these regulations.

3.5.1 Selected personnel may be afforded an appropriate “uniform” which may be designed by the Mayor or his/her designee and which shall be appropriate and uniquely recognizable with appropriate identification paraphernalia such as embroidered patches or badges.

3.5.2 Selected personnel shall not be authorized as having “police” powers, nor the authority to carry any weapon and shall be designated as “Enforcement Park Rangers.”

3.6 The Mayor may select additional personnel as needed for specific duties as required to carry out these regulations such as, but not limited to, duly authorized litter control officers, duly authorized and trained life guards (beach areas), equipment operators (if different from maintenance personnel), planning and design personnel, specifically required skills such as electricians or plumbers and personnel specifically required for the care and maintenance of plants and animals.

The Mayor shall, in consultation with the Municipal Treasurer and Municipal Budget and Planning Officers, set aside appropriate funding to establish the division and maintain personnel to staff required positions and such funding shall become a specific line item budgetary item for each year hereafter.

Section 4. Duties

4.1 The Division of Municipal Park Rangers personnel shall, **within** designated Municipal Parks:

4.1.1 Have the care, charge, control, and supervision of Municipal Parks and the recreational facilities therein.

4.1.2 Manage, maintain, landscape, and beautify Municipal Parks and recreational facilities therein.

4.1.3 Erect and maintain structures, signs and facilities at Municipal Parks and recreational facilities for the enjoyment, protection and safety of CNMI residents and visitors.

4.1.4 Install, maintain and operate any equipment that will enhance the operation of facilities within the parks or otherwise control or conserve the natural resources within the parks or eliminate, reduce or transfer the cost of operation of any facility, including, but not limited to, utilities, from the Mayor's Office to the users of the facility or park.

4.1.5 Permit the use of Municipal Parks and recreational facilities by CNMI residents and visitors pursuant to these rules and regulations or specific rules established for any specific Municipal Park or facility.

4.1.6 Permit the use of Municipal Parks and recreational facilities by vendors and concessionaires pursuant to these rules and regulations.

4.1.7 Collect permit fees and security deposits from concessionaires, vendors and authorized groups as well as collect reasonable user and permit fees and admission charges from the public or other park users to recover the cost of managing, maintaining, landscaping and beautifying Municipal Parks and their recreational facilities as set forth in sections 7 and 8, which fees and other charges shall be deposited into a Municipal Parks and Recreation Fund account with the Treasurer as prescribed in section 9 of these regulations.

4.1.8 Enforce violations as set forth in Section 10 through the use of an appropriate summons (citation) as required by the CNMI Superior Court and as set forth in Section 11.5 and with the fines for each violation subject to the amount provided in section 12 of these regulations.

4.2 Employees of the Division of Municipal Park Rangers may provide protection and support for facilities, persons, plants, animals, structures, appurtenances and other items in areas outside of any designated Municipal Park of the Municipality of Tinian & Aguiguan that is open to public use provided:

4.2.1 That such presence is needed or desired when other agencies or enforcement units do not have or maintain substantial presence or ability for the protection of the public and facilities within the area such as public beaches or parks, and

4.2.2 The presence of Division of Municipal Park Ranger employees does not interfere with, overlap or otherwise infringe upon the duties and activities then currently active or in progress by authorized personnel from other divisions or agencies, and

4.2.3 In no case shall any Division of Municipal Park Rangers employee be authorized to enforce the regulations or rules of any other agency or division nor shall any part of these regulations be construed or allowed to countermand, overlap, supersede or reduce the effectiveness or validity of any rules, regulations or acts of law as used by any other agency or entity at the State or Federal level, and

4.2.4 Any act by any person which may be an illegal act as regulated by any other division, agency or entity at any higher level whether in a Municipal Park or other area and that act is observed by any employee of the Division of Municipal Park Rangers, it shall be reported by that Municipal employee to appropriate officers or agencies having jurisdiction over the act with appropriate details for action as needed.

4.3 By permission and authorization of other agencies having proper jurisdiction over non-municipal park areas, the Division of Municipal Park Rangers may install such equipment as indicated in Section 4.1.4 in non-municipal areas when it is necessary to reduce, defray or eliminate operational costs borne by the Mayor's Office in those areas.

Section 5. Record Keeping:

The supervisor of personnel for the Division of Municipal Park Rangers shall keep appropriate records of all daily activities within the parks, including, but not limited to, construction, development of facilities, wildlife care, general park activities, and visitor information. There shall also be a system in place for recording of admission charges and fees and the deposit of said charges and fees with the Municipal Parks and Recreation fund account.

Section 6. Admission Fees:

6.1 Temporary Admission (less than 12 hours) Fee: A fee for temporary admission other than a vendor, concessionaire or organized government activity of ten (10) or more persons, to any regulated Municipal Park or portion of a Municipal Park or facility where the area of admission is a limited access enclosure shall be:

6.1.1 The fee for admission for any minor (less than 18 years) shall be \$2.00.

6.1.2 The fee for admission for any senior (over 60 years) shall be \$3.00.

6.1.3 The Fee for admission for any person with a legally authorized and documented disability shall be \$3.00.

6.1.4 The fee for all other admissions shall be \$5.00.

6.1.5 A Taotao Tinian Fee equal to 50% of the fees in 6.1.1 through 6.1.4 above may be charged for any person showing proof of residency on Tinian or Aguiguan.

Section 7. Permits.

7.1 The Mayor or the Division of Municipal Park Rangers may require a person to obtain a permit for the temporary exclusive use of any designated Municipal Park, portion thereof, or its associated recreational facilities. For each permit, the Division of Municipal Park Rangers shall impose:

7.1.1 User Fees: A reasonable user fee as set forth in section 8 and its subparts to recover the cost of administering the fee system and managing, maintaining, landscaping, and beautifying Municipal Parks or their recreational facilities; and

7.1.2 Security Deposits: A reasonable security deposit as set forth in section 8 and its subparts to be retained by the Municipal Treasury to the extent the Municipal Park or recreational facility is damaged and such damage is caused by the activities of such person, vendor, concessionaire, or government group during the exclusive use of the park or recreational facility.

7.1.2.1 "Damage" may include any physical harm or destruction to facilities, plants, animals or fixtures, including utilities and connections.

7.1.2.2 "Damage" may also include graffiti, littering, failure to remove garbage or any failure to vacate the premise in a condition as good or better than it was prior to occupation.

7.1.3 Other Conditions: Fees and security deposits retained under this section shall be deposited in the Division of Municipal Park Rangers fund account.

7.2 Forms Required: The Mayor shall develop an appropriate "form" to be used for the purpose of authorizing a user to occupy or carry out certain authorized acts within any Municipal Park and such "form", henceforth known as a "permit", shall designate, at a minimum:

- 7.2.1 any restrictions or conditions of use,
- 7.2.2 fees or deposits due,
- 7.2.3 authorized dates of use,
- 7.2.4 areas of authorized use,
- 7.2.5 complete name(s) of all authorized users and
- 7.2.6 the name of the authorized issuer.

7.3 Display of Permit: After any required fees and/or security deposits have been collected and an exclusive use permit issued, the Division of Municipal Park Rangers shall post appropriate notification, at least eight (8) hours in advance, in sufficient places near or around the area assigned for exclusive use to notify all other potential users that the area is reserved exclusively for use by the permittee at the time and date assigned.

7.3.1 Enforcement Park Rangers may enforce the exclusive use rules or their provisions within the exclusive use area by causing unauthorized persons or groups to leave the reserved area, through issuance of a citation if necessary.

7.3.2 Such notification(s) shall be removed by the Division of Municipal Park Rangers promptly after the exclusive use area is vacated.

7.4 Government Groups: Permits issued for any group of ten (10) or more organized employees of any governmental unit, other than for conduct of official business, shall also comply with the provisions of section 13 of these regulations.

Section 8. Permit Fees and Security Deposits:

8.1 Exclusive Use Permit Fees and Security Deposits: Fees for permits and security deposits, other than a vendor, concessionaire or organized government activity of ten (10) or more persons, for exclusive use of any regulated Municipal Park or portion of a Municipal Park or facility, whether enclosed or not, shall be (see also Section 13 for organized government activities of ten (10) or more persons and part 8.2 and 8.3 below for vendors and concessionaires):

8.1.1 The permit fee for exclusive use of any part of any Municipal Park (such as for camping, organized gatherings such as parties, meetings or any organized semi-resident presence) shall be \$50 per day (12 A.M. To 12 P.M.) or fraction thereof.

8.1.2 The security deposit for the activities as described in 8.1.1 above shall be \$75 for up to two (2) full days and \$150 for residence of three (3) days to seven (7) days. Special arrangements may be authorized by the Mayor for longer periods, except that in no case shall the security deposit be less than \$20 per day or more than \$50 per day.

8.1.2.1 Any collected security deposit or portion thereof shall be subject to forfeiture when park maintenance personnel determine, after the area of exclusive use is vacated, that the area, grounds, plants, animals or facilities have been damaged or harmed to such extent as to require restoration or replacement and such damage or harm can be demonstrated to have been caused or facilitated by the permittee or persons under control or authority of the permittee or funds or personnel time is expended for such restorative or corrective action.

8.1.2.2 To the extent such damage exceeds the amount of the security deposit, the permittee may be required to reimburse the Municipality for such costs. The Mayor or his/her designee may cause such action through issuance of a summons or presentation of a demand notice.

8.1.2.3 To the extent that damages do not exceed the paid security deposit or there are no damages, as described in Section 7.1.2.1 & 2 that portion of the security deposit or the entire security deposit shall be refunded to the permittee within five (5) business days.

8.2 Vendor and Concessionaire User Fees: Fees for vendors and concessionaires offering for sale any product or service within any Municipal Park or portion thereof or facility, whether enclosed or not, shall be:

8.2.1 Any vendor or concessionaire offering for sale any product or service from a stationary location within any municipal Park, portion thereof or facility shall pay a one-time fee of \$100.00 for any single event of not more than five (five) days duration.

8.2.2 Any vendor or concessionaire offering for sale any product or service from a stationary location within any one Municipal Park, portion thereof or facility on a continuing basis shall pay a yearly fee of \$500.00 and shall be allowed to operate during any hours he/she so chooses for a period of one (1) year from the date of issuance..

8.2.3 The following restrictions shall apply to 8.2.1 and 8.2.2 above:

8.2.3.1 The Division of Municipal Park Rangers shall select the location for the vendor or concessionaire based on the type of product or service offered and its effect on park users, other vendors or concessionaires and the park or facility itself.

8.2.3.2 The Division of Municipal Park Rangers shall specify alterations that may be allowed to any municipal facility such as, but not limited to, a booth, stall or building and those alterations not permitted for each event or location.

8.2.3.3 The Division of Municipal Park Rangers shall specify the exact type, size, location and form of any construction permitted for any vendor or concessionaire that does not occupy a municipal booth, stall or building and may deny the use or construction of any facility not of Municipal origin or of acceptable conformance to Municipal standards of safe construction or adherence to building, safety and health and/or fire codes.

8.2.3.4. Non-stationary, or "roving" vendors and concessionaires shall not be permitted.

8.3 Vendor and Concessionaire Security Deposits:

8.3.1 Any vendor or concessionaire offering for sale any product or service from within any Municipal Park, portion thereof or facility shall be required to pay a security deposit and obtain an exclusive use permit as follows:

8.3.1.1 For any one-time event of five (5) days duration or less, every vendor or concessionaire shall pay a security deposit of \$200.00.

8.3.1.2 Any vendor or concessionaire operating under Section 8.2.2 above, shall pay a security deposit of \$200.00.

8.3.1.2.1 An employee of the Division of Municipal Park Rangers may, at any time, conduct an inspection of the vendor's operation station for compliance with permit provisions.

8.3.1.2.2 If any vendor or concessionaire is deemed to have caused damage to the area of operation, and a portion or all of the security deposit is forfeited, the vendor or concessionaire shall be required to restore the level of the security deposit to \$200.00 or he/she may be required to vacate the area of operation.

8.4 Collection of Fees and Deposits: All fees and deposits shall be collected at the office of the Division of Municipal Park Rangers and subsequently deposited to the Municipal Parks and Recreation Fund account.

8.5 Payment Prior To Use: All required fees and deposits shall be collected at least 12 hours prior to issuance of any permit.

8.6 Exclusivity: No person or group shall claim exclusive use of any Municipal Park, portion thereof or facility unless an exclusive use permit has been duly authorized and issued by the Division of Municipal Park Rangers.

8.7 First Come, First Serve Rule: No person or group, other than a vendor, concessionaire or organized government group of ten (10) or more, shall be required to obtain an exclusive use permit and shall be allowed "open" use of Municipal Parks and facilities on a "first come, first serve" basis, provided:

8.7.1 No person or group may "reserve" any Municipal Park, portion of a Municipal Park or facility through physical occupation or presence or by any

other method prior to commencement of activity for which their “reservation” was intended whether an exclusive use permit has been issued or not.

8.7.2 No person or group may remain in or occupy any Municipal Park, portion of a Municipal Park or facility for longer than sixteen (16) consecutive hours unless an exclusive use permit has been obtained and any required fee or security deposit has been paid.

8.8 The Mayor or the Division of Municipal Park Rangers may designate, from time to time as needed, any Municipal Park, portion thereof or facility for the presentation of exclusive events or other sanctioned activities and may charge admission fees as per Section 6.1 and may exclude persons or groups from the area unless the admission fee is paid and/or where admission is by invitation only.

Section 9. Establishment of Revolving Fund:

9.1 A Municipal Parks and Recreation Fund account shall be established and maintained separate and apart from other funds of the Municipality and independent records and accounts shall be maintained in connection therewith.

9.2 All moneys received pursuant to sections 6, 7 and 8 of these regulations shall be deposited in the fund.

9.3 Moneys in the fund shall only be expended to manage, maintain, landscape and beautify Municipal Parks and recreation facilities and to erect and maintain structures, signs and facilities, including roadways, pathways or trails at Municipal Parks and recreation facilities.

9.4 The expenditure authority of the funds shall be the Mayor.

Section 10. Prohibition:

The following acts shall be prohibited and shall constitute a punishable offense and a summons shall be issued to the alleged violator for actions specified below.

10.1 It shall be prohibited for any person to cause or make do any act of vandalism or harm against any structure or plant or animal or any feature, temporary or permanent, of any Municipal Park such as, but not limited to, graffiti or physical damage.

10.2 It shall be prohibited for any person to cause or make do any act of littering within any Municipal Park.

10.3 It shall be prohibited for any person, other than a duly authorized police officer or military personnel during execution of official requirements, to carry or discharge any firearm or other lethal weapon within any designated Municipal Park or Recreational Facility.

10.4 It shall be prohibited for any person to remove, alter or damage any duly posted permit or other posted sign within any Municipal Park or facility or to post any unauthorized signs, notices or billboards.

10.5 It shall be prohibited for any person to cause or make do any act of destruction of any structure or monument or pen, cage or enclosure or trail or wall or other facility, whether temporary or permanent within a Municipal Park.

10.6 It shall be prohibited for any person to cause or make do the building of any fire outside of a designated fireplace or contrary to the express orders of park personnel that may endanger the well being of any Municipal Park, its facilities, personnel, visitors, animals or plants.

10.7 It shall be prohibited for any person to commit the act of breaking and entering, or theft of any item not belonging to that person from within any Municipal Park, portion thereof or facility.

10.8 It shall be prohibited for any person to cause or make do any act of cruelty, physical harm, suffering or death of any protected animals within any Municipal Park and/or the destruction or harm to any plants within any Municipal Park except that any duly authorized police officer, dog control officer or other regulatory control officer, in the performance of his/her necessary duties, shall be exempt from this provision.

Section 11. Enforcement:

Personnel, duly designated as “Enforcement Park Rangers” by the Mayor shall enforce these regulations and any violations thereto.

11.1 Citation for Violation: Enforcement Park Rangers shall issue a citation to any person violating the provisions of these regulations in a designated Municipal Park in his/her presence.

11.2 Citation on Reasonable Belief: Enforcement Park Rangers shall issue a citation to any person for violation of any provision of these regulations if he/she has reasonable belief that such person did violate any such regulations while in a Municipal Park.

11.3 Basis for Reasonable Belief: Any reasonable belief may be based upon a written statement provided by a person who witnessed any violation of these regulations or by physical evidence found that indicates such a violation did occur.

11.4 Appearance in Court: Any person(s) so cited for violations of the regulations shall be served with a citation (summons) by the issuing official and ordered to appear at the Commonwealth Superior Court for a hearing. Citations shall be filed with the Clerk of the Superior Court.

11.5 Forms Required: The Mayor shall draft or cause to be drafted an appropriate form to be used as a “summons”, more commonly referred to as a “citation” and submit said form to the CNMI Superior court for approval.

11.5.1 Such form shall follow the general format and appearance of “citations” currently issued by the CNMI Department of Public Safety for traffic offenses and shall contain, at a minimum, information to clearly:

- 11.5.1.1** establish the nature of any violation,
- 11.5.1.2** appropriate sections of the regulations violated,
- 11.5.1.3** time of alleged violation,
- 11.5.1.4** date of alleged violation,
- 11.5.1.5** place of the alleged offense,
- 11.5.1.6** the name and appropriate contact information of the accused,
- 11.5.1.7** notify the accused of the time and date for appearance,

Section 12. Penalties:

The penalty for violations of parts 10.1 through 10.4 shall be \$200.00.

The Penalty for violations of parts 10.5 and 10.6 shall be \$500.00.

The Penalty for violations of parts 10.7 and 10.8 shall be \$1000.00.

Section 13. Interagency Notification and Coordination:

Any department, agency, or division of any Municipal, CNMI or United States Federal government that wishes to use or occupy any designated Municipal Park, portion of a Municipal Park or facility within a Municipal Park for any organized activity, other than official duty (see Part 13.8 below, consisting of ten (10) or more individuals is required to consult with the Mayor of Tinian & Aguiguan regarding such usage.

13.1 Notification of intent to use all or any portion of any Municipal Park or facility shall be delivered in writing by mail, by hand, by facsimile or by e-mail no less than 72 hours prior to commencement of any activity.

13.2 Such notification shall contain all pertinent information relating to the intended use and shall, at a minimum, describe the intended use, the name of the group or individual users, the intended length of stay, the anticipated number of persons involved, the use of any facilities and/or equipment of the Municipality, the use of any non-municipal equipment or vehicles within the Park or facility, and any anticipated effects that may accrue to the Park or Facility by such usage.

13.3 Such notification shall also contain any information regarding possible effects on the immediate area surrounding the requested Facility or Park such as traffic congestion, noise, atmospheric emissions, the need for Municipal resources, use of utilities and any

other effect that may cause a temporary or permanent disruption of normal activities for the time period being requested.

13.4 The Mayor or his/her designee may respond in writing to the request or ask the requesting person or group representative(s) to present further information or appear at the Mayor's office for consultation.

13.5 Once satisfied that no detrimental effects of the intended usage may cause permanent damage or harm to the Municipal Facility or Park, the Mayor or Division of Municipal Park Rangers may issue an exclusive use permit for the requested usage. Said permit will delineate all required terms of usage, any required security deposits or any restrictions such as, but not limited to, traffic control, noise or time limits on operation.

13.6 The Division of Municipal Park Rangers shall charge a fee for an exclusive use permit as per Section 8.1.1.

13.7 A security deposit shall be required as per Section 8.1.2 except:

13.7.1 The security deposit shall be at the rate of \$50.00 per 10 persons up to a maximum of \$500.00 per day or portion thereof.

13.7.2 The Mayor may waive all or any portion of required fees and/or security deposits if he/she deems that such activity will benefit the Municipality of Tinian & Aguiguan and that any detrimental effect of the usage will be reasonably negated by actions of the group.

13.8 Any department, agency, or division of any Municipal, CNMI or United States Federal government that wishes to use or occupy any designated Municipal Park, portion of a Municipal Park or facility within a Municipal Park for any official duty such as, but not limited to, surveys, plant or animal control, enforcement of any law of regulation, placement or installation of equipment for monitoring or other action or other official duty shall notify and consult with the Mayor or the Division of Municipal Park Rangers regarding such intent.

13.8.1 The Mayor or Division of Municipal Park Rangers may waive any user fees, permits or security deposits.

13.8.2 Required notification or consultation shall occur not less than 24 hours prior to commencement of the official activity.

13.8.3 The Mayor or Division of Municipal Park Rangers may require safeguards, restoration or repair if it appears that any permanent damage or harm may accrue to any item or thing in a Municipal Park, portion thereof or facility.

13.8.4 Nothing in these regulations shall preclude the ability of any law officer or regulatory enforcement officer from any other department from entering any

Municipal Park, portion thereof or facility for the purpose of lawful pursuit or apprehension of any person suspected of or wanted for any unlawful act.

13.9 The Division of Municipal Park Rangers shall cooperate with and support any action sponsored, co-sponsored or undertaken with any other government agency at any level that will promote the proper use of Municipal Parks and activities therein or enhance programs offered or the facilities, equipment and activities of any Municipal Park.

Section 14. Tickets and Instructions:

Upon payment of any entry fee or exclusive use permit fee, a "ticket" or other identifying receipt shall be given and retained on the person of the visitor at all times while in the Municipal Park or exclusive use area. Instructions for behavior and activities while in a Municipal Park may be given to the visitor in the form of a printed brochure.

The Mayor and his/her designated personnel shall have the right to refuse entry to any Municipal Park of any person at any time for failure to agree to and abide by any requirements contained in these regulations.

Section 15. Severability:

If any provision of these regulations or the application of any such provision to any person or circumstance should be held invalid by a court of competent jurisdiction, the validity of the remainder of the regulations or the application of their provisions to any persons or circumstances other than those to which it is held invalid shall not be affected thereby.



Office of the Mayor

MUNICIPALITY OF TINIAN AND AGUIGUAN
Post Office Box 59
SAN JOSE VILLAGE, TINIAN, MP 96952

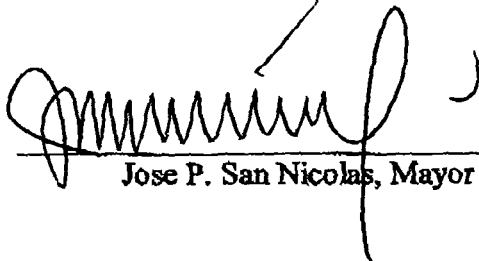
Phone: (670) 433-1800
(670) 433-1802
Fax: (670) 433-1819

Jose P. San Nicolas
Mayor

**NOTICE AND CERTIFICATION OF ADOPTION
OF THE PROPOSED REGULATIONS TO
THE TINIAN MUNICIPAL ID CARD ACT,
TINIAN LOCAL LAW 15-02**

I, Jose P. San Nicolas, Mayor of Municipality of Tinian & Aguiguan, which is promulgating the proposed regulations to the Tinian Municipal ID Card Act of 2007, aka Public Law 15-02, as published in the Commonwealth Register, Volume 29, Number 09, September 17, 2007 on pages 26851-26876, by signature below hereby certify that, as published, such proposed regulations to The Tinian Municipal ID Card Act of 2007 are a true, complete, and correct copy of the regulations, which, after the expiration of the appropriate time for public comment, with no comments having been received, have been adopted without any changes. I further request and direct that this Notice and Certification of Adoption be published in the Commonwealth Register.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 16th day of October, 2007 at Tinian, Commonwealth of the Northern Mariana Islands.



Jose P. San Nicolas, Mayor

Pursuant to 1 CMC, §2153, as amended, this Notice of Certification and Adoption, and the regulations to which they apply, have been reviewed and approved by the Office of the Attorney General.



BERNADITA B. DELA CRUZ
Commonwealth Register

10/16/07

DATE



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Timothy P. Villagomez
Lieutenant Governor

EXECUTIVE ORDER NO. 07- 10

SUBJECT: Child Care Development Fund

AUTHORITY: CNMI Constitution Article III Section 15

WHEREAS, all Federal Grants received by the CNMI should come to and through the Executive Branch, it is declared that the lead agency for the federal Child Care Development Fund (CCDF) should be the Department of Community Affairs, Child Care Licensing Division. Because some of the CCDF recipients are daycare centers, this has resulted in a duplication of enforcement and regulatory functions provided by both PSS and DCCA. The CCDA Child Care Licensing Division shall be in control of the Child Care Development Fund and DCCA shall set aside sufficient funds for the PSS administered after school program. All of the program regulations shall remain the same except with regards to the designation of the lead agency. This Executive Order shall take effect upon the approval of the Federal Agency which awards the grant.

DONE this 16th day of October, 2007.

A handwritten signature in black ink, appearing to read "Benigno R. Fitial".

BENIGNO R. FITIAL
Governor