# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

NA =					
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
D0120			PERIODIC ORAL EVALUATION	\$37.00	\$37.00
D0140			LIMITED ORAL EXAMINATION	\$55.00	\$55.00
D0145			ORAL EVALUATION FOR A PATIENT	\$50.00	\$50.00
D0150			COMPREHENSIVE ORAL EXAMINATION	\$64.00	\$64.00
D0160			DETAILED & EXTENSIVE ORAL EVAL	\$110.00	\$110.00
D0170			RE-EVALUATION-LIMITED, PROB FO	\$51.00	\$51.00
D0190			SCREENING OF A PATIENT	\$10.00	\$10.00
D0210			COMPLETE SERIES - INTRAORAL	\$98.00	\$98.00
D0220			INTRAORAL PERIAPICAL - FIRST F	\$22.00	\$22.00
D0230			INTRAORAL PERIAPICAL, EACH ADD	\$18.00	\$18.00
D0240			INTRAORAL RADIOGRAPH, OCCLUSAL	\$31.00	\$31.00
D0250			EXTRAORAL RADIOGRAPH, FIRST FI	\$46.00	\$46.00
D0270			BITEWING - SINGLE FILM	\$22.00	\$22.00
D0272			BITENINGS - TWO FILMS	\$34.00	\$34.00
D0273			BITEWINGS - THREE FILMS	\$42.00	\$42.00
D0274			BITENINGS - FOUR FILMS	\$48.00	\$48.00
D0277			VERTICAL BITEWINGS - 7 TO 8 FI	\$74.00	\$74.00
D0310			SIALOGRAPHY	\$206.00	\$206.00
D0320			TEMPOROMAND JOINT ANTHROGRAM &	\$420.00	\$420.00
D0330			PANORAMIC FILM	\$85.00	\$85.00
D0340			CEPHALOMETRIC RADIOGRAPH	\$98.00	\$98.00
D0350			ORAL/FACIAL PHOTOGRAPHIC IMAGE	\$52.00	\$52.00
D0416			VIRAL CULTURE	\$104.00	\$104.00
D0470			DIAGNOSTIC CASTS	\$80.00	\$80.00
D0472			ACCESSING OF TISSUE GROSS EXAM	\$80.00	\$80.00
D0473			ACCESS OF TISSUE GROSS/MICROSC	\$104.00	\$104.00
D0474			ACCESS TISSUE GROSS/MICRO EXAM	\$125.00	\$125.00
D0480			PROCESSING AND INTERPRETATION	\$125.00	\$125.00
D1110			PROPHYLAXIS - ADULT	\$70.00	\$70.00
D1120			PROPHYLAXIS - CHILD	\$50.00	\$50.00
D1351			SEALANT-PER TOOTH	\$41.00	\$41.00
D1353			SEALANT REPAIR - PER TOOTH	\$20.00	\$20.00
D1510			SPACE MAINTAINER - FIXED, UNIL	\$244.00	\$244.00
D1516	1		SPACE MAINTAINER - FIXED - BIL	NA	\$343.00
D1517			SPACE MAINTAINER - FIXED - BIL	NA	\$343.00
D1526	1		SPACE MAINTAINER - REMOVABLE -	NA	\$380.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		51100
NA =			NOT APPLICABLE		
007/100000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
D1551			RECEMENT OR REBOND BILATENAL S	NA	\$63.00
D1552			RECEMENT OR REBOND BILATENAL S	NA	\$63.00
D1553			RECEMENT OR REBOND UNILSTENAL	NA	\$63.00
D1575			DISTAL SHOE SPACE MAINTAINER -	\$244.00	\$244.00
D2140			AMALGAM-ONE SURFACE-PERMANENT	\$98.00	\$98.00
D2150			AMALGAM-TWO SURFACES-PERMANENT	\$126.00	\$126.00
D2160			AMALGAM-THREE SURFACES-PERMANE	\$155.00	\$155.00
D2161			AMALGAM-FOUR OR MORE SURFACES-	\$182.00	\$182.00
D2330			RESIN-ONE SURFACE	\$119.00	\$119.00
D2331			RESIN-TWO SURFACES	\$147.00	\$147.00
D2332			RESIN-THREE SURFACES	\$180.00	\$180.00
D2335			RESIN-FOUR OR MORE SURFACES	\$228.00	\$228.0
D2390			RESIN-BASED COMPOSITE CROWN AN	\$330.00	\$330.0
D2391			RESIN-BASED COMPOSITE-1 SURF,	\$133.00	\$133.0
D2392			RESIN-BASED COMPOSITE-2SURF,PO	\$175.00	\$175.0
D2393			RESIN-BASED COMPOSITE-3 SURF P	\$218.00	\$218.00
D2394			RESIN-BASED COMPOSITE-4 OR MOR	\$257.00	\$257.0
02740			CROWN PORCELAIN/CERAMIC SUBSTR	\$780.00	\$780.0
D2750			CROWN-PORCELAIN FUSED TO HIGH	\$780.00	\$780.0
D2751			CROWN-PORCELAIN FUSED TO BASE	\$780.00	\$780.0
02752			CROWN-PORCELAIN FUSED TO NOBLE	\$780.00	\$780.0
02790			CROWN-FULL CAST HIGH NOBLE MET	\$846.00	\$846.0
D2791			CROWN-FULL CAST PREDOMINATELY	\$846.00	\$846.0
02792			CROWN-FULL CAST NOBLE METAL	\$846.00	\$846.0
02915			RECEMENT CAST OR PREFABRICATED	\$85.00	\$85.0
02920			RECEMENT CROWN	\$82.00	\$82.0
02930			PREFAB.STAINLESS STEEL CROWN-P	\$207.00	\$207.0
D2931			PREFAB.STAINLESS STEEL CROWN-P	\$250.00	\$250.0
02932			PREFABRICATED RESIN CROWN	\$265.00	\$265.0
02933			PREFAB STAINLESS STEEL CROWN W	\$280.00	\$280.0
02934	1		PREFABRICATED ESTHETIC COATED	\$300.00	\$300.0
02940	1		SEDATIVE FILLING	\$85.00	\$85.0
02950	1		CORE BUILDUP INCLUDING ANY PI	\$210.00	\$210.0
02951	1		PIN RETENTION-PER TOOTH	\$51.00	\$51.0
D2952	1		CAST POST AND CORE IN ADD. TO	\$325.00	\$325.00
D2952			PREFAB. POST+CORE IN ADD. TO C	\$25.00	\$260.0

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NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
D5214			MANDIBULAR PARTIAL DENTURE-CAS	\$1,340.00	\$1,340.00
D5410			ADJUST COMPLETE DENTURE-MAXILL	\$68.00	\$68.00
D5411			ADJUST COMPLETE DENTURE-MANDIB	\$68.00	\$68.00
D5421			ADJUST PARTIAL DENTURE-MAXILLA	\$68.00	\$68.00
D5422			ADJUST PARTIAL DENTURE-MANDIBU	\$68.00	\$68.00
D5520			REPLACE MISSING OR BROKEN TEET	\$139.00	\$139.00
D5630			REPAIR OR REPLACE BROKEN CLASP	\$200.00	\$200.00
D5640			REPLACE BROKEN TEETH-PER TOOTH	\$140.00	\$140.00
D5650			ADD TOOTH TO EXISTING PARTIAL	\$170.00	\$170.00
D5660			ADD CLASP TO EXISTING PARTIAL	\$210.00	\$210.00
D5710			REBASE COMPLETE MAXILLARY DENT	\$450.00	\$450.00
D5711			REBASE COMPLETE MANDIBULAR DEN	\$450.00	\$450.00
D5720			REBASE MAXILLARY PARTIAL DENTU	\$430.00	\$430.00
D5721			REBASE MANDIBULAR PARTIAL DENT	\$430.00	\$430.00
D5730			RELINE COMPLETE MAXILLARY DENT	\$290.00	\$290.00
D5731			RELINE COMPLETE MANDIBULAR DEN	\$290.00	\$290.00
D5740			RELINE MAXILLARY PARTIAL DENTU	\$285.00	\$285.00
D5741			RELINE MANDIBULAR PARTIAL DENT	\$285.00	\$285.00
D5750			RELINE MAXILLARY DENTURE-LABOR	\$369.00	\$369.00
D5751			RELINE COMPLETE MANDIBULAR DEN	\$369.00	\$369.00
D5760			RELINE MAXILLARY PARTIAL DENTU	\$360.00	\$360.00
D5761			RELINE MANDIBULAR PARTIAL DENT	\$360.00	\$360.00
D5937			TRISMUS APPLIANCE	\$478.00	\$478.00
D5951			FEEDING AID	\$1,000.00	\$1,000.00
D5952			SPEECH AID PROSTHESIS, PEDIATR	\$450.00	\$450.00
D5982			SURGICAL STENT	\$315.00	\$315.00
D5986			FLUORIDE GEL CARRIER	\$150.00	\$150.00
D5988			SURGICAL SPLINT	\$597.00	\$597.00
D6240			PONTIC-PORCELAIN FUSED TO HIGH	\$787.00	\$787.00
D6241			PONTIC-PORCELAIN FUSED TO PRED	\$787.00	\$787.00
D6242		Ī	PONTIC-PORCELAIN FUSED TO NOBL	\$787.00	\$787.00
D6545		Ī	RETAINER-CAST METAL RES BONDED	\$575.00	\$575.00
D6750		Ī	CROWN-PORCELAIN FUSED TO HIGH	\$780.00	\$780.00
D6751			CROWN-PORCELAIN FUSED TO PREDO	\$780.00	\$780.00
D6752		Ī	CROWN-PORCELAIN FUSED TO NOBLE	\$780.00	\$780.00
D6790			CROWN-FULL CAST HIGH NOBLE MET	\$805.00	\$805.00

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MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	ONGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER		-		SPECIALIST	NONSPECIALIST
D7852			DISC REPAIR	\$4.380.00	\$4,380.00
D7865			ARTHROPLASTY	\$616.00	\$616.00
D7910			SUTURE OF RECENT SMALL WOUNDS	\$223.00	\$223.00
D7911			COMPLICATED SUTURE-UP TO 5 CM	\$351.00	\$351.00
D7912			COMPLICATED SUTURE GREATER THA	\$500.00	\$500.00
D7920			SKIN GRAFT	\$1.827.00	\$1,827.00
D7940			OSTEOPLASTY - FOR ORTHOGNATHIC	\$2,697.00	\$2,697.00
D7941			OSTEOTOMY-MANDIBULAR RAMI	\$7,049.00	\$7,049.00
D7943			OSTEOTOMY-MANDIBULAR RAMI W/BO	\$6,492.00	\$6.492.00
D7944			OSTEOTOMY-SEGMENTED PER QUADRA	\$5,392.00	\$5,392.00
D7945			OSTEOTOMY-BODY OF MANDIBLE	\$5,600.00	\$5,600.00
D7946			LEFORT I (MAXILLA TOTAL)	\$6,568.00	\$6,568.00
D7947			LEFORT I (MAXILLA-SEGMENTED)	\$6,639.00	\$6,639.00
D7948			LEFORT II OR LEFORT III	\$7,602.00	\$7,602.00
D7949			LEFORT II OR LEFORT III W/BONE	\$8,731.00	\$8,731.00
D7950			GRAFT OF MANDIBLE/FACIAL BONES	\$2,055.00	\$2,055.00
D7951			SINUS AUGMENTATION WITH BONE O	\$1,816.00	\$1,816.00
D7955			REPAIR OF MAXILLOFACIAL SOFT A	\$1,750.00	\$1,750.00
D7963			FRENULOPLASTY	\$377.00	\$377.00
D7970			EXCISION HYPERPLASTIC TISS PER	\$380.00	\$380.00
D7971			EXCISION PERCORONAL GINGIVA	\$179.00	\$179.00
D7972			SURGICAL REDUCTION FIBROUS TUB	\$550.00	\$550.00
D7980			SIALOLITHOTOMY	\$500.00	\$500.00
D7981			EXCISION OF SALIVARY GLAND	\$364.00	\$364.00
D7982			SIALODOCHOPLASTY	\$1,247.00	\$1,247.00
D7983			CLOSURE OF SALIVARY FISTULA	\$820.00	\$820.00
D7990			EMERGENCY TRACHEOTOMY	\$925.00	\$925.00
D7991			CORONECTOMY	\$2,940.00	\$2,940.00
D7997			APPLIANCE REMOVAL W/ARCHBAR RE	\$210.00	\$210.00
D8010			LIMIT ORTHODONTIC RX PRIM DENT	\$1,475.00	\$1,475.00
D8020			LIMIT ORTHODINTIC RX TRANS DEN	\$1,584.00	\$1,584.00
D8030			LIMIT ORTHODONTIC RX ADOL DENT	\$1,887.00	\$1,887.00
D8040			LIMIT ORTHODONTIC RX ADULT DEN	\$1,888.00	\$1,888.00
D8050			INTERCEPTIVE ORTHO RX PRIM DEN	\$1,865.00	\$1,865.00
D8060			INTERCEPTIVE ORTHO RX TRAN DEN	\$2,076.00	\$2,076.00
D8080			COMPREHENS ORTHODONTIC APPLIAN	\$493.00	\$493.00

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST D8660 PRE-ORTHODONTIC TREATMENT VISI \$244.00 \$244.00 D8670 \$168.00 \$168.00 PERIODIC ORTHODONTIC TREATMENT D8680 ORTHODONTIC RETENTION (REMOVAL \$168.00 \$168.00 D8696 REPAIR OF ORTHODONTIC APPLIANC NA \$163.00 D8697 REPAIR OF ORTHODONTIC APPLIANC NA \$163.00 D8698 RECEMENT OR REBOND FIXED RETAI NA \$169.00 NA D8699 RECEMENT OR REBOND FIXED RETAI \$169.00 D8701 REPAIRE OF FIXED RETAINER - IN NA NA D8702 REPAIR OF FIXED DETAINER - INC NA NA D8703 REPLACEMENT OF LOST OR BROKEN NA \$213.71 D8704 REPLACEMENT OF LOST OR BROKEN NA \$213.71 D9110 PALLIATIVE (EMERGENCY) TREATME \$91.00 \$91.00 D9210 LOCAL ANESTHESIA NOT IN CONJUN \$53.00 \$53.00 D9211 REGIONAL BLOCK ANESTHESIA \$75.00 \$75.00 D9212 TRIGEMINAL DIVISION BLOCK ANES \$210.00 \$210.00 D9222 DEEP SEDATION/GENERAL ANESTHES \$128.00 \$128.00 D9223 DEEP SEDATION/GENERAL ANESTHES \$128.00 \$128.00 D9230 ANALGESIA. ANXIOLYSIS. INHAL N \$53.00 \$53.00 D9239 INTRAVENOUS MODERATE (CONSCIOU \$124.00 \$124.00 D9248 NON-IV CONSCIOUS SEDATION \$227.00 \$227.00 D9310 CONSULTATION \$90.00 \$90.00 D9410 HOUSE/EXTENDED CARE FACILITY C \$160.00 \$160.00 D9430 OFFICE VISIT FOR OBSERVATION \$55.00 \$55.00 D9610 THERAPEUTIC DRUG INJECTION, BY \$75.00 \$75.00 D9612 THERAPEUTIC PARENTERAL DRUGS. \$124.00 \$124.00 D9910 APPLICATION OF DESENSITIZING M \$45.00 \$45.00 D9911 APPLICATION DESENSIT RESIN PER \$57.00 \$57.00 D9920 BEHAVIOR MANAGEMENT. BY REPORT \$95.00 \$95.00 D9930 TREATMENT OF COMPLICATIONS (PO \$105.00 \$105.00 D9951 OCCLUSAL ADJUSTMENT - LIMITED \$129.00 \$129.00 D9971 ODONTOPLASTY 1-2 TEETH \$125.00 \$125.00 D9974 INTERNAL BLEACHING - PER TOOTH \$214.00 \$214.00 G0101 CERV/VAG CA SCREEN, PELV/BREAST \$30.47 \$25.90 G0102 PROSTATE CANCER SCREENING: DIG \$18.90 \$16.07 PROSTATE CANCER SCREENING:DIGI G0102 26 \$7.70 \$6.55 G0104 FLEXIBLE SIGMOIDOSCOPY \$110.06 \$93.55

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		51105
NA =	MOD	-		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
G0104	TC			NA	\$60.38
G0104	26			\$49.68	\$42.23
G0105			COLONOSCOPY ON INDIV AT HIGH R	\$332.09	\$282.28
G0105	TC		COLONOSCOPY ON INDIV AT HIGH R	NA	\$159.11
G0105	26		COLONOSCOPY ON INDIV AT HIGH R	\$175.41	\$149.10
G0106			SCREENING SIGMOIDOSCOPY, BA EN	\$123.17	\$104.69
G0106	TC		SCREENING SIGMOIDOSCOPY, BA EN	NA	\$79.83
G0106	26		SCREENING SIGMOIDOSCOPY, BA EN	\$43.34	\$36.84
G0120			SCREENING COLONOSCOPY, BARIUM	\$123.17	\$104.69
G0120	TC		SCREENING COLONOSCOPY, BARIUM	NA	\$79.83
G0120	26		SCREENING COLONOSCOPY, BARIUM	\$43.34	\$36.84
G0121			COLONOSCOPY NON HIGH RISK INDI	\$332.41	\$282.55
G0121	TC		COLONOSCOPY NON HIGH RISK INDI	NA	\$159.11
G0121	26		COLONOSCOPY NON HIGH RISK INDI	\$175.41	\$149.10
G0127			TRIMMING DYSTROPHIC NAILS, 1-1	\$14.15	\$12.03
G0130			BONE DENS STUDY 1 OR MORE SITE	\$37.15	\$31.58
G0130	TC		BONE DENS STUDY 1 OR MORE SITE	NA	\$25.70
G0130	26		BONE DENS STUDY 1 OR MORE SITE	\$9.62	\$8.18
G0141			SCR C/V CYTO AUTOSYS AND MD	NA	\$18.96
G0168			WOUND CLOSURE UTILIZING TISSUE	\$80.93	\$68.79
G0168	26		WOUND CLOSURE UTILIZING TISSUE	\$22.58	\$19.19
G0268			REMOVAL OF IMPACTED CERUMEN (O	\$41.26	\$35.07
G0268	26		REMOVAL OF IMPACTED CERUMEN (O	\$28.02	\$23.82
G0278			ILIAC ARTERY ANGIOGRAPHY PERFO	\$11.59	\$9.85
G0288			RECONSTRUCTION, COMPUTED TOMOG	\$37.04	\$31.48
G0289			ARTHROSCOPY, KNEE, SURGICAL, F	\$81.61	\$69.37
G0299	1		DIRECT SKILLED NURSING SERVICE	NA	\$64.39
G0299	2		DIRECT SKILLED NURSING SERVICE	NA	\$73.59
G0299	3		DIRECT SKILLED NURSING SERVICE	NA	\$61.18
G0299	4		DIRECT SKILLED NURSING SERVICE	NA	\$57.66
G0299	5		DIRECT SKILLED NURSING SERVICE	NA	\$66.82
G0299	6		DIRECT SKILLED NURSING SERVICE	NA	\$63.57
G0299	7	L	DIRECT SKILLED NURSING SERVICE	NA	\$64.1
G0299	8		DIRECT SKILLED NURSING SERVICE	NA	\$63.52
G0299	9		DIRECT SKILLED NURSING SERVICE	NA	\$62.12
G0396	3		ALCOHOL &/OR SUBSTANCE ABUSE A	\$24.92	\$21.12

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
007//0000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
G0396	26		ALCOHOL &/OR SUBSTANCE ABUSE A	\$23.55	\$20.02
G0397			ALCOHOL &/OR SUBSTANCE ABUSE A	\$48.78	\$41.46
G0397	26		ALCOHOL &/OR SUBSTANCE ABUSE A	\$47.07	\$40.00
H0035			PARTIAL CARE PER HOUR	NA	\$15.40
K1005			DISPOSABLE COLLECTION AND STOR	NA	\$0.25
P3001			SCREENING PAP SMEAR, UP TO 3, RE	NA	\$19.15
R0070			TRANSPORTATION OF PORTABLE X-R	\$110.16	\$110.16
S9123	EP		RN/HR/PDN/EPSDT	NA	\$60.00
S9123	EP	22	RN/HR/PDN/EPSDT/ENHANCED	NA	\$50.00
S9123	EP	52	RN/PDN/EPSDT PER 15 MINUTES	NA	\$12.50
S9124	EP		LPN/HR/PDN/EPSDT	NA	\$48.00
S9124	EP	52	LPN/PDN/EPSDT PER 15 MINUTES	NA	\$9.50
T1041	HA	HH	SED (CHILD ADOLESCENT PROGRAM)	NA	NA
T2043	1		CONTINUOUS HOME CARE (REG 01)	NA	\$64.39
T2043	2		CONTINUOUS HOME CARE (REG 02)	NA	\$73.59
T2043	3		CONTINUOUS HOME CARE (REG 03)	NA	\$61.18
T2043	4		CONTINUOUS HOME CARE (REG 04)	NA	\$57.66
T2043	5		CONTINUOUS HOME CARE (REG 05)	\$66.82	\$41.63
T2043	6		CONTINUOUS HOME CARE (REG 06)	NA	\$63.57
T2043	7		CONTINUOUS HOME CARE (REG 07)	NA	\$64.17
T2043	8		CONTINUOUS HOME CARE (REG 08)	NA	\$63.52
T2043	9		CONTINUOUS HOME CARE (REG 09)	NA	\$62.12
T2044	1		RE SPITE CARE (REG01)	NA	\$515.36
T2044	2		RE SPITE CARE (REG02)	NA	\$574.26
T2044	3		RE SPITE CARE (REG03)	NA	\$494.77
T2044	4		RE SPITE CARE (REG04)	NA	\$472.25
T2044	5		RE SPITE CARE (REG05)	NA	\$530.92
T2044	6		RE SPITE CARE (REG06)	NA	\$510.08
T2044	7		RE SPITE CARE (REG07)	NA	\$513.92
T2044	8	1	RE SPITE CARE (REG08)	NA	\$509.74
T2044	9	1	RE SPITE CARE (REG09)	NA	\$500.81
T2045	1	1	GENERAL INPATIENT CARE (REG01)	NA	\$1,122.10
T2045	2	1	GENERAL INPATIENT CARE (REG02)	NA	\$1,272.16
T2045	3	1	GENERAL INPATIENT CARE (REG03)	NA	\$1,069.62
T2045	4		GENERAL INPATIENT CARE (REG04)	NA	\$1,012.26
T2045	5	1	GENERAL INPATIENT CARE (REG05)	NA	\$1,161.72

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =	-	-	NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		2	PROCEDURE CODE DESCRIPTION	SPECIALIST	
	6				NONSPECIALIST
T2045 T2045	6		GENERAL INPATIENT CARE (REG06) GENERAL INPATIENT CARE (REG07)	NA NA	\$1,108.64
T2045 T2045	8		GENERAL INPATIENT CARE (REG07) GENERAL INPATIENT CARE (REG08)	NA	\$1,118.42 \$1,107.77
	8 9				\$1,107.77
T2045	9			NA	\$1,085.02
W9030	0.0			\$1,763.76	\$1,499.20
W9030	SB			NA	\$1,234.63
W9828				NA	\$10.00
W9843				NA	NA
Y3433	-			\$31.74	\$26.98
Y9930	-		RM/BD SERV NEWBORN IN MH REHAB	NA	\$76.57
Z0310	-		INITIAL COMPREHENSIVE SPEECH/L	\$116.29	\$98.84
Z1863	-		MDC TECHNOLOGY DEPENDENT CHILD	NA	NA
Z1864	-		MDC MEDICALLY UNSTABLE CHILDRN	NA	NA
Z3355			GROUP THERAPY IN SA CENTER / P	NA	\$27.43
0075T			TRANSCATHETER PLACEMENT OF EXT	\$967.62	\$822.47
0075T	TC		TRANSCATHETER PLACEMENT OF EXT	\$526.40	\$526.40
0075T	26		TRANSCATHETER PLACEMENT OF EXT	\$232.19	\$197.36
0076T			TRANSCATHETER PLACEMENT OF EXT	\$750.28	\$637.74
0076T	TC		TRANSCATHETER PLACEMENT OF EXT	\$526.40	\$526.40
0076T	26		TRANSCATHETER PLACEMENT OF EXT	\$210.26	\$178.72
0362T			BEHAVIOR IDENTIFICATION SUPPOR	NA	\$25.00
0373T			ADAPTIVE BEHAVIOR TREATMENT WI	NA	\$16.40
10021			FINE NEEDLE ASPIRATION WO IMAG	\$102.51	\$87.13
10021	TC		FINE NEEDLE ASPIRATION WO IMAG	\$54.96	\$54.96
10021	26		FINE NEEDLE ASPIRATION WO IMAG	\$57.52	\$48.89
10040			ACNE SURGERY	\$73.06	\$62.10
10060			DRAINAGE OF SKIN ABSCESS	\$81.58	\$69.35
10060	SA		DRAINAGE OF SKIN ABSCESS	NA	\$65.88
10061			DRAIN SKIN ABSCESS COMPLICATED	\$145.65	\$123.80
10080			I & D OF SIMPLE PILONIDAL CYST	\$113.55	\$96.52
10081			I & D COMPLICATED PILONIDAL CY	\$222.97	\$189.52
10120			SIMPLE REMOVAL FOREIGN BODY	\$116.08	\$98.67
10120	SA		SIMPLE REMOVAL FOREIGN BODY	NA	\$93.73
10121			COMPLICATED REMOVAL FOREIGN BO	\$214.22	\$182.08
10140			DRAINAGE HEMATOMA SIMPLE	\$114.38	\$97.22
10140	SA	1	DRAINAGE HEMATOMA SIMPLE	NA	\$92.36

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
NA = CPT/HCPCS/CDT	MOD	MOD 2	NOT APPLICABLE  PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	· '	2		SPECIALIST	NONSPECIALIST
10160			PUNCTURE DRAINAGE OF LESION	\$96.36	\$81.9
10160	SA		PUNCTURE DRAINAGE OF LESION	NA	\$77.8
10180	07		INCISE/DRAIN COMPLEX POSTOP WO	\$182.91	\$155.4
11000			DEBRIDEMENT INFECT SKIN UP TO	\$40.71	\$34.6
11001			DEBRIDE INFECTED SKIN EACH ADD	\$18.47	\$15.7
11004			DEBRIDEMENT OF SKIN, SUBCUTANE	\$478.43	\$406.6
11005			DEBRIDEMENT OF SKIN, SUBCUTANE	\$652.42	\$554.5
11006			DEBRIDEMENT OF SKIN, SUBCUTANE	\$601.39	\$511.1
11008			REMOVAL OF PROSTHETIC MATERIAL	\$244.98	\$208.2
11010			DEBRIDEMENT SKIN & SUBCU W/OPE	\$385.71	\$327.8
11011			DEBRIDEMENT SKIN/SUBCU TISSUE/	\$455.55	\$387.2
11012			DEBRIDEMENT SUBCU/SKIN/MUSCLE/	\$663.32	\$563.8
11042			DEBRIDE SKIN.SUBCUTANEOUS TISS	\$72.16	\$61.3
11043			DEBRIDE:SKIN.SUBCU TISSUE AND	\$199.71	\$169.7
11044			DEBRIDE:SKIN,SUBC TISS,MUSCL &	\$260.76	\$221.6
11055			PARING BENIGN HYPERKER LESION	\$34.07	\$28.9
1055	SA		PARING BENIGN HYPERKER LESION	NA	\$27.5
1056	0,1		PARING 2-4 BENIGN HYPERKERATOT	\$43.06	\$36.6
1056	SA		PARING 2-4 BENIGN HYPERKERATOT	NA	\$34.7
11057	_		PARING >4 BENIGN HYPERKERATOTI	\$53.04	\$45.0
11057	SA		PARING>4 BENIGN HYPERKERATOTIC	NA	\$42.8
11200			EXCISION UP TO 15 SKIN TAGS	\$60.81	\$51.6
1201			EXCISION, SKIN TAGS, EACH ADD10	\$15.19	\$12.9
11300			SHAVING, LESION TO 0.5 CM OR L	\$50.60	\$43.0
1301			SHAVING EPID, LESION 0.6 TO IC	\$65.72	\$55.8
1302			SHAVING EPID, LESION 1.1 TO 2C	\$78.78	\$66.9
1303	1		SHAVING EPID, LESION 2.1 TO 3C	\$94.88	\$80.6
1305			SHAVING EPID, LESION TO 0.5 CM	\$52.09	\$44.2
1306	1		SHAVING EPID, LESION 0.6 TO 1C	\$70.69	\$60.0
1307			SHAVING EPID, LESION 1.1 TO 2	\$81.88	\$69.6
1308			SHAVING EPID, LESION 2.1 TO 3	\$97.62	\$82.9
1310			SHAVUNG EPID, LESION TO 0.5CM	\$61.92	\$52.6
1311			SHAVING EPID, LESION 0.6 TO 1C	\$76.41	\$64.9
1312	1		SHAVING EPID, LESION 1.1 TO 2C	\$87.89	\$74.7
11313	1		SHAVING EPID, LESION 2.1 TO 3C	\$115.58	\$98.2
11400	İ –	1	EXCISE BENIGN LESION TO 0.5 CM	\$96.50	\$82.0

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE PROCEDURE CODE BELL	JNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
11401			EXCISE BENIGN LESION 0.6 TO 1C	\$111.73	\$94.97
11402			EXCISE BENIGN LESION 1.1 TO 2C	\$127.24	\$108.15
11403			EXCISE BENIGN LESION 2.1 TO 3C	\$143.04	\$121.58
11404			EXCISE BENIGN LESION 3.1 TO 4C	\$163.27	\$138.78
11406			EXCISE BENIGN LESION OVER 4 CM	\$200.86	\$170.73
11420			EXCISE BENIGN LESION TO 0.5 CM	\$93.70	\$79.64
11421			EXCISE BENIGN LESION 0.6 TO 1	\$118.97	\$101.12
11422			EXCISE BENIGN LESION 1.1 TO 2	\$132.94	\$113.00
11423			EXCISE BENIGN LESION 2.1 TO 3C	\$157.33	\$133.73
11424			EXCISE BENIGN LESION 3.1 TO 4C	\$179.54	\$152.61
11426			EXCISE BENIGN LESION OVER 4.0	\$250.59	\$213.00
11440			EXCISE BENIGN LESION TO 0.5 CM	\$110.86	\$94.23
11441			EXCISE BENIGN LESION 0.6 TO 1C	\$130.02	\$110.52
11442			EXCISE BENIGN LESION 1.1 TO 2C	\$145.62	\$123.78
11443			EXCISE BENIGN LESION 2.1 TO 3C	\$177.97	\$151.27
11444			EXCISE BENIGN LESION 3.1 TO 4C	\$226.20	\$192.27
11446			EXCISE BENIGN LESION OVER 4.0	\$291.75	\$247.99
11450			EXCISE/HIDRADENITIS/PRIMARY SU	\$267.34	\$227.24
11451			EXCISE/HIDRADENTIS/W/OTHER CLO	\$364.82	\$310.09
11462			EXCISE/HIDRADEBTIS/PRIMARY SUT	\$262.51	\$223.14
11463			EXCISE/HIDRADENITIS/OTHER CLOS	\$372.57	\$316.68
11470			EXCISE/HIDRADENTIS/PRIMARY CLO	\$286.58	\$243.59
11471			EXCISE/HIDRADENITIS/OTHER CLOS	\$384.22	\$326.59
11600			EXCISE MALIGNANT LESION TO 0.5	\$133.94	\$113.8
11601	1		EXCISE MALIGNANCY 0.6 TO 1CM	\$152.40	\$129.54
11602			EXCISE MALIGNANCY 1.1 TO 2CM	\$161.22	\$137.03
11603			EXCISE MALIGNANCY 2.1 TO 3CM	\$178.46	\$151.69
11604			EXCISE MALIGNANCY 3.1 TO 4CM	\$196.46	\$166.99
1606			EXCISE MALIGNANT LESION OVER 4	\$256.85	\$218.3
11620			EXCISE MALIGNANT LESION T .5 C	\$128.49	\$109.2 <sup>4</sup>
1621	1	t	EXCISE MALIGNANCY 0.6 TO 1CM	\$151.14	\$128.4
1622	1	1	EXCISE MALIGNANCY 1.1 TO 2CM	\$170.98	\$145.3
11623	1	1	EXCISE MALIGNANCY 2.1 TO 3CM	\$201.74	\$171.4
11624	1	1	EXCISE MALIGNANCY 3.1 TO 4CM	\$231.95	\$197.16
11626	1	1	EXCISE MALIGNANCY OVER 4.0 CM	\$306.34	\$260.39
11640	+	<del> </del>	EXCISE MALIGNANT LESION TO .5	\$136.18	\$115.75

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
		2	PROCEDURE CODE DESCRIPTION		
PRACTITIONER			EXCISE MALIGNANCY 0.6 TO 1CM	<b>SPECIALIST</b> \$175.82	NONSPECIALIST
11641 11642			EXCISE MALIGNANCY 0.6 TO TOM EXCISE MALIGNANCY 1.1 TO 2CM	\$175.82	\$149.44 \$172.71
11643			EXCISE MALIGNANCY 2.1 TO 3CM	\$203.19	\$172.7
11643			EXCISE MALIGNANCY 2.1 TO SCM EXCISE MALIGNANCY 3.1 TO 4CM		
			EXCISE MALIGNANCY 3.1 TO 4CM EXCISE MALIGNANCY OVER 4.0 CM	\$297.14 \$401.58	\$252.57 \$341.34
11646			TRIMMING NONDYSTROPHIC NAILS	÷ · · · ·	¥
11719	<u> </u>			\$14.45	\$12.28
11719	SA		TRIMMING NONDYSTROPHIC NAILS DEBRIDEMENT OF NAILS ANY METHO	NA \$22.83	\$11.67 \$19.41
11720				+	÷ -
11721			DEBRIDEMENT OF NAILS ANY METH	\$34.07	\$28.96
11730			SIMPLE REMOVAL OF NAIL PLATE	\$74.81	\$63.59
11732				\$33.09	\$28.13
11740				\$31.54	\$26.81
11750			EXCISION NAIL & NAIL MATRIX	\$138.93	\$118.09
11755			BIOPSY OF NAIL UNITS, ANY METHO	\$98.82	\$83.99
11760			SIMPLE RECONSTRUCTION NAIL BED	\$145.38	\$123.58
11762			RECONSTRUCT NAIL BED WITH GRAF	\$200.06	\$170.05
11765			EWEDGE EXCISION OF SKIN OF NAI	\$84.90	\$72.17
11770			SIMPLE EXCISION PILONIDAL CYST	\$210.67	\$179.07
11771			EXCISE PILONIDAL CYST: EXTENSI	\$395.04	\$335.78
11772			PILONIDAL CYST: COMPLICATED	\$501.78	\$426.51
11900			INTRALESIONAL INJECTION: UP TO	\$39.09	\$33.22
11901			INTRALESIONAL INJECTION: OVER	\$48.58	\$41.29
11960			INSERTION OF TISSUE EXPANDER	\$678.96	\$577.12
11970			REPLACE EXPANDER-PERM. PROSTHE	\$462.55	\$393.17
11971			REMOVE TISS EXP-NO PROSTHETIC	\$386.88	\$328.85
11976			REMOVE WO REINSERT, IMPL.CONTRA	\$120.83	\$102.71
11976	SA		REMOVE WO REINSERT, IMPL.CONTRA	NA	\$97.57
11981			INSERTION, NON-BIODEGRAD DRUG	\$108.02	\$91.81
1982			REMOVAL NON-BIODEGRAD DRUG DEL	\$127.46	\$108.34
1983			REM W/INSERT NON-BIOGRAD DRUG	\$188.82	\$160.50
12001			SIMPLE WOUND REPAIR TO 2.5 CM	\$93.73	\$79.67
12001	SA		SIMPLE WOUND REPAIR TO 2.5 CM	NA	\$75.69
12002			SIMPLE WOUND REPAIR 2.6 TO 7.5	\$113.61	\$96.5
12002	SA		SIMPLE WOUND REPAIR 2.6 TO 7.5	NA	\$91.74
12004			SIMPLE WOUND REPAIR 7.6 TO 12.	\$132.73	\$112.81
12005	1	1	SIMPLE WOUND REPAIR 12.6 TO 20	\$169.44	\$144.02

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
			SIMPLE WOUND REPAIR 20.1 TO 30	\$200.99	
12006 12007			SIMPLE WOUND REPAIR 20.1 TO 30 SIMPLE WOUND REPAIR OVER 30 CM	\$200.99	\$170.84 \$196.48
12007			SIMPLE WOUND REPAIR OVER 30 CM	\$231.15	\$190.40
			SIMPLE WOUND REPAIR 10 2.5 GM		
12013 12014			SIMPLE WOUND REPAIR 2.6 TO 5CM	\$118.98 \$141.54	\$101.1
			SIMPLE WOUND REPAIR 5.1 TO 7.5 SIMPLE WOUND REPAIR 7.6 TO 12.	÷ -	\$120.3 <sup>-</sup>
12015				\$170.17	\$144.64
12016 12017			SIMPLE WOUND REPAIR 12.6 TO 20 SIMPLE WOUND REPAIR 20.1 TO 30	\$213.65 \$153.18	\$181.60
-				· · · ·	\$130.20
12018			SIMPLE WOUND REPAIR OVER 30 CM	\$173.57	\$147.5
12020				\$221.63	\$188.3
12021			TREAT SUPER.DEHISCIENCE:W/PACK	\$127.35	\$108.2
12031			LAYER CLOSURE WOUND TO 2.5 CM	\$150.69	\$128.0
12032			LAYER CLOSURE 2.6 TO 7.5CM	\$213.44	\$181.4
12034			LAYER CLOSURE 7.6-12.5CM	\$208.27	\$177.0
12035			LAYER CLOSURE 12.6 TO 20CM	\$296.41	\$251.9
12036			LAYER CLOSURE 20.1 TO 30CM	\$332.94	\$283.0
12037			LAYER CLOSURE WOUND/ OVER 30.0	\$374.11	\$318.0
12041			LAYER CLOSURE WOUND TO 2.5 CM	\$167.06	\$142.0
12042			LAYER CLOSURE 2.6 TO 7.5CM	\$202.59	\$172.2
12044			LAYER CLOSURE 7.6 TO 12.5CM	\$216.50	\$184.0
12045			LAYER CLOSURE 12.6 TO 20CM	\$306.01	\$260.1
12046			LAYER CLOSURE 20.1 TO 30CM	\$371.20	\$315.5
12047			LAYER CLOSURE WOUND OVER 30.0	\$379.60	\$322.6
12051			LAYER CLOSURE WOUND TO 2.5 CM	\$195.28	\$165.9
12052			LAYER CLOSURE 2.6 TO 5CM	\$202.18	\$171.8
2053			LAYER CLOSURE 5.1 TO 7.5CM	\$215.70	\$183.3
12054			LAYER CLOSURE 7.6 TO 12.5CM	\$239.06	\$203.2
2055			LAYER CLOSURE 12.6 TO 20CM	\$305.37	\$259.5
2056			LAYER CLOSURE 20.1 TO 30CM	\$412.46	\$350.5
2057			LAYER CLOSURE WOUND OVER 30.0	\$413.31	\$351.3
3100			COMPLEX REPAIR 1.1 TO 2.5CM	\$244.07	\$207.4
3101			COMPLEX REPAIR 2.6 TO 7.5CM	\$289.74	\$246.2
3102			REPAIR COMPLEX TRUNK EACH ADD	\$82.74	\$70.3
13120			COMPLEX REPAIR 1.1 TO 2.5CM	\$252.82	\$214.8
13121			COMPLEX REPAIR 2.6 TO 7.5CM	\$308.86	\$262.53
13122	1		REP COMPLEX SCALP/ARM/LEG EA A	\$101.19	\$86.0 <sup>-</sup>

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		
NA =	MOD		NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	-		SPECIALIST	NONSPECIALIST
13131			COMPLEX REPAIR 1.1 TO 2.5CM	\$275.46	\$234.14
13132			COMPLEX REPAIR 2.6 TO 7.5CM	\$398.11	\$338.40
13133			REP COMP FOREHEAD/CHIN/CHEEK/M	\$130.88	\$111.25
13151			COMPLEX REPAIR 1.1 TO 2.5CM	\$312.73	\$265.82
13152			COMPLEX REPAIR 2.6 TO 7.5CM	\$416.90	\$354.37
13153			REP COMP EYELID/NOSE/EAR/LIP E	\$148.15	\$125.93
13160			EXT/COMP SECONDARY CLOSE/DEHIS	\$619.78	\$526.81
14000			TISSUE TRANSFER: DEFECT TO 10	\$470.34	\$399.79
14001			TISSUE TRANSFER- 10.1 TO 30 SQ	\$611.97	\$520.17
14020			TISSUE TRANSFER- TO 10 SQ CM	\$519.73	\$441.77
14021			TISSUE TRANSFER- 10.1 TO 30 SQ	\$680.98	\$578.83
14040			TISSUE TRANSFER- TO 10 SQ CM	\$566.40	\$481.44
14041			TISSUE TRANSFER- 10.1 TO 30 SQ	\$744.53	\$632.85
14060			TISSUE TRANSFER- TO 10 SQ CM	\$587.42	\$499.30
14061			TISSUE TRANSFER- 10.1 TO 30 SQ	\$804.98	\$684.23
14350			FILLETED FINGER OR TOE FLAP	\$586.01	\$498.11
15002			SURGICAL PREPARATION OR CREATI	\$257.98	\$219.28
15002	26		SURGICAL PREPARATION OR CREATI	\$174.03	\$147.93
15003			SURGICAL PREPARATION OR CREATI	\$57.23	\$48.65
15003	26		SURGICAL PREPARATION OR CREATI	\$35.48	\$30.16
15004			SURGICAL PREPARATION OR CREATI	\$310.41	\$263.85
15004	26		SURGICAL PREPARATION OR CREATI	\$215.24	\$182.95
15005			SURGICAL PREPARATION OR CREATI	\$95.42	\$81.11
15005	26		SURGICAL PREPARATION OR CREATI	\$70.96	\$60.32
15040			HARVEST OF SKIN FOR TISSUE CUL	\$225.37	\$191.56
15040	26		HARVEST OF SKIN FOR TISSUE CUL	\$108.66	\$92.36
15050			PINCH GRAFT: DEFECT UP TO 2 CM	\$387.58	\$329.44
15100			SPLIT GRAFT: UP TO 100 SQ. CM.	\$751.76	\$639.00
15101			SPLIT GRFT,@ ADD 100 SQ CM/1%	\$188.35	\$160.10
15110			EPIDERMAL AUTOGRAFT, TRUNK, AR	\$702.06	\$596.75
15110	26		EPIDERMAL AUTOGRAFT, TRUNK,ARM	\$577.21	\$490.63
15111			EPIDERMAL AUTOGRAFT, TRUNK, AR	\$109.94	\$93.45
15111	26		EPIDERMAL AUTOGRAFT, TRUNK,ARM	\$92.97	\$79.02
15115			EPIDERMAL AUTOGRAFT, FACE, SCA	\$657.94	\$559.25
15115	26		EPIDERMAL AUTOGRAFT, FACE,SCAL	\$594.17	\$505.04
15116			EPIDERMAL AUTOGRAFT, FACE, SCA	\$142.39	\$121.03

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 15116 26 EPIDERMAL AUTOGRAFT, FACE, SCAL \$126.78 \$107.77 15120 SPLIT GRAFT: UP TO 100 SQ. CM. \$603.03 \$709.45 15121 SPLIT GRFT,@ ADD 100 SQ CM/1% \$137.92 \$117.23 15130 DERMAL AUTOGRAFT, TRUNK, ARMS \$585.50 \$497.67 15130 26 DERMAL AUTOGRAFT, TRUNK, ARMS, L \$465.74 \$395.88 15131 DERMAL AUTOGRAFT, TRUNK, ARMS \$89.93 \$76.44 15131 26 DERMAL AUTOGRAFT. TRUNK.ARMS.L \$75.34 \$64.04 15135 DERMAL AUTOGRAFT, FACE, SCALP. \$704.18 \$598.55 DERMAL AUTOGRAFT, FACE, SCALP, E \$548.09 15135 26 \$644.81 DERMAL AUTOGRAFT, FACE, SCALP 15136 \$83.53 \$71.00 15136 26 DERMAL AUTOGRAFT, FACE, SCALP, E \$76.06 \$64.65 15150 TISSUE CULTURED EPIDERMAL AUTO \$582.20 \$494.87 15150 26 TISSUE CULTURED EPIDERMAL AUTO \$513.67 \$436.62 15151 TISSUE CULTURED EPIDERMAL AUTO \$115.94 \$98.55 15151 26 TISSUE CULTURED EPIDERMAL AUTO \$100.34 \$85.29 15152 TISSUE CULTURED EPIDERMAL AUTO \$142.30 \$120.96 15152 26 TISSUE CULTURED EPIDERMAL AUTO \$125.34 \$106.54 15155 TISSUE CULTURED EPIDERMAL AUTO \$581.55 \$494.32 15155 26 TISSUE CULTURED EPIDERMAL AUTO \$552.37 \$469.51 15156 TISSUE CULTURED EPIDERMAL AUTO \$150.50 \$127.93 15156 26 TISSUE CULTURED EPIDERMAL AUTO \$139.65 \$118.70 15157 TISSUE CULTURED EPIDERMAL AUTO \$166.76 \$141.75 15157 TISSUE CULTURED EPIDERMAL AUTO \$152.17 \$129.34 26 15200 FULL THICK GRAFT TO 20 SQ CM \$602.43 \$512.07 FULL THICK GRAFT EACH ADD 20 S 15201 \$134.54 \$114.36 15220 FULL THICK GRAFT TO 20 SQ CM \$585.78 \$497.92 15221 FULL THICK GRAFT EACH ADD 20 S \$121.40 \$103.19 15240 FULL THICK GRAFT TO 20 SQ CM \$659.74 \$560.78 15241 FULL THICK GRAFT EACH ADD 20 S \$148.72 \$126.41 15260 FULL THICK GRAFT TO 20 SQ CM \$685.24 \$582.45 \$143.07 15261 FULL THICK GRAFT EACH ADD 20 S \$168.31 15570 FORM DIRECT/TUBE PEDICLE,....T \$714.83 \$607.61 15572 SKIN GRAFT, SCALP/ARMS/LEGS \$651.19 \$553.51 15574 FORM DIRECT/TUBE PEDICLE..FORE \$710.85 \$604.22 15576 FORM DIRECT/TUBE PEDICLE .. EYEL \$631.94 \$537.15 15600 INTERM DELAY FLAP TRUNK \$326.88 \$277.85

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	JNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
15610			INTERM DELAY FLAP SCALP/LIMBS	\$246.30	\$209.36
15620			INTERM DELAY FLAP CHIN/NECK/FE	\$367.91	\$312.73
15630			INTER DELAY FLAP EYELIDS/LIP/E	\$352.95	\$300.01
15650			TRANS INTERM ANY PEDICLE FLAP	\$380.52	\$323.44
15731			FOREHEAD FLAP WITH PRESERVATIO	\$851.03	\$723.38
15731	26		FOREHEAD FLAP WITH PRESERVATIO	\$763.68	\$649.13
15734			MUSCLE,MYO/FASCIO CUTAN FLAP:T	\$1,254.69	\$1,066.48
15736			MUSCLE,MYO/FASCIO CUT FLAP:UPP	\$1,206.29	\$1,025.34
15738			MUSCLE,MYO/FASCIO CUT FLAP:LOW	\$1,255.23	\$1,066.95
15740			ISLAND PEDICLE FLAP GRAFT	\$686.76	\$583.75
15750			NEUROVASCULAR PEDICLE GRAFT	\$709.77	\$603.30
15756			FREE FLAP W/WO GRAFT MICROVASC	\$1,947.99	\$1,655.79
15757			FREE SKIN FLAP W/MICROVASC ANA	\$1,961.70	\$1,667.44
15758			FREE FASCIAL FLAP W/MICROVASC	\$1,966.94	\$1,671.90
15760			COMPOSITE SKIN GRAFT	\$642.09	\$545.77
15770			DERMA-FAT-FASCIA GRAFT	\$495.76	\$421.40
15780			SKIN ABRASION TOTAL FACE	\$641.82	\$545.54
15781			ABRASION OF SKIN FOR REMOVAL O	\$398.18	\$338.46
15782			ABRASION OF SKIN FOR REMOVAL O	\$481.50	\$409.28
15783			DERMABRASION SUPERFICIAL ANY S	\$377.35	\$320.75
15786			ABRASION SINGLE LESION	\$181.42	\$154.21
15787			ABRASION EA ADD 4 LESION OR LE	\$47.59	\$40.45
15788			CHEMICAL PEEL, FACIAL: EPIDERM	\$297.66	\$253.01
15789			CHEMICAL PEEL, DERMAL, FACIAL	\$436.30	\$370.86
15792			CHEMICAL PEEL, NONFACIAL, EPID	\$303.86	\$258.28
15793			CHEMICAL PEEL, NONFACIAL: DERM	\$337.29	\$286.69
15819			CERVICOPLASTY	\$569.18	\$483.80
15820			BLEPHAROPLASTY,LOWER EYELIDS	\$411.48	\$349.76
15821			BLEPHAROPLASTY HERNIATED FAT P	\$443.86	\$377.28
15822			BLEPHAROPLASTY, UPPER EYELID	\$349.78	\$297.32
15823			BLEPHAROPLASTY, UPPER: EXCESSIVE	\$504.36	\$428.71
15830			EXCISION, EXCESSIVE SKIN AND S	\$910.71	\$774.11
15840			GRAFT FACIAL NERVE PARALYSIS	\$796.87	\$677.34
15841			FACIAL NERVE PALSY MUSCLE GRAF	\$1,319.41	\$1,121.50
15842			MICROSUR MUSCLE GRAFT FACE PAL	\$2,123.51	\$1,804.99
15845		1	REANIMATION MUSCLE TRANS FACE	\$737.27	\$626.68

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
15850			REMOVE SUTURES UNDER ANESTHESI	\$72.22	\$61.39
15851			REMOVAL OF SUTURES UNDER ANEST	\$85.96	\$73.07
15852			DRESSING CHANGE NOT BURNS UNDE	\$47.40	\$40.29
15920			COCCYGECTOMY PRIMARY SUTURE	\$470.72	\$400.11
15922			COCCYGECTOMY FLAP CLOSURE	\$599.91	\$509.93
15931			EXCISE SACRAL PRESSURE ULCER	\$522.12	\$443.80
15933			REMOVAL OF PRESSURE SORE	\$654.30	\$556.15
15934			EXCISE,WITH SKIN FLAP CLOSURE	\$726.60	\$617.61
15935			EXC SAC ULCER/FLAP/OSTECTOMY	\$872.88	\$741.95
15936			EXCISE ULCER W/ OTHER FLAP CLO	\$722.31	\$613.97
15937			EXC SAC ULCER/FLAP/OSTECTOMY	\$843.65	\$717.10
15940			EXC ISCHIAL ULCER DIRECT SUTUR	\$543.67	\$462.12
15941			EXC ISCHIAL ULCER OSTECTOMY	\$731.39	\$621.68
15944			EXC ISCHIAL ULC/SKIN FLAP CLOS	\$702.86	\$597.43
15945			EXC ISCHAL ULC/OSTECTOMY/FLAP	\$782.99	\$665.54
15946			EXC ISCHIAL ULC/OSTECTOMY/FLAP	\$1,263.22	\$1,073.74
15950			EXC TROCHANTERIC ULCER DIR SUT	\$453.01	\$385.06
15951			EXC TROCHAN ULCER OSTECTOMY	\$649.64	\$552.19
15952			EXC TROCHAN ULCER SKIN FLAP CL	\$670.34	\$569.79
15953			EXC TROCH ULC SKIN FL CLO/OSTE	\$757.57	\$643.93
15956			EXC TROCH/ULC FLAP CLOSURE	\$921.73	\$783.47
15958			TROCH ULC/EXC-FLAP-OSTECTOMY	\$930.80	\$791.18
16000			INIT TREAT 1ST DEGREE BURN	\$59.68	\$50.73
16000	SA		INIT TREAT 1ST DEGREE BURN	NA	\$48.19
16020			DRESS/DEBRID BURN SMALL NO ANE	\$71.42	\$60.71
16020	SA		DRESS/DEBRID BURN SMALL NO ANE	NA	\$57.67
16025			DRESS/DEBRID BURM MED NO ANEST	\$124.15	\$105.53
16030			DRESS/DEBRID BURN LG NO ANESTH	\$146.81	\$124.79
16035			ESCHAROTOMY B	\$185.44	\$157.62
16036			ESCHAROTOMY: EACH ADDIT INCISI	\$73.69	\$62.63
17000			DESTROY BENIGN/PREMALIG LESION	\$52.77	\$44.85
17003	† †		DESTROY 2-14 BENIGN/PREMALIG L	\$5.56	\$4.73
17004			DESTROY 15 OR MORE BENIGN/PREM	\$152.01	\$129.21
17106			DESTR CUTAN VASC PROL LESI LIO	\$311.55	\$264.82
17107			DESTR CUTAN VASC PROL LESI 10-	\$460.20	\$391.17
17108			DESTR CUTAN VASC PROL LESI >50	\$673.05	\$572.09

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51105
NA =			NOT APPLICABLE		
007/100000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
17110			DESTROY-ANY METHOD-UP TO 15 LE	\$76.99	\$65.44
17111			DESTROY FLAT WARTS 15 OR MORE	\$87.22	\$74.14
17250			CHEMICAL CAUTERY OF WOUND	\$58.97	\$50.12
17260			DESTR,MALIG LESION0.5 CM.OR	\$73.38	\$62.38
17261			DESTRUCT,MALIG LESION0.6-1.	\$93.10	\$79.13
17262			DESTRUCT,MALIG LESION1.1-2.0	\$115.86	\$98.48
17263			DESTRUCT,MALIG LESION 2.1-3.0	\$128.55	\$109.27
17264			DESTRUCT MALIG LESION 3.1-4.0	\$139.36	\$118.46
17266			DESTR MALIG LESION DIAMETER >4	\$161.80	\$137.53
17270			DESTR MALIG LESION, DIA 0.5CM O	\$100.89	\$85.75
17271			DESTR MALIG LESION 0.6-1.0 CM	\$109.27	\$92.88
17272			DESTR MALIG LESION 1.1-2.0 CM	\$125.89	\$107.00
17273			DESTR MALIG LESION 2.1-3.0 CM	\$142.16	\$120.84
17274			DESTR MALIG LESION 3.1-4.0 CM	\$172.04	\$146.23
17276			DESTR MALIG LESION OVER 4.0 CM	\$205.99	\$175.09
17280			DESTR MALIG LESION 0.5 CM OR L	\$93.10	\$79.13
17281			DESTR MALIG LESION 0.6-1.0 CM	\$121.26	\$103.0
17282			DESTR MALIG LESION 1.1-2.0 CM	\$140.14	\$119.12
17283			DESTR,MALIG LESION 2.1-3.0 CM	\$173.24	\$147.2
17284			DESTR MALIG LESION 3.1-4.0 CM	\$204.74	\$174.03
17286			DESTR MALIG LESION OVER 4.0 CM	\$271.71	\$230.9
17311			MOHS MICROGRAPHIC TECHNIQUE, I	\$550.74	\$467.6
17311	26		MOHS MICROGRAPHIC TECHNIQUE, I	\$290.82	\$247.19
17312			MOHS MICROGRAPHIC TECHNIQUE, I	\$332.88	\$282.9
17312	26		MOHS MICROGRAPHIC TECHNIQUE, IN	\$154.79	\$131.5
17313			MOHS MICROGRAPHIC TECHNIQUE. I	\$502.66	\$427.2
17313	26		MOHS MICROGRAPHIC TECHNIQUE, IN	\$260.68	\$221.5
17314	-		MOHS MICROGRAPHIC TECHNIQUE, I	\$308.30	\$262.0
17314	26		MOHS MICROGRAPHIC TECHNIQUE.IN	\$143.13	\$121.6
7315		1	MOHS MICROGRAPHIC TECHNIQUE, I	\$64.62	\$54.9
17315	26	1	MOHS MICROGRAPHIC TECHNIQUE, IN	\$40.49	\$34.4
7340		1	CRYOTHERAPY OF SKIN	\$38.06	\$32.3
17360		1	CHEMICAL EXFOLIATION FOR ACNE	\$95.84	\$81.4
19000			PUNCTURE ASPIRATION BREAST CYS	\$95.84	\$81.9
19000			PUNCTURE ASP BREAST CYST EA AD	\$90.43	\$19.50
19001		<del> </del>	MASTOTOMY/DRAIN ABSCESS DEEP	\$341.28	\$19.50

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 19030 INJEC FOR MAMM DUCTOG OR GALAC \$148.40 \$126.14 19100 BREAST BIOPSY NEEDLE \$115.78 \$98.42 19101 BREAST BIOPSY INCISIONAL \$265.06 \$225.30 19105 ABLATION. CRYOSURGICAL. OF FIB \$1.674.70 \$1.423.49 19105 26 ABLATION, CRYOSURGICAL, OF FIB \$147.68 \$125.53 19110 NIPPLE EXP. W/ORW/OUT EXCISION \$349.58 \$297.15 19112 EXCISION OF LACTIFEROUS DUCT F \$336.17 \$285.74 19120 EXCISE ONE/MORE BREAST LESIONS \$351.40 \$298.69 19120 50 EXCISE ONE/MORE BREAST LESIONS \$702.80 \$597.38 19125 EXCISION OF BREAST LESION, ONE \$320.80 \$377.42 19126 EXN OF BREAST LESION, EACH ADD \$137.78 \$117.12 19260 \$929.73 \$790.27 EXCISE CHEST WALL TUMOR/RIBS 19271 EXC CH TUMOR/RIBS PLAST RECONS \$1,284.66 \$1.091.96 19272 EXC CH TUMOR/MEDIAST LYMPHADEC \$1,412.62 \$1,200.72 19296 PLACEMENT OF RADIOTHERAPY AFTE \$4,328.50 \$3,679.23 19296 26 PLACEMENT OF RADIOTHERAPY AFTE \$177.31 \$150.72 19297 PLACEMENT OF RADIOTHERAPY AFTE \$81.12 \$68.95 19298 PLACEMENT OF RADIOTHERAPY AFTE \$1.061.23 \$902.05 19298 26 PLACEMENT OF RADIOTHERAPY AFTE \$284.51 \$241.84 19300 MASTECTOMY FOR GYNECOMASTIA \$417.49 \$354.86 19300 26 MASTECTOMY FOR GYNECOMASTIA \$286.50 \$243.53 19301 MASTECTOMY, PARTIAL (EG, LUMPE \$312.26 \$265.42 19302 MASTECTOMY, PARTIAL (EG, LUMPE \$660.70 \$561.59 19303 MASTECTOMY, SIMPLE, COMPLETE \$567.31 \$667.42 MASTECTOMY, SUBCUTANEOUS 19304 \$415.33 \$353.03 19305 MASTECTOMY, RADICAL, INCLUDING \$818.42 \$695.66 19306 MASTECTOMY, RADICAL, INCLUDING \$851.05 \$723.39 19307 MASTECTOMY. MODIFIED RADICAL \$855.69 \$727.33 19316 MASTOPEXY \$641.24 \$545.05 19318 REDUCTION MAMMAPLASTY \$959.41 \$815.50 19318 REDUCTION MAMMAPLASTY 50 \$1,918.82 \$1,630.99 19324 MAMMAPLASTY W/OUT PROSTHETIC \$375.69 \$319.33 19325 MAMMAPLASTY WITH PROSTHETIC \$528.00 \$448.80 19325 MAMMAPLASTY WITH PROSTHETIC 50 \$1,056.00 \$897.60 19328 REMOVE INTACT MAMMARY IMPLANT \$376.78 \$320.27 19330 REMOVE IMPLANT MATERIAL \$482.11 \$409.80

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
19340			IMMEDIATE INSERT BREAST PROSTH	\$336.97	\$286.42
19342			DELAY-INSERT BREAST PROSTHETIC	\$711.15	\$604.48
19350			NIPPLE/AREOLA RECONSTRUCTION	\$794.23	\$675.10
19357			BREAST RECONSTRUCTION	\$1,191.02	\$1.012.36
19357	50		BREAST RECONSTRUCTION-BILATERA	\$2.382.03	\$2.024.73
19361			BREAST RECONST.W/WO PROSTHETIC	\$1,117.28	\$949.69
19361	50		BREAST RECONSTRUCTION W/WO PRO	\$2,234.56	\$1,899.38
19364			RECONSTRUCT BREAST-FREE FLAP	\$2,279.06	\$1,937.20
19366			RECONSTRUCT BREAST-OTHER	\$1.161.42	\$987.20
19367			BREAST RECONSTR W/TRAM SINGLE	\$1,499.16	\$1.274.29
19368			BREAST RECONST/TRAM/MICROVASC	\$1,830.00	\$1,555.50
19369			BREAST RECONSTR/TRAM/DOUBLE PE	\$1,700.38	\$1,445.32
19370			PERIPROSTHETIC CAPSULECTOMY	\$527.06	\$448.00
19371			PERIPROSTHETIC CAPSULECTOMY, B	\$609.11	\$517.75
19380			REVISE RECONSTRUCTED BREAST	\$593.10	\$504.13
19396			PREP MOULAGE FOR CUSTOM IMPLAN	\$114.11	\$97.00
20100			EXPLORATION PENETRATING WOUND,	\$505.46	\$429.64
20101			EXPLORE PENETRATING WOUND. CHE	\$316.32	\$268.87
20102			EXPLORE PENETRATING WOUND/ABD/	\$392.50	\$333.62
20103			EXPLORE PENETRATING WOUND.EXTR	\$481.17	\$408.99
20150			EXCISION EPIPYSEAL BAR W/WO AU	\$731.33	\$621.63
20200			MUSCLE BIOPSY: SUPERFICIAL	\$156.09	\$132.67
20205			MUSCLE BIOPSY: DEEP/SUPERFICIA	\$216.36	\$183.91
20206			BIOPSY, MUSCLE, PERCUTANEOUS NEE	\$253.34	\$215.34
20220			SUPERFICIAL BIOPSY OF BONE: NE	\$178.20	\$151.47
20225			DEEP BONE BIOPSY: TROCAR/ NEED	\$558.10	\$474.39
20240			EXCISIONAL BIOPSY: SUPERFICIAL	\$154.65	\$131.45
20245			EXCISIONAL BIOPSY OF BONE: DEE	\$362.81	\$308.81
20250			OPEN BIOPSY OF VERTEBRAL BODY	\$307.91	\$261.73
20251			OPEN BIOPSY OF VERTEBRAL BODY	\$350.90	\$298.26
20500				\$110.06	\$93.55
20501			INJECT SINUS TRACT: DIAGNOSTIC	\$124.27	\$105.63
20520			REMOVE FOREIGN BODY: SIMPLE	\$163.76	\$139.20
20525	1		REMOVE FOREIGN BODY: COMPLICAT	\$436.50	\$371.03
20526	1		THERAPEUTIC INJECT CARPAL TUNN	\$66.46	\$56.49
20550			INJECT TENDON SHEATH/LIGAMENT	\$50.46	\$42.89

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
	MOD	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
CPT/HCPCS/CDT		2	PROCEDURE CODE DESCRIPTION		
PRACTITIONER				SPECIALIST	NONSPECIALIST
20551 20552			INJECTION: TENDON ORIGIN/INSER INJECTION: SINGLE/MULTIPLE TRI	\$49.14 \$46.77	\$41.77 \$39.75
	-	-	INJECTION: SINGLE/MOLTIPLE TRI INJ TRIGGER POINTS 3 OR < MUSC	÷ -	
20553				\$52.71	\$44.8
20555				\$255.90	\$217.52
20600			ARTHROCENTESIS: SMALL JOINT/ B	\$45.28	\$38.49
20605				\$49.65	\$42.20
20610			ARTHROCENTESIS: MAJOR JOINT/ B	\$60.46	\$51.39
20612			ASPIRATION/INJECTION GANGLION	\$49.18	\$41.80
20612	26		ASPIRATION/INJECTION GANGLION	\$37.30	\$31.70
20615	-		ASPIRATE/INJECTION-BONE CYST	\$197.42	\$167.80
20650	-		SKELETAL TRACTION: WIRE OR PIN	\$160.06	\$136.05
20660	-		APPLY TONGS OR CALIPER AND REM	\$200.59	\$170.50
20661			APPLY HALO: CRANIAL	\$354.86	\$301.63
20662	-		APPLY HALO: PELVIC	\$396.10	\$336.68
20663			APPLY HALO: FEMORAL	\$363.32	\$308.82
20664			APPLIC/REMOVAL CRANIAL HALO W/	\$545.40	\$463.59
20665			REMOVE HALO OR TONGS BY OTHER	\$112.50	\$95.63
20670			REMOVE IMPLANT: SUPERFICIAL	\$402.47	\$342.10
20680			REMOVE IMPLANT: DEEP	\$421.02	\$357.87
20690			APPLY EXTERNAL FIXATION SYS,ST	\$213.89	\$181.80
20692			APPL MULTIPLANE,UNIL,EXT FIX S	\$361.59	\$307.35
20693			ADJ/REV EXT FIX SYS W ANES W/W	\$399.13	\$339.26
20694			REM W ANES, EXTERNAL FIXATION	\$395.08	\$335.82
20802			REPLANT ARM: COMPLETE AMPUTATI	\$2,124.51	\$1,805.84
20805			REPLANT FOREARM-COMPLETE AMPUT	\$2,889.03	\$2,455.68
20808			REPLANT HAND: COMPLETE AMPUTAT	\$3,585.42	\$3,047.60
20816			REPLANT DIGIT, TOTAL AMPUTATIO	\$2,144.00	\$1,822.40
20822			REPLANT DIGIT, EXCLUDE THUMB, CO	\$1,845.11	\$1,568.34
20824			REPLANT THUMB,COMPLETE AMPUTAT	\$2,139.06	\$1,818.20
20827			REPLANT THUMB-DISTAL TIP-COMPL	\$1,886.63	\$1,603.64
20838			REPLANT FOOT: TOTAL AMPUTATION	\$2,098.50	\$1,783.72
20900			BONE GRAFT: ANY DONOR AREA, SM	\$437.22	\$371.64
20902			BONE GRAFT, ANY DONOR AREA: LA	\$294.24	\$250.10
20910			CARTILAGE GRAFT: COSTOCHONDRAL	\$365.90	\$311.02
20912			CARTILAGE GRAFT: NASAL SEPTUM	\$417.94	\$355.25
20920			FASCIA LATA GRAFT: BY STRIPPER	\$330.57	\$280.98

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
20922			FASCIA LATA GRAFT: BY INCISION	\$485.83	\$412.96
20950				\$267.73	\$227.57
20955			FIBULA GRAFT W MICROVASCULAR A	\$2,207.99	\$1,876.79
20956			BONE GRAFT/ILIAC CREST W/MICRO	\$2,288.38	\$1,945.12
20957			BONE GRAFT METATARSAL W/MICROV	\$2,135.74	\$1,815.38
20962			BONE GRAFT/MICROVAS ANSAOTHE	\$2,205.92	\$1,875.03
20969			FREE OSTEOCUTAN FLAP/MICROVAS	\$2,434.07	\$2,068.96
20970			FREE OSTEOCUTAN FLAP:ILIAC	\$2,417.84	\$2,055.16
20972			FREE OSTEOCUTAN FLAP:METATAR	\$2,214.10	\$1,881.98
20973			FREE OSTEOCUTAN FLAP:GREAT T	\$2,464.17	\$2,094.54
20974			ELECTR STIM/BONE HEALING-NONIN	\$46.26	\$39.32
20974	26		ELECTR STIM/BONE HEALING-NONIN	\$41.17	\$34.99
20975			BONES INVASIVE(OPERATIVE)	\$155.27	\$131.98
20982			ABLATION, BONE TUMOR(S)	\$1,923.61	\$1,635.07
20982	26		ABLATION, BONE TUMOR(S)	\$351.34	\$298.64
20985			COMPUTER ASSISTED SURGICAL NAV	\$118.94	\$101.10
21010			ARTHROTOMY: UNILATERAL	\$593.97	\$504.87
21010	50		ARTHROTOMY: BILATERAL	\$1,187.94	\$1,009.75
21015			RADIC REC TUMOR,SOFT TISSUE/FA	\$357.92	\$304.23
21025			EXCISE BONE, MANDIBLE	\$773.03	\$657.08
21026			EXCISE BONE, FACIAL BONE(S)	\$438.09	\$372.37
21029			REM /CONT BENIGN TUMOR / FACIA	\$590.12	\$501.60
21030			EXCISE BENIGN TUMOR OF FACIAL	\$373.34	\$317.34
21031			EXCISION TORUS MANDIBULARIS	\$292.35	\$248.50
21032			EXC MAXILLARY TORUS PALATINUS	\$298.16	\$253.44
21034			EXCISE MALIGNANCY OF FACIAL BO	\$1,102.93	\$937.49
21040			EXCISE BENIGN CYST: MANDIBLE	\$375.38	\$319.07
21044			EXCISE MALIGNANT TUMOR: MANDIB	\$726.34	\$617.39
21045			RADICAL RESECTION OF MANDIBLE	\$975.87	\$829.49
21046			EXCISE BENIGN TUM/CYST MAND IN	\$869.76	\$739.30
21047			EXC BENIGN TUM/CYST MAND EXTRA	\$1,111.82	\$945.04
21048	1		EXC BENIGN TUM/CYST MAXILLA IN	\$891.06	\$757.40
21049	1	1	EXC BENIGN TUM/CYST MAX EXTRA-	\$1,058.22	\$899.48
21050	1		TEMPOROMANDIBULAR ARTHRECTOMY	\$704.58	\$598.89
21060	t	1	TEMPOROMANDIBULAR MENISCECTOMY	\$656.34	\$557.89
21070	1	1	CORONOIDECTOMY: UNILATERAL	\$538.00	\$457.30

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	ONGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	· '	2		SPECIALIST	NONSPECIALIST
21070	50		CORONOIDECTOMY: BILATERAL	\$PECIALIST \$1,076.00	\$914.60
21073	50			\$1,070.00	\$914.00
211073			MAXILLOFACIAL FIXATION	\$535.34	\$455.04
21110			INTERDENTAL FIXATION	\$533.34	\$434.3
21110			INJ.FOR TEMPOROMANDIBULAR ARTH	\$160.27	\$136.23
21110			GENIOPLASTY:AUGMENTATION(AUTO,	\$100.27	\$453.2
21120			GENIOPLASTY:SLIDING OSTEOTOMY,	\$598.94	\$403.20
21121			GENIOPLASTY:SLIDING OSTEOTOMIT, GENIOPLASTY:SL OSTEO.20RMORE O	\$593.78	\$509.10
21122			GENIOPLASTY:SLIDING.AUGME W IN	\$760.98	\$646.84
21125			AUGMENTTION,MANDIB BODY/ANGLE:	\$780.98	\$040.82
21125			AUGMENTATION,MANDIB BODY/ANGLE:	\$2,237.30	\$1,574.15
21127			REDUCTION FOREHEAD:CONTOURING	\$612.07	\$1,374.13
21138			RED FOREHEAD:CONTO&APP PROS MA	\$760.50	\$646.42
21139			REDU FOREHEAD:CONTOUR&SETBACK	\$700.30	\$741.5
21141			RECONSTRUCT MIDFACE/WO BONE GR	\$1,105.18	\$939.40
21142			RECONSTRUCT MIDFACE/2 PC/WO BO	\$1,100.35	\$935.30
21143			RECONST MIDFACE/30R <td>\$1,154.01</td> <td>\$980.9</td>	\$1,154.01	\$980.9
21145			LEFORT1:SINGLE PIECE WITH BONE	\$1,186.30	\$1,008.3
21146			LEFORT1:TWO PIECES W BONE GRAF	\$1,266.53	\$1,076.5
21147			RECON MIDFACE, LEFORT1:30R>W	\$1,253.67	\$1,065.6
21150			RECON MIDFACE, LEFORT11: ANTERIO	\$1,442.38	\$1,226.0
21151			RECON MIDFACE, LEFORT2: REQ BONE	\$1,742.45	\$1,481.08
21154			RECON MFACE.LEFORT3 REQ BO GFT	\$1,823.41	\$1,549.9
21155			RECON MIDFACE, LEF1 REQ BONE GF	\$2,096.53	\$1,782.0
21159		1	RECON MIDFACE, LEFORT3WO LEF	\$2,568.82	\$2,183.49
21160		1	RECON MIDFACE, LEFORT3W LEFO	\$2.522.78	\$2,144.3
21172		1	RECON SUP-LAT ORBW/WO GRAFT	\$1,450.38	\$1,232.82
21175		1	RECON BIFR SUP-LAT W/WO GRA	\$1.795.03	\$1,525.7
21179		1	RECON ENT/MAJ FOREHEADW GRA	\$1,265.96	\$1.076.0
21180		1	RECON ENT/MAJW AUTOGRAFT	\$1,421.08	\$1,207.92
21181	1	1	REMOV/CONTO BENIGN TMR CRAN BO	\$605.44	\$514.6
21182	1	1	RECON ORB WLS,RMS,FRHD,NSN GFT	\$1.749.28	\$1,486.8
21183	1	1	RECON ORB WLS, RMS, FRHD, WGFT>4	\$1,955.55	\$1,662.2
21184			RECON ORB WLS, RMS, RHD, W GFT T	\$2,121.83	\$1,803.5
21188	1	1	RECON MIDFACE OSTEO&BONE G	\$1,401.01	\$1,190.86
21193	1	1	RECON MANDI RAMOSWO BONE GR	\$1,037.66	\$882.0

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	ONGS
NA =	1.000	1	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-	-		SPECIALIST	NONSPECIALIST
21194			RECON MANDI RAMOSW BONE GRA	\$1,153.85	\$980.77
21195			RECON MANDI RAMOS, SAGITTAL SPL	\$1,096.73	\$932.22
21196		-		\$1,192.07	\$1,013.26
21198		-		\$921.82	\$783.55
21199		-	OSTEOTOMY MANDIBLE SEG W/GENIO	\$856.40	\$727.94
21206		-	OSTEOPLASTY: MAXILLA, SEGMENTA	\$914.30	\$777.16
21208			OSTEOPLASTY, FACIAL: AUGMENTATIO	\$1,114.61	\$947.42
21209			OSTEOPLASTY, FACIAL BONES: REDUC	\$606.14	\$515.22
21210			BONE GRAFT: NASAL, MAXILLARY,	\$1,207.32	\$1,026.22
21215			BONE GRAFT: MANDIBLE	\$1,809.95	\$1,538.46
21230			RIB CARTILAGE GRAFT: AUTOGENOU	\$651.43	\$553.72
21235			EAR CARTILAGE GRAFT: AUTOGENOU	\$565.02	\$480.27
21240				\$919.55	\$781.62
21242			ARTHROPLASTY, TEMPOROMANDEBULAR	\$852.88	\$724.95
21243			ARTHROPLASTY, TEMPOROMAND, PROST	\$1,345.36	\$1,143.56
21244			RECONSTRUCT MANDIBLE, EXTRAORAL	\$822.79	\$699.37
21245			RECON MAND/MAX,SUBPERI IMPLANT	\$899.39	\$764.48
21246			RECON MAND/MAX,SUBPERI IMPLANT	\$741.22	\$630.04
21247			RECON MAND CONYLEW BGFTS/AU	\$1,388.44	\$1,180.17
21248			RECON MAND/MAX,ENDO IMPLANT:PA	\$820.98	\$697.84
21249			RECON MAND/MAX,ENDO IMPLANT,CO	\$1,195.16	\$1,015.89
21255			RECON ZYGOMATIC ARCHW BONE G	\$1,146.90	\$974.86
21256			RECON ORBIT W OSTEOTOMIES&BONE	\$957.59	\$813.95
21260			ORBITAL REVISION: EXTRACRANIAL	\$984.62	\$836.93
21261			REVISE ORBIT: INTRA/EXTRACRANI	\$1,919.47	\$1,631.55
21263			REVISE ORBIT: ADVANCE FOREHEAD	\$1,623.71	\$1,380.16
21267			REPOSITION ORBIT: EXTRACRANIAL	\$1,319.60	\$1,121.66
21268			REPOSITION ORBIT: INTRA/EXTRAC	\$1,568.18	\$1,332.96
21270			RECONSTRUCT ORBITOFACIAL BONES	\$740.35	\$629.30
21275			ORBITOCRANIOFACIAL RECONSTRUCT	\$670.36	\$569.8 <sup>-</sup>
21280			MEDIAL CANTHOPLASTY	\$404.27	\$343.63
21282			LATERAL CANTHOPEXY	\$270.04	\$229.53
21296			REDUCTION OF MASSETER MUSCLE (	\$311.02	\$264.3
21310		1	TREATMENT OF NASAL FRACTURE	\$97.50	\$82.88
21315		1	DIGITAL MANIPULATION OF NASAL	\$195.73	\$166.37
21320		1	MANIPULATE NASAL FX: INSTRUMEN	\$196.80	\$167.28

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	JNGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER		-		SPECIALIST	NONSPECIALIST
21325			OPEN TREATMENT NASAL FX: SIMPL	\$421.16	\$357.99
21330			TREATMENT NASAL FX: COMPLICATE	\$516.42	\$438.96
21335			OPEN TREATMENT FX NASAL SEPTUM	\$621.16	\$527.99
21336			OPEN TREATMENT NASAL FX: STAB.	\$523.83	\$445.26
21337			CLOSED NASAL SEPTAL FRACTURE T	\$301.94	\$256.65
21338			OPEN TREATMENT NASOETHMOID FRA	\$691.42	\$587.71
21339			OPEN RX. NASOETHMOID FRACT. W	\$756.75	\$643.24
21340			TREAT NASOETHMOID COMPLEX FX	\$659.51	\$560.59
21343			OPEN TX CL/OPEN DEPR FRONTAL S	\$978.42	\$831.66
21344			OPEN TX CL/DEPR FRONTAL SINUS	\$1,255.78	\$1,067.42
21345			TREAT NASOMAXILLARY COMPLEX FX	\$619.70	\$526.75
21346			OPEN TREATMENT NASOMAXILLARY F	\$785.82	\$667.95
21347			OPEN TREATMENT NASOMAXILLARY F	\$994.97	\$845.72
21348			OPEN TREATMENT NASOMAXILLARY F	\$977.91	\$831.23
21355			MANIPULATE FX OF MALAR AREA	\$340.96	\$289.82
21356			TREAT DEPRESSED ZYGOM FRACTURE	\$386.71	\$328.71
21360			TREAT DEPRESSED MALAR FRACTURE	\$427.65	\$363.50
21365			TREAT COMPLICATED FX MALAR ARE	\$890.40	\$756.84
21366			TREAT COMPLICATED FX MALAR ARE	\$1,019.82	\$866.84
21385			TREAT ORBITAL FX: TRANSANTRAL	\$599.54	\$509.61
21386			TREAT ORBITAL FX: PERIORBITAL	\$558.49	\$474.71
21387			TREAT ORBITAL FX: COMBINATION	\$642.93	\$546.49
21390			TREAT ORBITAL FX WITH IMPLANT	\$611.54	\$519.81
21395			TREAT ORBITAL FX WITH BONE GRA	\$749.84	\$637.36
21400			TREAT FRACTUR ORBIT EXCEPT "BL	\$137.58	\$116.95
21401			TREAT FX OF ORBIT WITH MANIPUL	\$386.04	\$328.13
21406			TREAT OPEN FX OF ORBIT W/O IMP	\$449.83	\$382.36
21407			TREAT OPEN FX OF ORBIT WITH IM	\$533.09	\$453.12
21408			OPEN FX OF ORBIT W/BONE GRAFT	\$735.60	\$625.26
21421			TREAT PALATAL/ ALVEOLAR RIDGE	\$501.30	\$426.10
21422			OPEN TREATMENT OF PALATE/ ALVE	\$566.78	\$481.76
21423			OPEN TREATMENT OF PALATE/MAXIL	\$682.90	\$580.47
21431			TREAT CRANIOFACIAL SEPARATION	\$567.26	\$482.17
21432			OPEN TX CRANIOFACIAL SEPARATIO	\$569.96	\$484.47
21433			COMPLICATED TX CRANIOFACIAL FX	\$1,440.43	\$1,224.37
21435			COMPLICATED TX CRANIOFACIAL FX	\$1,035.15	\$879.88

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	JNGS
NA =	1	1	NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
21436				\$1,596.38	\$1,356.93
21440			MANIPULATE ALVEOLAR RIDGE FX	\$338.14	\$287.42
21445			OPEN TREATMENT ALVEOLAR RIDGE	\$524.62	\$445.92
21450			TREAT CLOSED OR OPEN MANDIBULA	\$354.70	\$301.50
21451			MANDIBULAR W MANIPULATION FRAC	\$490.49	\$416.91
21452			TREAT OPEN MANDIBULAR FX:W/O M	\$513.65	\$436.60
21453			TREAT CLOSED MANDIBULAR FX W/M	\$562.08	\$477.77
21454			OPEN TREATMENT MANDIBULAR FX W	\$441.20	\$375.02
21461			OPEN TREATMENT MANDIBULAR FX W	\$1,116.62	\$949.12
21462			OPEN TREATMENT MANDIBULAR FX W	\$1,286.13	\$1,093.21
21465			OPEN TREAT.MANDIBULAR CONDYLAR	\$754.06	\$640.95
21470			TREAT COMPLICATED MANDIBULAR F	\$951.07	\$808.4
21480			TX TEMPOROMANDIBULAR DISLOCATI	\$81.45	\$69.23
21485			TEMPOROMANDIBULAR MANIPULATION	\$420.45	\$357.38
21490			OPEN TX TEMPOROMANDIIBULAR DIS	\$761.98	\$647.68
21501			I & D DEEP ABSCESS OR HEMATOM	\$351.33	\$298.63
21502			I & D WITH PARTIAL RIB REMOVAL	\$445.13	\$378.36
21510			INCISION WITH OPENING OF BONE	\$397.49	\$337.86
21550			EXCISIONAL BIOPSY SOFT TISSUES	\$191.66	\$162.9 <sup>2</sup>
21555			EXCISE BENIGN TUMOR: SUBCUTANE	\$341.37	\$290.16
21556			EXCISE BENIGN TUMOR: DEEP	\$334.42	\$284.26
21557			RAD RESECT TUMOR,SFT TISS NECK	\$494.53	\$420.35
21600			EXCISION OF RIB: PARTIAL	\$441.83	\$375.56
21610			COSTOTRANSVERSECTOMY	\$853.53	\$725.50
21615			EXCISION CERVICAL RIB	\$581.86	\$494.58
21616			EXCISE RIB WITH SYMPATHECTOMY	\$707.73	\$601.57
21620			OSTECTOMY OF STERNUM: PARTIAL	\$446.52	\$379.54
21627			STERNAL DEBRIDEMENT	\$459.53	\$390.60
21630			RADICAL RESECTION OF STERNUM	\$1,027.45	\$873.33
21632			MEDIASTINAL LYMPHADENECTOMY	\$1,028.78	\$874.46
21685	1	1	HYOID MYOTOMY AND SUSPENTION	\$780.98	\$663.83
21700	1	1	DIVISION OF SCALENUS ANTICUS	\$355.83	\$302.46
21705	1	1	DIVIDE SCALENUS AND RESECTION	\$535.42	\$455.1
21720	1	1	DIVISION STERNOCLEIDOMASTOID	\$289.94	\$246.45
21725	1	1	DIVIDE STERNOCLEIDOMASTOID: CA	\$441.65	\$375.40
21740	1	1	RECONSTRUCT PECTUS EXCAVATUM	\$880.47	\$748.40

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEI (	ONGS
NA =			NOT APPLICABLE		51100
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	· ·	-		SPECIALIST	NONSPECIALIST
21750			CLOSURE STERNOTOMY SEP.W/WO DE	\$595.98	\$506.59
21820			TREAT STERNUM FRACTURE: CLOSED	\$107.28	\$91.19
21825			TREAT STERNUM FRACTURE: OPEN	\$484.21	\$411.58
21920			BX,SFT TISS-BACK/FLANK:SUPERFI	\$180.89	\$153.75
21925			BX.SFT TISS-BACK/FLANK:DEEP	\$335.10	\$284.84
21930			EXCISE TUMOR.SOFT TISS-BACK OR	\$371.66	\$315.91
21935			RAD RESECT TUMOR,SFT TISS BACK	\$967.22	\$822.14
22010			INCISION AND DRAINAGE, OPEN, O	\$702.74	\$597.33
22015			INCISION AND DRAINAGE, OPEN, O	\$696.63	\$592.14
22100			RESECT VERTEBRA: CERVICAL	\$626.34	\$532.39
22100			RESECT VERTEBRA: THORACIC	\$629.54	\$535.11
22102			RESECT VERTEBRA: LUMBAR	\$640.87	\$544.74
22103			PARTIAL EXCIS POST VERT/EACH A	\$128.02	\$108.82
22110			EXCISE CERVICAL VERTEBRA	\$795.42	\$676.11
22112			EXCISE THORACIC VERTEBRA	\$794.29	\$675.14
22114			EXCISE LUMBAR VERTEBRAE FOR OS	\$796.86	\$677.33
22116			PART EXCIS/VERT BODY/EACH ADDI	\$127.81	\$108.64
22206			OSTEOTOMY OF SPINE, POSTERIOR	\$1,838.66	\$1,562.86
22207			OSTEOTOMY OF SPINE, POSTERIOR	\$1,815.50	\$1,543.18
22208			OSTEOTOMY OF SPINE, POSTERIOR	\$463.41	\$393.90
22210			OSTEOTOMY-SPINE,CORR DEFORM:CE	\$1,436.59	\$1,221.10
22212			OSTEOTOMY SPINE,CORR DEFORM:TH	\$1,179.74	\$1,002.78
22214			OSTEOTOMY SPINE,CORR DEFORM:TH	\$1,199.31	\$1,002.70
22216			OSTEOTOMY SPINE/EACH ADDIT SEG	\$335.26	\$284.97
22220			OSTEOTOMY SPINE,CORR DEFORM:CE	\$1,287.50	\$1,094.38
22222			OSTEOTOMY SPINE,CORR DEFORM:TH	\$1,207.30	\$1,094.30
22224	-		OSTEOTOMY SPINE,CORR DEFORM:LU	\$1,286.64	\$1,002.74
22224			OSTEOTOMY SPINE/DISKECTOMY/EAC	\$333.90	\$283.82
22220			TR VERT BODY FX/DISLOCATED/EAC	\$333.90	\$203.02
22315			CLSD TX VRT FX/DISLOCATEEAC	\$192.02	\$103.72
22315			OPEN RX RED ODONT FX/DISLOC WO	\$1,289.96	\$363.73
22318			OPEN RX RED ODONT FX/DISLOC WO	\$1,289.96	\$1,098.47
	+				
22325				\$1,102.74	\$937.33
22326				\$1,181.12	\$1,003.95
22327 22328			OPEN TX VRT FX/DISLOC.:THORACI OPEN TX/REDUCTION EACH ADD VER	\$1,144.27 \$250.20	\$972.63 \$212.67

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		01103
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
22848			PELVIC FIXATION OTHER THAN SAC	\$331.56	\$281.83
22849			REINSERT SPINAL FIXATION DEVIC	\$1,098.09	\$933.37
22850			HARRINGTON ROD REMOVAL	\$598.72	\$508.91
22855			DWYER INSTRUMENT REMOVAL	\$910.09	\$773.57
22857			TOTAL DISC ARTHROPLASTY (ARTIF	\$1,168.36	\$993.11
22862			REVISION INCLUDING REPLACEMENT	\$1,420.33	\$1,207.28
22865			REMOVAL OF TOTAL DISC ARTHROPL	\$1,383.32	\$1,175.82
22900			EXC TUMOR ABDOMEN WALL SUBFASC	\$315.09	\$267.82
23000			REMOVE SUBDELTOID CAL DEPOSITS	\$447.68	\$380.53
23020			RELEASE SHOULDER MUSCLE ERBS P	\$584.66	\$496.96
23030			I&D SHOULDER DEEP ABSC HEMATOM	\$376.35	\$319.90
23031			I&D INFECTED SHOULDER BURSA	\$367.55	\$312.42
23035			I&D DEEP CORTEX/BONE ABSC SHOU	\$596.55	\$507.07
23040			ARTHROTOMY REMOVE FOREIGN BODY	\$605.14	\$514.37
23044			ARTHROTOMY DRAIN/REMOVE FOR BO	\$480.23	\$408.20
23065			BIOPSY SHOULDER SUPERFICIAL	\$162.16	\$137.84
23066			BIOPSY OF SHOULDER DEEP	\$410.70	\$349.10
23075			EXC BENIGN SHOULDER TUMOR SUBC	\$210.11	\$178.60
23076			EXC BENIGN SHOULDER TUMOR DEEP	\$463.26	\$393.77
23077			RAD.TUMOR RESECT,SOFT TISS/SHO	\$924.30	\$785.65
23100			BIOPSY SHOULDER JOINT	\$413.40	\$351.39
23101			EXCISION TORN CARTILAGE SHOULD	\$385.95	\$328.06
23105			ARTHROTOMY:GLENOHUMERAL JOINT	\$544.05	\$462.44
23106			ARTHROTOMY:STERNOCLAVICULAR JT	\$411.41	\$349.70
23107			ARTHROTOMY,GLENOHUMERAL JOINT.	\$567.61	\$482.47
23120			CLAVICULECTOMY PARTIAL	\$480.64	\$408.54
23125			CLAVICULECTOMY TOTAL	\$601.56	\$511.33
23130			ACROMIONECTOMY PARTIAL/TOTAL	\$519.34	\$441.44
23140			EXCISION CYST/TUMOR CLAVICLE/S	\$427.18	\$363.11
23145			EXC TUMOR CLAVICLE/SCAPULA GRA	\$584.17	\$496.54
23146			EXCISION TUMOR CLAVICLE/SCAPUL	\$529.00	\$449.65
23150			EXCISION TUMOR PROXIMAL HUMERO	\$542.22	\$460.89
23155			EXCISION TUMOR PROX HUMEROUS A	\$663.03	\$563.58
23156		1	EXCISION TUMOR PROX HUMEROUS H	\$569.46	\$484.04
23170		1	SEQUESTRECTOMY CLAVICLE	\$454.56	\$386.38
23172		1	SEQUESTRECTOMY SCAPULA	\$461.40	\$392.19

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS					
NA = NOT APPLICABLE					
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
24006			ARTHROTOMY,ELBOW, W.CAP.EXCISI	\$601.94	\$511.65
24065			BIOPSY ARM/ELBOW SOFT TISSUE	\$180.03	\$153.03
24066			BIOPSY ARM/ELBOW SOFT TISSUE:	\$492.01	\$418.21
24075			REMOVE ARM/ELBOW LESION	\$390.19	\$331.66
24076			REMOVE ARM/ELBOW LESION:DEEP S	\$392.14	\$333.32
24077			RAD TUMOR RESECT,SFT TISS/ARM-	\$685.24	\$582.45
24100			ARTHROTOMY,ELBOW:FOR SYNOVIAL	\$334.34	\$284.19
24101			EXPLORE/TREAT ELBOW JOINT	\$425.77	\$361.90
24102			REMOVE ELBOW JOINT LINING	\$526.25	\$447.31
24105			REMOVAL OF ELBOW BURSA	\$281.10	\$238.94
24110			REMOVE HUMERUS LESION	\$497.75	\$423.09
24115			REMOVE HUMERUS LESI ON W/PRIMA	\$598.75	\$508.94
24116			REMOVE HUMERUS LESION W/HOMOGE	\$742.02	\$630.7 <sup>2</sup>
24120			REMOVE ELBOW LESION	\$443.94	\$377.35
24125			EXCISION BONE CYST HEAD/NECK R	\$490.11	\$416.60
24126			EXCISION BONE CYST HEAD/NECK R	\$535.52	\$455.19
24130			REMOVAL OF HEAD OF RADIUS	\$432.91	\$367.98
24134			REMOVAL OF BONE LEI SON SHAFT	\$657.00	\$558.45
24136			REMOVAL LESION/RADIAL HEAD OR	\$538.67	\$457.87
24138			REMOVE ELBOW BONE LESION/OLECR	\$558.39	\$474.63
24140			PARTIAL EXCISION OF BONE/HUME	\$644.26	\$547.62
24145			PARTIAL EXCISION OF RADIAL HEA	\$550.37	\$467.81
24147			PARTIAL EXCISION OF BONE/OLECR	\$568.90	\$483.57
24149			RAD RESECTION ELBOW W/CONTRAC	\$912.66	\$775.76
24150			EXTENSIVE SURGERY SHAFT OR DIS	\$827.36	\$703.26
24152			EXTENSIVE SURGERY RADICAL HEAD	\$624.06	\$530.45
24155			RESECTION OF ELBOW JOINT	\$712.58	\$605.7
24160			REMOVE ELBOW JOINT IMPLANT	\$520.06	\$442.0
24164			REMOVE RADIUS HEAD IMPLANT	\$423.50	\$359.98
24200	1		REMOVAL OF ARM FOREIGN BODY	\$177.58	\$150.95
24201	1		REMOVAL OF ARM FOREIGN BODY DE	\$498.95	\$424.1
24220			INJECTION FOR ELBOW X-RAY	\$166.42	\$141.46
24300		1	ELBOW MANIPULATION UNDER ANEST	\$331.83	\$282.0
24301		1	MUSCLE/TENDON TRANSFER	\$649.07	\$551.7
24305	<u> </u>		LENGTHEN TENDON UPPER ARM/ELBO	\$497.51	\$422.8
24305	<del> </del>	+	TENOTOMY,OPENSINGLE,EACH	\$497.09	\$346.02

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MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =	1400		NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
25215			CARPECTOMY: ALL BONES OR PRIXI	\$582.15	\$494.83
25230			RADIAL STYLOIDECTOMY	\$397.35	\$337.7
25240			EXCISION DISTAL ULNA	\$423.53	\$360.00
25246			INJECTION FOR WRIST X-RAY	\$165.55	\$300.00
25248			REMOVE FOREARM FOREIGN BODY	\$105.55	\$365.5
25251			COMPLICATED."TOTAL WRIST"	\$608.84	\$503.5 \$517.5
25259			WRIST MANIPULATION UNDER ANEST	\$331.29	\$281.5
25260			REP.TEND/MUSC:PRIM.SING:EACH T	\$658.57	\$201.3
25263			REP TEND/MUSC.:SECONDARYEACH	\$655.25	\$556.96
25265	-		REP TEND/MUSC.SECONDART.LAGT	\$779.98	\$662.98
25270			REPAIR.EXTENSOR:PRIM.SING, EAC	\$512.76	\$435.8
25272			REPAIR TENDON/MUSCLE.EXTENSOR:	\$579.49	\$492.5
25274			REP TEN/MUS.EXTW/GRAFT.EACH	\$696.05	\$591.64
25275			REP TENDON SHEATH FOREARM/WRIS	\$564.95	\$480.2
25280			LENGTHEN/SHORTEN FLEX,SINGEA	\$588.93	\$500.59
25290			TENOTOMY,OPEN,SINGLEEACH TE	\$457.03	\$388.48
25295			TENOLYSIS,FLEX/EXT,SING,EACH T	\$548.63	\$466.34
25300			TENODESIS AT WRIST:FLEXORS OF	\$602.47	\$512.10
25301			TENODESIS AT WRIST: EXTENSORS	\$577.48	\$490.80
25310			TENDON TRANSPLANTSING:EACH	\$647.62	\$550.4
25312			TENDON TRANSPLANT, W/GRAFTEAC	\$748.26	\$636.0
25315			REVISE PALSY HAND TENDON(S)	\$801.36	\$681.1
25316			REVISE PALSY HAND TENDON W/TEN	\$950.67	\$808.0
25320			REPAIR/REVISE/RECONSTRUCT WRIS	\$774.86	\$658.63
25332			ARTHROPLASTY WRIST:W/INTERNAL	\$726.27	\$617.3
25335			CENTRALIZATION-WRIST ON ULNA	\$857.51	\$728.8
25337			RECONSTR ULNA/JOINT W/WO OPEN	\$745.37	\$633.5
25350			REVISION OF RADIUS:DISTAL THIR	\$703.93	\$598.3
25355			REVISION OF RADIUS:MIDDLE OR P	\$790.57	\$671.9
25360			REVISION OF ULNA	\$682.13	\$579.8
25365	1	1	REVISE RADIUS & ULNA	\$949.80	\$807.3
25370	1	1	REVISION, MULTIPLE, RADIUS OR UL	\$980.97	\$833.8
25375	1	1	REVISION, MULTIPLE, RADIUS AND U	\$843.11	\$716.6
25390	1	1	SHORTEN RADIUS/ULNA	\$802.07	\$681.70
25391	1	1	LENGTHENING RADIUS/ULNA W/AUTO	\$1,035.24	\$879.95
25392	1	1	SHORTEN RADIUS & ULNA	\$951.49	\$808.7

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MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
25393			LENGTHENING RADIUS & ULNA W/AU	\$1,165.79	\$990.92
25394			OSTEOPLASTY CARPAL BONE SHORTE	\$649.26	\$551.87
25400			REPAIR RADIUS OR ULNA	\$836.92	\$711.38
25405			REPAIR/GRAFT RADIUS OR ULNA	\$1,077.76	\$916.10
25415			REPAIR RADIUS & ULNA	\$1,005.31	\$854.51
25420			REPAIR/GRAFT RADIUS & ULNA	\$1,212.11	\$1,030.29
25425			REPAIR OF DEFECT W/GRAFT:RADIU	\$1,000.32	\$850.27
25426			REPAIR OF DEFECT W/GRAFT:RADIU	\$1,137.72	\$967.06
25430			INSERTION OF VASC PED TO CARPA	\$579.34	\$492.44
25431			REPAIR NONUNION CARPAL BONE EA	\$671.20	\$570.52
25440			REPAIR/GRAFT WRIST BONE	\$697.50	\$592.88
25441			RECONSTRUCT WRIST JOINT: DISTA	\$808.62	\$687.33
25442			RECONSTRUCT WRIST JOINT: DISTA	\$689.88	\$586.40
25443			RECONSTRUCT WRIST JOINT: SCAPH	\$666.88	\$566.85
25444			RECONSTRUCT WRIST JOINT: LUNAT	\$709.76	\$603.30
25445			RECONSTRUCT WRIST JOINT: TRAPE	\$623.57	\$530.03
25446			RECONSTRUCT WRIST JOINT: DISTA	\$1,000.98	\$850.84
25447			INTERPOS.ARTHROPLASTY,INTER-CA	\$669.26	\$568.87
25449			REVISE ARTHROPLASTY, REVDVE	\$885.77	\$752.90
25450			EPIPHYSEAL ARREST: DISTAL RADI	\$546.42	\$464.46
25455			EPIPHYSEAL ARREST: DISTAL RADI	\$645.51	\$548.68
25490			PROPHYLACTIC TREATMENT, RADIUS	\$724.86	\$616.13
25491			PROPHYLACTIC TREATMENT: ULNA	\$770.34	\$654.79
25492			PROPHYLACTIC TREATMENT:RADIUS	\$941.30	\$800.11
25500			TREAT FX-RADIUS W/O MANIPULATI	\$209.26	\$177.87
25505			TREAT FRACTURE OF RADIUS W/MAN	\$413.54	\$351.51
25515			OPEN TREAT CLSD/OPEN RADIAL SH	\$590.64	\$502.04
25520			CLOSED TREAT RAD SHAFT FRACT.	\$462.90	\$393.47
25525			OPEN TRAET.RAD.FRACT.W.INT.FIX	\$788.90	\$670.56
25526	1	1	TREAT RAD. FRACT W TRIANG C RE	\$933.78	\$793.71
25530	1	1	TRT CLSD ULNAR FX W/O MANIPULA	\$204.02	\$173.41
25535			TREAT CLOSED ULNAR SHAFT FRAC	\$393.05	\$334.09
25545			OPEN TREAT CLSD/OPEN ULNAR FRA	\$586.80	\$498.78
25560	1	1	TRT CLSD RADULNAR SHAFT FX	\$213.01	\$181.06
25565	1	1	TREAT CLSD RADIAL & ULNAR SHAF	\$433.13	\$368.16
25574	1	1	OPEN TREAT CLSD/OPEN RADIAL &	\$501.99	\$426.69

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =	1400		NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
26440				\$637.53	\$541.90
26442	-		TENOLYSIS,SIMP:PALM/FING,EAC TENOLYSIS,EXT TEND:EACH TEN	\$835.59	\$710.2
26445				\$600.79	\$510.67
26449				\$720.77	\$612.65
26450				\$382.50	\$325.12
26455				\$379.55	\$322.62
26460			TENOTOMY,EXT,HAND/FING,SIN,OPE	\$368.23	\$313.00
26471			TENODESIS:FOR PROXIMAL FINGER	\$589.18	\$500.80
26474			TENODESIS:FOR DISTAL JOINT STA	\$512.05	\$435.24
26476			TEND LENGTNEN,EXTSINGLE,EAC	\$558.62	\$474.82
26477			TEND SHORTEN, EXTSINGLE, EACH	\$562.66	\$478.26
26478				\$612.34	\$520.49
26479			SHORTEN FLEXOR, HAND/FINGER-EAC	\$601.54	\$511.31
26480			TEND TRANSFER/PLANT, SING, W/GFT	\$752.92	\$639.98
26483			TEND TRANSFER/PLANTW/GRFT,EA	\$826.21	\$702.28
26485			TEND TRANSFER/PLNT,EACH TEND:W	\$799.55	\$679.62
26489			TENDON TRANSFER/PLANT:W/GRAF	\$749.00	\$636.65
26490				\$737.60	\$626.96
26492			REVISE THUMB TENDON W/GRAFT	\$807.93	\$686.74
26494			REVISE THUMB TENDON: HYPOTHENAR	\$746.66	\$634.66
26496			REVISE THUMB TENDON: OTHER MET	\$795.90	\$676.52
26497			SUBLIMIS TRANSFER TO CORRECT C	\$805.63	\$684.79
26498			SUBLIMIS TRANSFER TO CORRECT C	\$1,053.96	\$895.87
26499			CORRECTION CLAW FINGER, OTHER M	\$767.22	\$652.14
26500			HAND TENDON RECONSTRUCTION: W/	\$603.82	\$513.25
26502			HAND TENDON RECONSTRUCTION: W/	\$667.60	\$567.46
26508			RELEASE THUMB CONTRACTURE	\$615.91	\$523.53
26510			CROSS INTRINSIC TRANSFER	\$580.43	\$493.37
26516			FUSION OF KNUCKLE JOINT	\$674.50	\$573.3
26517			FUSION KNUCKLE JOINT, TWO DIGIT	\$779.86	\$662.8
26518			FUSION KNUCKLE JOINT THREE OR	\$780.36	\$663.3 <sup>-</sup>
26520			CAPSULECTOMY/OTOMY:EACH	\$663.46	\$563.94
26525			CAPSULECTOMY/OTOMY:EACH	\$667.42	\$567.3 <sup>-</sup>
26530			ARTHROPLASTY,META:SINGLE,EA	\$450.90	\$383.26
26531			ARTHROPLASTY,META:PROSTH	\$526.56	\$447.58
26535			ARTHROPLASTY, INTER: SINGLE, EA	\$313.54	\$266.5 <sup>4</sup>

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MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
007//0000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27001			TENOTOMY, SUBCUTANEOUS OPEN, U	\$463.01	\$393.56
27001	50		TENOTOMY,SUBCUTANEOUS OPEN,BIL	\$926.02	\$787.11
27003			OPEN UNILATERAL TENOTOMY W/ NE	\$485.34	\$412.54
27003	50		OPEN BILATERAL TENOTOMY W/NEUR	\$970.69	\$825.08
27005			TENOTOMY, ILIOPSOAS, OPEN	\$621.86	\$528.58
27006			TENOTOMY, ABDUCTORS, OPEN	\$627.04	\$532.98
27025			OBER-YOUNT FASCIOTOMY, UNILATE	\$697.29	\$592.69
27025	50		OBER-YOUNT FASCIOTOMY, BILATERA	\$1,394.58	\$1,185.39
27030			ARTHROTOMY OF HIP FOR DRAINAGE	\$805.50	\$684.67
27033			HIP ARTHROTOMY FOR EXPLORATION	\$828.78	\$704.47
27035			DENERVATION OF HIP JOINT	\$972.25	\$826.41
27036			CAPSULECTOMY OF HIP W/WO EXCIS	\$813.60	\$691.56
27040			SUPERFICIAL BIOPSY OF SOFT TIS	\$276.83	\$235.31
27041			DEEP BIOPSY OF SOFT TISSUES	\$578.19	\$491.46
27047			EXCISION,TUMOR,PELVIS/HIP SUBC	\$488.84	\$415.51
27048			DEEP TUMOR EXCISION, HIP-PELVIS	\$387.64	\$329.49
27049			RAD RESECT TUMOR,SFT TISS,PELV	\$777.74	\$661.08
27050			BIOPSY OF SACROILLIAC JOINT	\$305.54	\$259.71
27052			BIOPSY OF HIP JOINT	\$428.71	\$364.41
27054			ARTHROTOMY FOR SYNOVECTOMY, HI	\$562.79	\$478.37
27060			REMOVAL OF ISCHIAL BURSA	\$343.58	\$292.05
27062			EXCISION TROCHANTERIC BURSA	\$373.68	\$317.63
27065			EXC BONE CYST OR TUMOR, SUPERF	\$401.28	\$341.09
27066			DEEP W/ OR W/O BONE GRAFT	\$665.84	\$565.96
27067			EXCISION BONE CYST WITH AUTOGR	\$853.64	\$725.59
27070			PARTIAL REMOVAL OF HIP BONE	\$700.44	\$595.37
27071			PARTIAL EXCISION SUPERFICIAL D	\$762.74	\$648.33
27075			RADICAL RESECTION FOR TUMOR-WI	\$1,924.97	\$1,636.22
27076			RADICAL RESECTION FOR TUMOR-IL	\$1,301.29	\$1,106.09
27077			INNOMINATE BONE-TOTAL	\$2,214.64	\$1,882.44
27078			ISCHIAL TUBEROSITY & TROCANER	\$828.10	\$703.88
27080			COCCYGECTOMY	\$393.38	\$334.38
27086			REMOVE HIP FOREIGN BODY	\$221.21	\$188.03
27087		1	REMOVE FOREIGN BODY, PELVIS/HIP	\$536.18	\$455.76
27090	1	1	REMOVAL OF HIP PROSTHESIS	\$708.06	\$601.85
27091	1	1	COMPLICATED REMOVAL HIP PROSTH	\$1,288.42	\$1,095.15

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CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 27093 INJECTION FOR HIP ARTHROGRAPHY \$196.59 \$167.10 27095 INJ PROC HIP ARTHROGRAPHY W/AN \$246.30 \$209.35 27096 INJ PROC SACROIL JT/ARTHROG/AN \$168.21 \$142.98 27097 HAMSTRING RECESSION. PROXIMAL \$542.41 \$461.05 27098 ADDUCTOR TRANSFER TO ISCHIUM \$545.77 \$463.90 27100 TRAN EXTERNAL OBLIQUE MUSCLE T \$699.13 \$594.26 27105 TRANSFER PARASPINAL MUSCLE TO \$623.96 \$734.07 27110 TRANSFER ILIOPSOAS MUSCLE TO G \$793.06 \$674.10 27111 TRANSFER ILIOPSOAS TO FEMORAL \$751.56 \$638.83 ACETABULOPLASTY 27120 \$1,062.11 \$902.80 27122 RESECTION FEMORAL HEAD \$925.62 \$786.77 27125 PARTIAL HIP REPLACEMENT, PROSTH \$900.13 \$765.11 27130 ARTHROPLASTY(TOTAL HIP REPLACE \$1.012.43 \$1.191.10 27132 CONVERT PREV.HIP SURG TO TOT.H \$1,386.97 \$1,178.92 27134 **REVISE TOT.HIP ARTHROPLASTY:BO** \$1,403.82 \$1,651.55 27137 REVISE HIP ARTHROPLASTY: ACETAB \$1.250.69 \$1.063.08 27138 REVISE HIP ARTHROPLASTY: FEMORA \$1.302.93 \$1.107.49 27140 OSTEOTOMY & TRANSFER OF GREATE \$768.92 \$653.58 27146 OSTEOTOMY. ILIAC \$1.050.42 \$892.85 27147 WITH OPEN REDUCTION OF HIP \$1,206.02 \$1,025.11 27151 WITH FEMORAL OSTEOTOMY \$1,096.58 \$932.10 27156 WITH FEMORAL OSTEOTOMY & OPEN \$1,448.31 \$1,231.07 27158 OSTEOTOMY, PELVIS, BILATERAL \$1,089.66 \$926.21 27161 INCISION OF NECK OF FEMUR \$1,026.04 \$872.13 27165 INCISION/FIXATION OF FEMUR \$1,096.18 \$931.76 27170 BONE GRAFT FOR NONUNION, FEMOR \$974.80 \$828.58 27175 TREAT SLIPPED EPIPHYSIS \$537.24 \$456.65 27176 BY SINGLE OR MULTIPLE PINNING. \$752.58 \$639.70 27177 REPAIR SLIPPED EPIPHYSIS \$923.69 \$785.13 27178 **OSTEOTOMY & INTERNAL FIXATION** \$726.21 \$617.28 27179 OSTEOPLASTY OF FEMORAL NECK \$693.71 \$816.13 27181 REPAIR SLIPPED EPIPHYSIS \$856.95 \$728.41 27185 EPIPHYSEAL ARREST, GREATER TRO \$616.27 \$523.83 27187 PROPHYLACTIC TREAT, FEM.NECK&PR \$848.57 \$721.28 27200 TRMT OF CLOSED COCCYGEAL FX \$142.10 \$120.78 27202 OPEN TRMT OF CLOSED OR OPEN CO \$548.97 \$466.62

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 27215 OPEN TRMT OF ILIAC SPINE(S) \$616.15 \$523.73 27216 PERC SKEL FIX POST PELVIC RING \$883.65 \$751.10 27217 OPEN TRMT ANTERIOR RING FRACTU \$861.67 \$732.42 27218 OPEN TRMT OF POSTERIOR RING FR \$1.126.66 \$957.66 27220 TREAT (HIP SOCKET) FRACTURE AC \$421.41 \$358.20 27222 CLOSED RX OF ACETABULUM W/MAN \$804.82 \$684.10 27226 OPEN TRMT POST OR ANT ACETABUL \$809.65 \$688.20 27227 OPEN TRMT ACETABULAR FRACTURE( \$1,383.55 \$1.176.02 27228 OPEN TRMT ACET. FRACT (2) COLU \$1,594.52 \$1,355.34 TREAT PROXIMAL, NECK, FEMORAL FR 27230 \$389.24 \$330.85 27232 CLOSED RX FEMORAL FX W/MANIPUL \$635.58 \$540.25 27235 \$652.58 PERC SKELETAL FIX OF FEMORAL \$767.74 27236 OPEN TRMT OF FEMORAL FX W/ INT \$948.50 \$806.23 27238 TREAT INTE /PER CHANTERIC FRAC \$375.21 \$318.93 27240 CLOSED RX INTERTROCHANTERIC W/ \$780.66 \$663.56 27244 OPEN TRMT OF CLOSED OR OPEN IN \$969.51 \$824.09 27245 OPEN TRMT OF INTER/PERTR. \$1.212.62 \$1.030.73 27246 TRMT OF CLOSED GREATER TROCHAN \$324.17 \$275.54 27248 OPEN TRMT OF CLSD OR OPEN GREA \$662.42 \$563.05 27250 TREAT HIP DISLOCATION \$182.15 \$154.83 27252 TREAT HIP DISLOCATION W/ANESTH \$629.63 \$535.19 27253 OPEN TRMT OF CLOSED OR OPEN HI \$806.81 \$685.79 27254 TRMT OF SAME W/ ACETABULAR LIP \$1,078.78 \$916.97 27256 TRMT OF CONGENITAL HIP DISLOCA \$223.80 \$263.30 27257 WITH MANIPULATION REQUIRING AN \$280.78 \$238.66 27258 OPEN TRMT CONGEN HIP DISL-REPL \$934.96 \$794.72 27259 W/ FEMORAL SHAFT SHORTENING \$1,271.22 \$1,080.53 TX ATRAUMATIC HIP DISLOCATION 27265 \$340.80 \$289.68 27266 TX ATRAUMATIC HIP DISLOC:W ANE \$490.35 \$416.80 27267 CLOSED TREATMENT OF FEMORAL FR \$329.33 \$279.93 CLOSED TREATMENT OF FEMORAL FR \$343.56 27268 \$404.19 27269 OPEN TREATMENT OF FEMORAL FRAC \$955.57 \$812.23 27275 MANIPULATION, HIP JOINT REQ.GEN \$154.87 \$131.64 FUSION OF SACROILIAC JOINT 27280 \$846.51 \$719.54 \$684.91 \$582.18 27282 FUSION OF PUBIC BONES 27284 FUSION OF HIP JOINT \$1,358.00 \$1,154.30

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =	1400	400	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27286				\$1,369.69	\$1,164.23
27290				\$1,314.74	\$1,117.53
27295				\$1,060.54	\$901.46
27301			I&D OF DEEP ABCESS, INFECTED B	\$578.24	\$491.50
27303			INCISION, DEEP W/ OPENING OF B	\$541.18	\$460.00
27305			FASCIOTOMY,ILIOTIBIAL(OPEN	\$393.10	\$334.13
27306			TENOTOMY,SINGLE,ADDUCTOR/HAMST	\$331.32	\$281.62
27307			TENOTOMY,SUBCU,CLOSED,ADDUCTOR	\$396.97	\$337.42
27310			ARTHROTOMY,KNEE,FOR INFECTION.	\$598.14	\$508.42
27323			BIOPSY THIGH SOFT TISSUES	\$198.60	\$168.81
27324			BIOPSY THIGH SOFT TISSUES:DEEP	\$318.90	\$271.07
27327			EXCISE TUMOR, THIGH OR KNEE: SU	\$363.81	\$309.24
27328			EXCISE TUMOR, THIGH OR KNEE: DEE	\$349.19	\$296.81
27329			RAD RESECT TUMORTHIGH OR KN	\$816.66	\$694.16
27330			ARTHROTOMY, KNEE: SYNOVIAL BIOPS	\$337.59	\$286.95
27331			EXPLORE/TREAT KNEE JOINT	\$403.66	\$343.11
27332			REMOVAL OF KNEE CARTILAGE	\$545.61	\$463.77
27333			REMOVAL OF KNEE CARTILAGE	\$494.66	\$420.46
27334			REMOVE KNEE JOINT LINING	\$571.41	\$485.70
27335			REMOVE KNEE JOINT LINING	\$646.78	\$549.76
27340			REMOVAL OF KNEECAP BURSA	\$308.14	\$261.92
27345			EXCISION SYNOVIAL CYST OF POPL	\$407.73	\$346.57
27347			EXCISION LESION MENISCUS/CAPSU	\$395.92	\$336.53
27350			PATELLECTOMY/OR HEMIPATELLECTO	\$545.93	\$464.04
27355			REMOVE FEMUR LESION	\$510.89	\$434.25
27356			REMOVE FEMUR LESION/GRAFT	\$615.13	\$522.86
27357			REMOVE FEMUR LESION/GRAFT	\$686.04	\$583.13
27360			PARTIAL REMOVAL LEG BONE(S)	\$710.39	\$603.83
27365			EXTENSIVE LEG SURGERY	\$993.42	\$844.41
27372			REMOVAL OF FOREIGN BODY	\$526.76	\$447.75
27380			REPAIR OF KNEECAP TENDON	\$510.34	\$433.79
27381		1	REPAIR/GRAFT KNEECAP TENDON	\$688.54	\$585.26
27385	1	1	REPAIR OF THIGH MUSCLE	\$544.72	\$463.01
27386			REPAIR/GRAFT OF THIGH MUSCLE	\$711.52	\$604.79
27390			INCISION OF THIGH TENDON	\$369.06	\$313.70
27391			INCISION OF THIGH TENDONS	\$486.88	\$413.85

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	DNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27392			INCISION OF THIGH TENDONS	\$595.10	\$505.83
27393			LENGTHENING OF THIGH TENDON	\$432.66	\$367.76
27394			LENGTHENING OF THIGH TENDONS	\$557.46	\$473.84
27395			LENGTHENING OF THIGH TENDONS	\$747.67	\$635.52
27396			TRANSPLANT OF THIGH TENDON	\$525.92	\$447.03
27397			TRANSPLANTS OF THIGH TENDONS	\$717.46	\$609.84
27400			REVISE THIGH MUSCLES/TENDONS	\$570.20	\$484.67
27403			ARTHROTOMY WITH OPEN MENISCUS	\$549.84	\$467.36
27405			REPAIR OF KNEE LIGAMENT	\$572.54	\$486.66
27407			REPAIR OF KNEE LIGAMENT	\$659.89	\$560.90
27409			REPAIR OF KNEE LIGAMENTS	\$811.94	\$690.15
27412			AUTOLOGOUS CHONDROCYTE IMPLANT	\$1,366.35	\$1,161.40
27415			OSTEOCHONDRAL ALLOGRAFT, KNEE,	\$1,140.14	\$969.12
27416			OSTEOCHONDRAL AUTOGRAFT(S), KN	\$752.19	\$639.36
27418			PLASTY FOR CHONDROMALACIA PAAT	\$700.88	\$595.75
27420			REVISION OF UNSTABLE KNEECAP	\$636.78	\$541.27
27422			REVISION OF UNSTABLE KNEECAP	\$635.25	\$539.96
27424			REVISION/REMOVAL OF KNEECAP	\$635.18	\$539.90
27425			LATERAL RENTINACULAR RELEASE A	\$379.25	\$322.36
27427			RECONSTRUCT(AUGMENT)KNEE:ESTRA	\$609.05	\$517.69
27428			RECONSTRUCT(AUGMENT)KNEE:INTRA	\$895.80	\$761.43
27429			RECONSTRUCT KNEE:INTRA&EXTRA A	\$992.16	\$843.34
27430			REVISION OF THIGH MUSCLES	\$627.41	\$533.30
27435			INCISION OF KNEE JOINT	\$638.00	\$542.30
27437			ARTHROPLASTY, PATELLA: WOUT PROS	\$557.46	\$473.84
27438			REVISE KNEE CAP WITH IMPLANT	\$702.41	\$597.05
27440			REVISION OF KNEE JOINT	\$586.47	\$498.50
27441			REVISION OF KNEE JOINT	\$625.30	\$531.50
27442			REVISION OF KNEE JOINT	\$740.30	\$629.26
27443			REVISION OF KNEE JOINT	\$697.90	\$593.21
27445		1	REVISE KNEE JOINT, IMPLANT	\$1,069.32	\$908.92
27446		1	TOTAL KNEE REPLACEMENT	\$966.22	\$821.28
27447	1	t	TOTAL KNEE REPLACEMENT	\$1,286.76	\$1,093.75
27448	1	1	INCISION OF FEMUR, UNILATERAL	\$698.78	\$593.96
27448	50	1	INCISION OF FEMUR, BILATERAL	\$1,397.55	\$1,187.92
27450		1	INCISION OF FEMUR	\$872.78	\$741.87

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER		_		SPECIALIST	NONSPECIALIST
27450	50		INCISION OF FEMUR WITH FIXATIO	\$1,745.57	\$1,483.73
27454			REALIGNMENT OF FEMUR	\$1,071.80	\$911.03
27455			REALIGNMENT OF KNEE. UNILATERA	\$807.04	\$685.98
27455	50		REALIGNMENT OF KNEE. BILATERAL	\$1.614.08	\$1.371.97
27457			REALIGNMENT OF KNEE	\$831.27	\$706.58
27457	50		REALIGNMENT OF KNEE	\$1,662.54	\$1,413.16
27465			SHORTENING OF FEMUR	\$858.56	\$729.78
27466			LENGTHENING OF FEMUR	\$999.82	\$849.85
27468			REVISION OF FEMURS	\$1,116.60	\$949.11
27470			REPAIR OF FEMUR	\$990.83	\$842.21
27472			REPAIR / GRAFT OF FEMUR	\$1,081.49	\$919.26
27475			REPAIR OF FEMUR EPIPHYSIS	\$558.30	\$474.55
27477	1		REPAIR LOWER LEG EPIPHYSES	\$625.12	\$531.35
27479			REPAIR OF LEG EPIPHYSES	\$814.20	\$692.07
27485			REPAIR OF LEG EPIPHYSIS	\$576.08	\$489.67
27486			REVISE KNEE/ARTHROPLASTY-1 COM	\$1,166.54	\$991.56
27487			REVISE KNEE ARTHROPLASTY-ALL C	\$1,490.49	\$1,266.91
27488			REMOVAL OF KNEE PROSTHESIS	\$975.87	\$829.49
27495			PROPHYLACTIC TREAT.FEMUR	\$959.14	\$815.27
27496			DECOMP.FASCIOTOMY,THIGH/KNEE 1	\$412.76	\$350.85
27497			DECOMP.FASCIAL,W.DEBRID.MUSC.N	\$445.23	\$378.45
27498			DECOMP.FASCIO,THIGH/KNEE	\$491.46	\$417.74
27499			DECOMP.FASCIO,THIGH/KNEE W. DE	\$559.70	\$475.74
27500			TREATMENT OF FEMUR FRACTURE	\$425.28	\$361.49
27501			CLOSED TRMT OF FEMOR FRACTURE	\$414.38	\$352.22
27502			TREATMENT OF FEMUR FRACTURE	\$662.25	\$562.91
27503			CLOSED TRMT OF FEMOR FRACTURE	\$670.13	\$569.61
27506			REPAIR OF FEMUR FRACTURE	\$1,075.16	\$913.89
27507			OPEN TRMT OF FEMOR FRACTURE	\$847.99	\$720.79
27508			TREATMENT OF FEMUR FRACTURE	\$432.50	\$367.62
27509			PERCUT OR TRANSC FEMOR FRACTUR	\$553.74	\$470.68
27510			TREATMENT OF FEMUR FRACTURE	\$582.88	\$495.45
27511			OPEN TRMT OF FEMOR FRACTURE	\$881.59	\$749.35
27513			OPEN TRMT OF FEMOR FRACTURE	\$1,130.00	\$960.50
27514			REPAIR OF FEMUR FRACTURE	\$1,003.30	\$852.81
27516	T		TREATMENT OF FEMUR EPIPHYSIS	\$409.50	\$348.07

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27517			TREATMENT OF FEMUR EPIPHYSIS	\$566.74	\$481.73
27519			REPAIR OF FEMUR EPIPHYSIS	\$926.70	\$787.70
27520				\$258.66	\$219.86
27524				\$647.12	\$550.05
27530			CLOSED TREATMENT OF TIBIAL FRA	\$319.22	\$271.33
27532			CLOSED TREATMENT OF TIBIAL FRA	\$518.06	\$440.35
27535			OPEN TRMT OF TIBIAL FRACTURE	\$766.02	\$651.12
27536			OPEN TREATMENT TIBIAL FRACTURE	\$969.68	\$824.23
27538			TRMT OF CLOSED INTERCONDLAR SP	\$387.10	\$329.04
27540			REPAIR OF KNEE FRACTURE	\$804.22	\$683.59
27550			TREAT KNEE DISLOCATION	\$408.82	\$347.49
27552			TREAT KNEE DISLOCATION	\$526.08	\$447.17
27556			REPAIR OF KNEE DISLOCATION	\$911.18	\$774.50
27557			REPAIR OF KNEE DISLOCATION	\$1,063.42	\$903.91
27558			OPEN TRMT OF KNEE DISOCATION	\$1,093.99	\$929.89
27560			TREAT KNEECAP DISLOCATION	\$296.82	\$252.29
27562			TREAT KNEECAP DISLOCATION	\$372.67	\$316.77
27566			REPAIR KNEECAP DISLOCATION	\$765.85	\$650.97
27570			FIXATION OF KNEE JOINT	\$124.26	\$105.62
27580			FUSION OF KNEE	\$1,214.43	\$1,032.27
27590			AMPUTATE LEG AT THIGH	\$658.07	\$559.36
27591			AMPUTATE LEG AT THIGH	\$754.06	\$640.95
27592			AMPUTATE LEG AT THIGH	\$568.99	\$483.64
27594			AMPUTATION FOLLOW-UP SURGERY	\$424.33	\$360.68
27596			AMPUTATION FOLLOW-UP SURGERY	\$612.58	\$520.70
27598			AMPUTATE LOWER LEG AT KNEE	\$619.86	\$526.88
27600			DECOMPRESSION OF LOWER LEG	\$357.74	\$304.08
27601			FASCIOTOMY,LEG-POSTERIOR COMP.	\$366.51	\$311.54
27602			DECOMPRESSION OF LOWER LEG	\$438.93	\$373.09
27603		1	DRAIN LOWER LEG LESION	\$432.50	\$367.63
27604		1	DRAIN LOWER LEG BURSA	\$368.34	\$313.09
27605	<u> </u>	1	INCISION OF ACHILLES TENDON:LO	\$364.08	\$309.47
27606	1	1		\$265.28	\$225.4
27607		1	TREAT LOWER LEG BONE LESION	\$205.28	\$425.3
27610	<u> </u>	1	EXPLORE/TREAT ANKLE JOINT	\$542.86	\$461.43
27612			EXPLORE/TREAT AINCLE JOINT	\$542.86	\$401.43

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =	1.000	1	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27613			BIOPSY LOWER LEG SOFT TISSUE	\$184.44	\$156.77
27614			BIOPSY LOWER LEG SOFT TISSUE D	\$444.24	\$377.60
27615		-	RAD RESECT TUMORLEG OR ANK	\$770.10	\$654.59
27618		-	REMOVE LOWER LEG LESION	\$386.45	\$328.48
27619		-	REMOVE LOWER LEG LESION DEEP	\$482.45	\$410.08
27620		-	BIOPSY OF ANKLE JOINT	\$403.31	\$342.82
27625			REMOVE ANKLE JOINT LINING	\$519.74	\$441.78
27626			REMOVE ANKLE JOINT LINING	\$560.54	\$476.46
27630			REMOVAL OF TENDON LESION	\$430.46	\$365.89
27635			REMOVE LOWER LEG BONE LESION	\$513.68	\$436.63
27637			REMOVE/GRAFT LEG BONE LESION	\$642.05	\$545.74
27638			REMOVE/GRAFT LEG BONE LESION	\$669.81	\$569.34
27640			PARTIAL REMOVAL OF TIBIA	\$765.16	\$650.39
27641			PARTIAL REMOVAL OF FIBULA	\$618.56	\$525.78
27645			EXTENSIVE LOWER LEG SURGERY	\$928.37	\$789.11
27646			EXTENSIVE LOWER LEG SURGERY	\$835.39	\$710.08
27647			EXTENSIVE ANKLE/HEEL SURGERY	\$696.90	\$592.36
27648			INJECTION FOR ANKLE X-RAY	\$152.47	\$129.60
27650			REPAIR ACHILLES TENDON	\$608.46	\$517.19
27652			REPAIR/GRAFT ACHILLES TENDON	\$649.57	\$552.13
27654			REPAIR OF ACHILLES TENDON	\$605.74	\$514.88
27656			REPAIR FASCIAL DEFECT OF LEG	\$454.62	\$386.42
27658			REP/SUT LEG TENDON, W/O GRAFT,	\$335.50	\$285.18
27659			REP/SUT TEND,LEGW/W/O GRAFT	\$439.20	\$373.32
27664			REP/SUT EXT TEND:PRIM,W/O GRAF	\$321.95	\$273.66
27665			REP/SUT TEND.:SECON.W/WO GRAFT	\$365.65	\$310.80
27675			REPAIR LOWER LEG TENDONS	\$454.54	\$386.36
27676			REPAIR LOWER LEG TENDONS	\$536.03	\$455.63
27680			RELEASE OF LOWER LEG TENDON	\$382.33	\$324.98
27681			TENOLYSISMULTIPLE,EACH	\$450.45	\$382.88
27685			REVISION OF LOWER LEG TENDON	\$481.84	\$409.56
27686			LENGTHEN/SHORTEN TEND:MULTIPLE	\$493.02	\$419.00
27687		1	REVISION OF CALF TENDON	\$407.33	\$346.23
27690		1	REVISE LOWER LEG TENDON	\$530.45	\$450.88
27691		1	REVISE LOWER LEG TENDON	\$626.96	\$532.92
27692			TRANSFER/PLANT TENDON, EACH ADD	\$100.12	\$85.10

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27695			REPAIR OF ANKLE LIGAMENT	\$436.34	\$370.89
27696			REPAIR OF ANKLE LIGAMENTS	\$517.78	\$440.11
27698			REPAIR OF ANKLE LIGAMENT	\$575.15	\$488.88
27700			REVISION OF ANKLE JOINT	\$525.18	\$446.40
27702			RECONSTRUCT ANKLE JOINT	\$857.43	\$728.82
27703			ARTHROPLASTY, SRCONDARY RECON, T	\$964.62	\$819.93
27705			INCISION OF TIBIA	\$658.55	\$559.77
27707			INCISION OF FIBULA	\$328.22	\$278.99
27709			INCISION OF TIBIA & FIBULA	\$641.85	\$545.57
27712			REALIGNMENT OF LOWER LEG	\$888.22	\$754.99
27715			REVISION OF LOWER LEG	\$894.26	\$760.12
27720			REPAIR OF TIBIA	\$752.29	\$639.44
27722			REPAIR/GRAFT OF TIBIA	\$744.37	\$632.71
27724			REPAIR/GRAFT OF TIBIA	\$1,088.46	\$925.19
27725			REPAIR OF LOWER LEG	\$977.37	\$830.76
27726			REPAIR OF FIBULA NONUNION AND/	\$705.12	\$599.35
27727			REPAIR OF LOWER LEG	\$865.88	\$736.00
27730			REPAIR OF TIBIA EPIPHYSIS	\$503.22	\$427.74
27732			REPAIR OF FIBULA EPIPHYSIS	\$358.22	\$304.48
27734			REPAIR LOWER LEG EPIPHYSES	\$521.39	\$443.18
27740			EPIPHYSEAL ARREST:PROX/DISTA	\$613.30	\$521.31
27742			REPAIR OF LEG EPIPHYSES	\$567.18	\$482.11
27745			PROPHYLACTIC TREATMENT (NAILIN	\$647.27	\$550.18
27750			TREATMENT OF TIBIA FRACTURE	\$278.93	\$237.09
27752			TREATMENT OF TIBIA FRACTURE	\$440.43	\$374.37
27756			REPAIR OF TIBIA FRACTURE	\$468.43	\$398.17
27758			REPAIR OF TIBIA FRACTURE	\$740.74	\$629.63
27759			OPEN TRMT OF TIBIA FRACTURE	\$855.48	\$727.16
27760			TREATMENT OF ANKLE FRACTURE	\$268.46	\$228.19
27762			TREATMENT OF ANKLE FRACTURE	\$406.20	\$345.27
27766	1	1	REPAIR OF ANKLE FRACTURE	\$552.14	\$469.32
27767	1		CLOSED TREATMENT OF POSTERIOR	\$204.35	\$173.70
27768	1		CLOSED TREATMENT OF POSTERIOR	\$311.95	\$265.16
27769	1	1	OPEN TREATMENT OF POSTERIOR MA	\$533.81	\$453.74
27780	1	1	TREATMENT OF FIBULA FRACTURE	\$238.04	\$202.33
27781	1	1	TREATMENT OF FIBULA FRACTURE	\$347.29	\$295.19

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27784			REPAIR OF FIBULA FRACTURE	\$480.98	\$408.83
27786			TREATMENT OF ANKLE FRACTURES	\$255.02	\$216.77
27788			TREATMENT OF ANKLE FRACTURE	\$354.25	\$301.11
27792			REPAIR OF ANKLE FRACTURE	\$517.65	\$440.00
27808			TREATMENT OF ANKLE FRACTURE	\$266.24	\$226.30
27810			TREATMENT OF ANKLE FRACTURE	\$398.47	\$338.70
27814			REPAIR OF ANKLE FRACTURE	\$682.74	\$580.33
27816			TREATMENT OF ANKLE FRACTURE	\$253.01	\$215.06
27818			TREATMENT OF ANKLE FRACTURE	\$414.58	\$352.39
27822			REPAIR OF ANKLE FRACTURE	\$765.88	\$651.00
27823			REPAIR OF ANKLE FRACTURE	\$866.97	\$736.92
27824			CLOSED TRMT OF FRACTURE	\$242.74	\$206.33
27825			CLOSED TRMT OF FRACTURE	\$450.10	\$382.59
27826			OPEN TRMT OF FRACTURE	\$613.34	\$521.34
27827			OPEN TRMT OF FRACTURE	\$949.90	\$807.42
27828			OPEN TRMT OF FRACTURE	\$1,069.42	\$909.01
27829			OPEN TRMT DISTAL TIBIOFIBULAR	\$432.01	\$367.21
27830			TREAT LOWER LEG DISLOCATION	\$284.74	\$242.03
27831			TREAT LOWER LEG DISLOCATION	\$317.06	\$269.50
27832			REPAIR LOWER LEG DISLOCATION	\$445.30	\$378.50
27840			TREAT ANKLE DISLOCATION	\$285.98	\$243.09
27842			TREAT ANKLE DISLOCATION	\$399.59	\$339.65
27846			REPAIR ANKLE DISLOCATION	\$629.12	\$534.75
27848			REPAIR ANKLE DISLOCATION	\$741.20	\$630.02
27860			FIXATION OF ANKLE JOINT	\$153.01	\$130.06
27870			FUSION OF ANKLE JOINT	\$866.76	\$736.75
27871			FUSION OF TIBIOFIBULAR JOINT	\$594.39	\$505.23
27880			AMPUTATION OF LOWER LEG	\$668.28	\$568.04
27881			AMPUTATION OF LOWER LEG	\$748.91	\$636.58
27882			AMPUTATION OF LOWER LEG	\$540.95	\$459.81
27884	1	t	AMPUTATION FOLLOW-UP SURGERY	\$491.04	\$417.38
27886	1	t	AMPUTATION FOLLOW-UP SURGERY	\$557.23	\$473.65
27888	1	1	AMPUTATION OF FOOT AT ANKLE	\$605.13	\$514.30
27889		1	AMPUTATION OF FOOT AT ANKLE	\$578.51	\$491.74
27892		1	DECOMPRESSION FASCIOTOMY, LEG	\$456.14	\$387.72
27893		1	FASCIOTOMY, LEG-POSTERIOR COMP	\$450.46	\$382.89

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =			NOT APPLICABLE		
	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27894			DECOMPRESSION FASCIOTOMY, LEG	\$644.03	\$547.43
28001			DRAINAGE OF BURSA OF FOOT	\$197.50	\$167.88
28002			TREATMENT OF FOOT INFECTION	\$333.40	\$283.39
28003			TREATMENT OF FOOT INFECTION	\$510.70	\$434.09
28005			TREAT FOOT BONE LESION	\$513.97	\$436.87
28008			INCISION OF FOOT FASCIA	\$311.92	\$265.13
28010			INCISION OF TOE TENDON	\$181.17	\$153.99
28011			TENOTOMY,SUBCUTANEOUS,TOE:MULT	\$260.30	\$221.25
28020			EXPLORATION OF A FOOT JOINT	\$383.92	\$326.33
28022			EXPLORATION OF A FOOT JOINT	\$342.40	\$291.04
28024			EXPLORATION OF A TOE JOINT	\$332.73	\$282.82
28035			DECOMPRESSION OF TIBIA NERVE	\$380.43	\$323.37
28043			EXCISION OF FOOT LESION	\$254.79	\$216.57
28045			EXCISION OF FOOT LESION	\$350.38	\$297.83
28046			RAD RESECT.TUMOR,SFT TISS-FOOT	\$659.60	\$560.66
28050			BIOPSY OF FOOT JOINT LINING	\$318.02	\$270.31
28052			BIOPSY OF FOOT JOINT LINING	\$306.82	\$260.80
28054			BIOPSY OF TOE JOINT LINING	\$282.82	\$240.39
28055			NEURECTOMY, INTRINSIC MUSCULAT	\$320.98	\$272.83
28060			PARTIAL REMOVAL FOOT FASCIA	\$371.97	\$316.17
28062			REMOVAL OF FOOT FASCIA	\$451.88	\$384.10
28070			SYNOVECTOMY:INTERTAR/TARSOMET,	\$359.92	\$305.93
28072			SYNOVECTOMY, METATARSOPHAL. JNT,	\$352.52	\$299.64
28080			EXCISE MORTON NEUROMA.SINGLE,	\$300.46	\$255.39
28086			EXCISE FOOT TENDON SHEATH	\$444.66	\$377.96
28088			EXCISE FOOT TENDON SHEATH	\$335.49	\$285.16
28090			REMOVAL OF FOOT LESION	\$331.26	\$281.57
28092			REMOVAL OF TOE LESIONS	\$306.67	\$260.67
28100			REMOVAL OF ANKLE/HEEL LESION	\$473.58	\$402.55
28102			REMOVE/GRAFT FOOT LESION	\$479.94	\$407.95
28103	1	1	REMOVE/GRAFT FOOT LESION	\$388.81	\$330.49
28104		1	REMOVAL OF FOOT LESION	\$368.83	\$313.51
28106		1	REMOVE/GRAFT FOOT LESION	\$405.34	\$344.54
28107	1	1	REMOVE/GRAFT FOOT LESION	\$419.21	\$356.33
28108	1	1	REMOVAL OF TOE LESIONS	\$302.92	\$257.48
28110	-		PART REMOVAL OF METATARSAL	\$302.92	\$257.40

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =			NOT APPLICABLE		
007/00000000		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
28111			PART REMOVAL OF METATARSAL	\$391.26	\$332.57
28112			PART REMOVAL OF METATARSAL	\$357.11	\$303.55
28113			PART REMOVAL OF METATARSAL	\$375.66	\$319.31
28114			REMOVAL OF METATARSAL HEADS	\$746.38	\$634.43
28116			REVISION OF FOOT	\$506.17	\$430.24
28118			PARTIAL REMOVAL OF HEEL	\$425.30	\$361.51
28119			REMOVAL OF HEEL SPUR	\$375.33	\$319.03
28120			PART REMOVAL OF ANKLE/HEEL	\$440.82	\$374.69
28122			PARTIAL REMOVAL OF FOOT BONE	\$491.50	\$417.78
28124			PARTIAL REMOVAL OF TOE	\$339.11	\$288.25
28126			CONDYLECTOMYSING.TOE, EACH	\$267.43	\$227.32
28130			REMOVAL OF ANKLE BONE	\$521.62	\$443.38
28140			REMOVAL OF METATARSAL	\$490.95	\$417.31
28150			PHALANGECTOMY,TOE, SINGLE, EAC	\$308.86	\$262.53
28153			PARTIAL REMOVAL OF TOE	\$275.84	\$234.46
28160			HEMIPHALANGECTOMYTOE,SING.	\$287.45	\$244.33
28171			RADICAL RESECTION FOR TUMOR	\$527.04	\$447.98
28173			RADICAL RESECTION FOR TUMOR	\$569.17	\$483.79
28175			RADICAL RESECTION FOR TUMOR	\$406.58	\$345.60
28190			REMOVAL OF FOOT FOREIGN BODY	\$183.82	\$156.24
28192			REMOVAL OF FOOT FOREIGN BODY	\$350.66	\$298.06
28193			REMOVAL OF FOOT FOREIGN BODY	\$393.07	\$334.11
28200			REP/SUT TEND,W/O GRAFT, EACH T	\$336.16	\$285.74
28202			REP/SUT TEND,SECOND.,W/GRFT,EA	\$488.10	\$414.89
28208			REP/SUT TENDEACH TENDON	\$318.50	\$270.73
28210			REP/SUT TENDW/GRAFT, EACH TE	\$435.74	\$370.38
28220			RELEASE OF FOOT TENDON	\$318.52	\$270.74
28222			RELEASE OF FOOT TENDONS	\$375.86	\$319.48
28225			RELEASE OF FOOT TENDON	\$274.53	\$233.35
28226			RELEASE OF FOOT TENDONS	\$322.88	\$274.45
28230			INCISION OF FOOT TENDON(S)	\$308.76	\$262.45
28232			INCISION OF TOE TENDON	\$273.54	\$232.51
28234			INCISION OF FOOT TENDON	\$278.00	\$236.30
28238			REVISION OF FOOT TENDON	\$521.69	\$443.43
28240		1	RELEASE OF BIG TOE	\$312.08	\$265.27
28250	1	1	REVISION OF FOOT FASCIA	\$402.42	\$342.05

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
28260				\$500.11	\$425.10
28261				\$709.38	\$602.98
28262				\$1,037.39	\$881.78
28264			RELEASE OF MIDFOOT JOINT	\$635.01	\$539.76
28270			CAPSULOTOMYEACH JOINT	\$334.73	\$284.52
28272			CAPSULOTOMYINTERPHAL.,EACH	\$275.57	\$234.23
28280			FUSION OF TOES	\$397.71	\$338.06
28285			REVISION OF HAMMERTOE	\$327.45	\$278.33
28286			REVISION OF HAMMERTOE	\$323.54	\$275.01
28288			OSTECTOMY,PARTIALEACH METAR	\$370.60	\$315.01
28289			HALLUX RIGIDUS CORRECT W/CHEIL	\$523.80	\$445.23
28292			CORRECTION OF BUNION	\$502.91	\$427.48
28296			CORRECTION OF BUNION	\$602.25	\$511.91
28297			BUNION CORRECTION-LAPIDUS TYPE	\$633.22	\$538.24
28298			CORRECTION OF BUNION	\$527.02	\$447.96
28299			CORRECTION OF BUNION	\$672.54	\$571.66
28300			INCISION OF HEEL BONE	\$585.96	\$498.07
28302			INCISION OF ANKLE BONE	\$577.65	\$491.00
28304			INCISION OF MIDFOOT BONES	\$596.86	\$507.33
28305			INCISE/GRAFT MIDFOOT BONES	\$597.52	\$507.89
28306			INCISION OF METATARSAL	\$442.16	\$375.84
28307			OSTEOTOMY,SINGLE FIRST META	\$601.28	\$511.09
28308			INCISION OF METATARSAL	\$383.02	\$325.57
28309			INCISION OF METATARSALS	\$734.06	\$623.95
28310			REVISION OF BIG TOE	\$387.45	\$329.33
28312			REVISION OF TOE	\$347.04	\$294.98
28313			RECONSTRUCTION, TOE DEFORMITY	\$359.11	\$305.25
28315			SESAMOIDECTOMY FIRST TOE	\$338.18	\$287.46
28320			REPAIR OF FOOT BONES	\$560.47	\$476.40
28322			REPAIR OF METATARSALS	\$612.99	\$521.04
28340			RECONSTRUCTION, TOE, MACRODACTYL	\$464.34	\$394.69
28341			RECONSTRUCT TOE, MACRODACTYLY	\$531.20	\$451.52
28344		1	RECONSTRUCT TOES:POLYDACTYLY	\$344.85	\$293.12
28345	1	1	RECONST TOES:SYNDACTYLYEACH	\$421.16	\$357.99
28400	1	1	TREAT CLSD CALC FX:W/O MANIP	\$202.12	\$171.80
28405			TREAT CLSD CALC FX W.MANIPR	\$329.93	\$280.44

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 28406 TREAT CLSD CALC FX,MANIP/FIXAT \$462.99 \$393.54 28415 \$1,034.73 \$879.52 REPAIR OF HEEL FRACTURE 28420 REPAIR/GRAFT HEEL FRACTURE \$1,047.49 \$890.36 28430 TREAT CLSD TALUS FX.W/O MANIP \$190.58 \$162.00 28435 TREAT CLSD TALUS FX,W/ MANIP \$255.39 \$217.08 28436 TREAT CLSD TAL.FS.W/MANIP&PERC \$373.70 \$317.64 28445 OPEN TX.CLSD/OPEN FX.W/W/O FIX \$944.62 \$802.93 28446 OPEN OSTEOCHONDRAL AUTOGRAFT. \$921.55 \$783.32 28450 TREAT CLSD TARSAL FX:W/O MANIP \$174.19 \$148.06 TREAT CLSD TARSAL FX:W/MANIP. \$227.06 \$193.00 28455 28456 OPEN TX CLSD/OPEN FX W/RED&PIN \$238.86 \$203.03 28465 OPEN TX,CLSD/OPEN FX,W/W/O FIX \$468.55 \$398.27 28470 TREAT CLSD METATAR FX.W/O MANI \$177.97 \$151.27 28475 TREAT CLSD METATAR FX,W/ MANIP \$220.21 \$187.18 28476 TREAT CLSD FX,W/MANIP&PINNING, \$291.78 \$248.02 28485 OPEN TX, CLSD/OPEN FX W/W/O FIX \$389.96 \$331.47 28490 TREAT BIG TOE FRACTURE \$107.13 \$91.06 28495 TREAT BIG TOE FRACTURE \$129.82 \$110.35 28496 TREAT CSLD FX GREAT TOE ... PINN \$364.86 \$310.13 28505 REPAIR BIG TOE FRACTURE \$412.16 \$350.34 28510 TREAT CLSD FX...W/O MANIP, EAC \$90.50 \$76.93 28515 TREAT CLSD FX...W/ MANIP., EAC \$115.94 \$98.55 28525 OPEN TX,CLSD FX..W/W/O FIX, EA \$374.90 \$318.67 28530 TREATMENT CLOSED SESAMOID FRAC \$86.50 \$73.53 TREATMENT, SESAMOID FRACT.W/WO 28531 \$331.32 \$281.62 28540 TREAT FOOT DISLOCATION \$153.94 \$130.85 28545 TREAT FOOT DISLOCATION \$168.11 \$142.90 28546 TREAT FOOT DISLOCATION \$351.63 \$298.89 28555 REPAIR FOOT DISLOCATION \$566.46 \$481.49 28570 TREAT FOOT DISLOCATION \$141.72 \$120.46 TREAT FOOT DISLOCATION \$247.73 \$210.57 28575 28576 PERC SKELETAL FIX/TALOTARS JT \$293.71 \$249.66 \$457.50 28585 REPAIR FOOT DISLOCATION \$538.23 28600 TREAT FOOT DISLOCATION \$163.40 \$138.89 TREAT FOOT DISLOCATION 28605 \$203.68 \$173.13 28606 TREAT FOOT DISLOCATION \$338.27 \$287.53

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	DNGS
NA =			NOT APPLICABLE		
	MOD			MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
28615			REPAIR FOOT DISLOCATION	\$557.18	\$473.60
28630			TREAT TOE DISLOCATION	\$112.92	\$95.98
28635			TREAT TOE DISLOCATION:W ANESTH	\$136.94	\$116.40
28636			PERC SKEL FIX METATARSOPHAL JT	\$231.91	\$197.13
28645			REPAIR TOE DISLOCATION	\$318.22	\$270.48
28660			TREAT TOE DISLOCATION	\$85.48	\$72.66
28665			TREAT TOE DISLOCATION	\$116.90	\$99.36
28666			PERC SKEL FIX INTERPHAL JT W/M	\$164.02	\$139.42
28675			REPAIR OF TOE DISLOCATION	\$348.52	\$296.24
28705			FUSION OF FOOT BONES	\$1,107.46	\$941.34
28715			FUSION OF FOOT BONES	\$809.13	\$687.76
28725			FUSION OF FOOT BONES	\$701.59	\$596.35
28730			FUSION OF FOOT BONES	\$678.14	\$576.42
28735			FUSION OF FOOT BONES	\$658.00	\$559.30
28737			REVISION OF FOOT BONES	\$579.26	\$492.37
28740			FUSION OF FOOT BONES	\$658.73	\$559.92
28750			FUSION OF BIG TOE JOINT	\$668.93	\$568.59
28755			FUSION OF BIG TOE JOINT	\$376.37	\$319.91
28760			FUSION OF BIG TOE JOINT	\$546.79	\$464.77
28800			AMPUTATION OF MIDFOOT	\$490.33	\$416.78
28805			AMPUTATION THRU METATARSAL	\$491.82	\$418.04
28810			AMPUTATION TOE & METATARSAL	\$373.41	\$317.40
28820			AMPUTATION OF TOE	\$413.95	\$351.86
28820	50		AMPUTATION OF TOE BILATERAL	\$827.90	\$703.72
28825			PARTIAL AMPUTATION OF TOE	\$365.78	\$310.91
28825	50		PARTIAL AMPUTATION OF TOE BILA	\$731.55	\$621.82
28890			EXTRACORPOREAL SHOCK WAVE, HIG	\$310.84	\$264.21
28890	26		EXTRACORPOREAL SHOCK WAVE, HIG	\$187.35	\$159.25
29000			APPLICATION OF BODY CAST	\$184.00	\$156.40
29010			APPLICATION OF BODY CAST	\$190.03	\$161.53
29015			APPLICATION OF BODY CAST	\$185.57	\$157.73
29035			APPLICATION OF BODY CAST	\$187.04	\$158.98
29040			APPLICATION OF BODY CAST	\$164.62	\$139.92
29044			APPLICATION OF BODY CAST	\$212.38	\$180.53
29046			APPLICATION OF BODY CAST	\$198.52	\$168.74
29049			APPLICATION OF SHOULDER CAST	\$76.08	\$64.67

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
29055			APPLICATION OF SHOULDER CAST	\$166.58	\$141.59
29058			APPLICATION OF SHOULDER CAST	\$99.36	\$84.46
29065			APPLICATION OF LONG ARM CAST	\$77.06	\$65.50
29075			APPLICATION OF FOREARM CAST	\$70.93	\$60.29
29085			APPLY HAND/WRIST CAST	\$75.06	\$63.80
29086			APPLICATION OF FINGER CAST	\$54.24	\$46.10
29105			APPLY LONG ARM SPLINT	\$72.78	\$61.86
29105	SA		APPLY LONG ARM SPLINT	NA	\$58.77
29125			APPLY FOREARM SPLINT	\$55.33	\$47.03
29125	SA		APPLY FOREARM SPLINT	NA	\$44.68
29126			APPLY FOREARM SPLINT	\$67.46	\$57.34
29130			APPLICATION OF FINGER SPLINT	\$33.53	\$28.50
29130	SA		APPLICATION OF FINGER SPLINT	NA	\$27.07
29131			APPLICATION OF FINGER SPLINT	\$43.38	\$36.88
29200			STRAPPING OF CHEST	\$32.41	\$27.55
29200	SA		STRAPPING OF CHEST	NA	\$26.17
29220	SA		STRAPPING OF LOW BACK	NA	\$37.02
29240			STRAPPING OF SHOULDER	\$31.21	\$26.53
29240	SA		STRAPPING OF SHOULDER	NA	\$25.53
29260			STRAPPING OF ELBOW OR WRIST	\$31.13	\$26.46
29260	SA		STRAPPING OF ELBOW OR WRIST	NA	\$25.51
29280			STRAPPING OF HAND OR FINGER	\$31.52	\$26.79
29280	SA		STRAPPING OF HAND OR FINGER	NA	\$25.84
29305			APPLICATION OF HIP CAST	\$188.17	\$159.94
29325			APPLICATION OF HIP CASTS	\$205.26	\$174.47
29345			APPLICATION OF LONG LEG CAST	\$111.40	\$94.69
29355			APPLICATION OF LONG LEG CAST	\$114.06	\$96.95
29358			APPLICATION OF LONG LEG CAST(T	\$122.82	\$104.40
29365			APPLICATION OF LONG LEG CAST	\$99.53	\$84.60
29405			APPLY SHORT LEG CAST	\$72.71	\$61.81
29425			APPLY SHORT LEG CAST	\$78.09	\$66.37
29435			APPLY SHORT LEG CAST	\$96.14	\$81.72
29440			ADDITION OF WALKER TO CAST	\$43.79	\$37.22
29445			APPLIC RIGID TOTAL CONTACT LEG	\$125.66	\$106.81
29450			APPLICATION CLUB FOOT CAST	\$123.61	\$105.07
29450	50		APPLIC CLUBFOOT CAST /MOLD/MAN	\$247.22	\$210.13

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		2		SPECIALIST	NONSPECIALIST
29505			APPLICATION LONG LEG SPLINT	\$72.04	\$44.23
29505	SA		APPLICATION LONG LEG SPLINT	\$52.04 NA	\$42.02
29505	SA		APPLICATION LONG LEG SPLINT	\$55.26	\$46.97
	SA		APPLICATION LOWER LEG SPLINT	\$55.20 NA	
29515 29520	SA		STRAPPING OF HIP	\$34.02	\$44.62 \$28.92
	SA		STRAPPING OF HIP	\$34.02 NA	\$28.92
29520	SA		STRAPPING OF HIP STRAPPING OF KNEE	\$30.80	+
29530	0.4			÷	\$26.18
29530	SA		STRAPPING OF KNEE	NA	\$24.87
29540			STRAPPING OF ANKLE	\$27.29	\$23.20
29540	SA		STRAPPING OF ANKLE	NA	\$22.63
29550			STRAPPING OF TOES	\$19.77	\$16.80
29550	SA		STRAPPING OF TOES	NA	\$16.82
29580			APPLICATION OF PASTE BOOT	\$38.08	\$32.37
29580	SA			NA	\$30.75
29590	SA		DENIS-BROWNE SPLINT STRAPPING	NA	\$35.52
29700			REMOVAL/REVISION OF CAST	\$50.58	\$42.99
29700	SA		REMOVAL/REVISION OF CAST	NA	\$40.84
29705			REMOVAL/REVISION OF CAST	\$55.69	\$47.33
29705	SA		REMOVAL/REVISION OF CAST	NA	\$44.97
29710			REMOVAL/REVISION OF CAST	\$100.18	\$85.15
29710	SA		REMOVAL/REVISION OF CAST	NA	\$80.89
29715	SA		REMOVAL/REVISION OF CAST	NA	\$58.20
29720			REPAIR OF BODY CAST	\$64.40	\$54.74
29720	SA		REPAIR OF BODY CAST	NA	\$52.00
29730			WINDOWING OF CAST	\$54.74	\$46.53
29730	SA		WINDOWING OF CAST	NA	\$44.20
29740			WEDGING OF CAST	\$79.74	\$67.78
29740	SA		WEDGING OF CAST	NA	\$64.39
29750			WEDGING OF CLUBFOOT CAST	\$82.00	\$69.70
29750	50		WEDGING OF CLUBFOOT CAST,BILAT	\$164.00	\$139.40
29805			DIAG ARTHROSCOPY SHLDER W/WO B	\$409.06	\$347.70
29806			ARTHROSCOPY SHOULDER SURGICAL	\$906.86	\$770.83
29807			ARTHROSCOPY SHOULDER SURG REP	\$883.86	\$751.28
29819			ARTHROSCOPY/SURG/REMOVE BODY	\$510.62	\$434.02
29820			ARTHROSCOPY-SYNOVECTOMY-PARTIA	\$470.94	\$400.30
29821			ARTHROSCOPY-SYNOVECTOMY-COMPLE	\$514.41	\$437.25

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	,	2		SPECIALIST	NONSPECIALIST
29822			ARTHROSCOPY-LIMITED-DEBRIDEMEN	\$500.03	\$425.03
29823			ARTHROSCOPY-EXT DEBRIDEMENT	\$545.25	\$463.46
29824			ARTHROSCOPY SHOULDER SURG DIST	\$558.59	\$474.80
29825			ARTHROSCOPY-W/ LYSIS & RESECTI	\$509.60	\$433.16
29826			ARTHROSCOPY,SHOULDER:DECOMP SU	\$181.09	\$153.93
29827			ARTHROSCOPY SHOULDER W/ROT CUF	\$955.73	\$812.37
29828			ARTHROSCOPY, SHOULDER, SURGICA	\$712.32	\$605.47
29830			ARTHROSCOPY ELBOW/DX	\$392.87	\$333.94
29834			ARTHROSCOPY-ELBOW-SURGICAL	\$428.59	\$364.30
29835			ARTHROSCOPY SYNOVECTOMY-PARTIA	\$438.09	\$372.37
29836			ARTHROSCOPY SYNOVECTOMY COMPLE	\$505.45	\$429.63
29837			ARTHROSCOPY LIMITED DEBRIDEMEN	\$460.67	\$391.57
29838			ARTHROSCOPY EXT DEBRIDEMENT	\$516.26	\$438.82
29840			ARTHROSCOPY.WRIST.DIAGNOSTIC	\$380.81	\$323.69
29843			ARTHROSCOPY,WRIST,SURGICAL,LAV	\$408.21	\$346.98
29844			ARTHROSCOPY.WRIST:PARTIAL SYNO	\$429.92	\$365.43
29845			ARTHROTOMY, WRIST: SYNOVECTOMY	\$486.86	\$413.83
29846			ARTHROTOMY:EXCISE TRIANGULAR	\$450.62	\$383.03
29847			ARTHROSCOPY,WRIST:INT.FIX-FX/I	\$466.10	\$396.19
29848			ARTHROSCOPY,WRIST,SURG:W REL.T	\$387.74	\$329.58
29850			ARTHROS/TUBER OF KNEE FRACTURE	\$466.86	\$396.83
29851			ARTHROS/TUBER OF KNEE FRACTURE	\$815.79	\$693.42
29855			ARTHROSC.AIDED TREATMENT TIBIA	\$687.68	\$584.53
29856			ARTHROSC.BYCONDYLAR	\$880.01	\$748.01
29860			ARTHROSCOPY, HIP DIAGNOSTIC	\$530.82	\$451.20
29861			ARTHROSCOPY, HIP, SURGICAL	\$585.62	\$497.78
29862			ARTHROSCOPY, HIP, SURG W/DEBRI	\$651.61	\$553.87
29863			ARTHROSCOPY, HIP, SURG W/SYNOV	\$644.02	\$547.41
29866			ARTHROSCOPY, KNEE, SURGICAL: O	\$895.49	\$761.16
29867			ARTHROSCOPY, KNEE, SURGICAL: O	\$1,069.43	\$909.02
29868			ARTHROSCOPY, KNEE, SURGICAL: M	\$1,445.59	\$1,228.75
29870			ARTHROSCOPY KNEE-DX	\$351.32	\$298.62
29871			ARTHROSCOPY-KNEE-SURGICAL	\$440.26	\$374.22
29873			ARTHROSCOPY KNEE SURG W/LAT RE	\$443.66	\$377.11
29874			ARTHROSCOPY-REMOVE FOREIGN BOD	\$461.97	\$392.67
29875			ARTHROSCOPY,KNEE,SYNOVECTOMY,L	\$430.51	\$365.94

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 29876 ARTHROSCOPY MAJOR SYNOVECTOMY \$529.38 \$449.97 29877 \$499.20 ARTHROSCOPY-DEBRIDEMENT \$424.32 29879 ARTHROSCOPY-ABRASION ARTHROPLA \$537.16 \$456.59 29880 ARTHROSCOPY.KNEE:W/MENISCECTOM \$562.21 \$477.88 29881 ARTHROSCOPY W/MENISECTOMY \$443.19 \$521.40 \$479.20 29882 ARTHROSCOPY W/MENISCUS REPAIR \$563.76 29883 ARTHROSCOPY.KNEE:MENISCUS REPA \$606.74 \$713.81 29884 ARTHROSCOPY W/LYSIS ADHESIONS \$496.92 \$422.38 29885 ARTHROSCOPY, KNEE: DRILL, OSTEOCH \$604.80 \$514.08 ARTHROSCOPY-OSTEOCHONDRITIS \$509.53 29886 \$433.10 29887 ARTHROSCOPY-INTERNAL FIXATION \$601.57 \$511.33 29888 ARTHROSCOPY-AIDED REP/AUGMENT/ \$857.06 \$728.50 29889 ARTHROSCOPY-AIDED REP/AUGMENT/ \$1.010.38 \$858.82 \$477.50 29891 ARTHROSCOPY, ANKLE, SURGICAL \$561.77 ARTHROSCOP REP LG OSTEOCHOND D \$589.14 \$500.77 29892 29893 ENDOSCOPIC PLANTAR FASCIOTOMY \$397.06 \$337.50 29894 ARTHROSCOPY-ANKLE-SURGICAL \$447.86 \$380.68 29895 ARTHROSCOPY-PARTIAL SYNOVECTOM \$439.72 \$373.76 ARTHROSCOPY-LIMITED DEBRIDEMEN 29897 \$461.41 \$392.20 29898 ARTHROSCOPY-EXT. DEBRIDEMENT \$511.22 \$434.53 29899 ARTHROSCOPY ANKLE SURG W/ARTHR \$868.62 \$738.32 29900 ARTHROSCOPY METACARP JT DIAGNO \$398.29 \$338.54 29901 ARTHROSCOPY METACARP JT SURGIC \$437.85 \$372.17 29902 ARTHROSCOPY METACARP JT SURGIC \$397.07 \$467.14 29904 ARTHROSCOPY, SUBTALAR JOINT, S \$479.06 \$407.20 29905 ARTHROSCOPY, SUBTALAR JOINT, \$516.82 \$439.29 29906 ARTHROSCOPY, SUBTALAR JOINT, S \$544.38 \$462.73 29907 ARTHROSCOPY, SUBTALAR JOINT, S \$665.22 \$565.43 30000 DRAINAGE OF NOSE LESION \$187.18 \$159.10 30020 DRAINAGE OF NOSE LESION \$160.03 \$136.03 30100 INTRANASAL BIOPSY \$98.96 \$84.12 30110 REMOVAL OF NOSE POLYP(S) \$165.94 \$141.05 30110 50 REMOVAL OF NOSE POLYP(S) \$331.87 \$282.09 30115 REMOVAL OF NOSE POLYP(S) \$345.42 \$293.61 30115 50 EXCISION, NASAL POLYPS (EXTENSIV \$690.85 \$587.22 30117 REMOVAL OF INTRANASAL LESION \$554.74 \$471.53

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =			NOT APPLICABLE		
007//0000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
30118			REMOVAL OF INTRANASAL LESION	\$641.90	\$545.62
30120			REVISION OF NOSE	\$402.53	\$342.15
30124			REMOVAL OF NOSE LESION	\$228.22	\$193.98
30125			EXCISE DERMOID CYST:COMPLEX	\$527.62	\$448.48
30130			EXCISION TURBINATE, PARTIAL/COM	\$306.03	\$260.13
30130	50		EXCISION TURBINATE, PARTIAL/COM	\$612.06	\$520.25
30140			SUBMUCOUS RESECTION TURBINATE,	\$287.01	\$243.96
30150			RHINECTOMY: PARTIAL	\$690.68	\$587.08
30160			RHINECTOMY: TOTAL	\$675.98	\$574.58
30200			INJECTION TREATMENT OF NOSE	\$81.39	\$69.18
30210			NASAL SINUS THERAPY	\$108.39	\$92.13
30220			INSERTION, NASAL SEPTAL PROSTHE	\$196.08	\$166.67
30300			REMOVE NASAL FOREIGN BODY	\$188.22	\$159.99
30300	SA		REMOVE NASAL FOREIGN BODY	NA	\$155.58
30310			REMOVE NASAL FOREIGN BODY	\$172.21	\$146.38
30320			REMOVE NASAL FOREIGN BODY	\$393.63	\$334.59
30400			RECONSTRUCTION OF NOSE	\$868.07	\$737.86
30410			RECONSTRUCTION OF NOSE	\$1,076.62	\$915.13
30420			RECONSTRUCTION OF NOSE	\$1,153.90	\$980.81
30430			REVISION OF NOSE	\$795.24	\$675.95
30435			REVISION WORK WITH OSTEOTOMIES	\$1,064.14	\$904.52
30450			REVISION OF NOSE	\$1,391.29	\$1,182.59
30460			RHINOPLASTY,CONGENITAL DEFORMI	\$683.26	\$580.77
30462			RHINOPLASTY, TIP, SEPTUM,OSTEO	\$1,381.22	\$1,174.03
30465			REPAIR NASAL VESTIBULAR STENOS	\$805.82	\$684.95
30520			REPAIR OF NASAL SEPTUM	\$420.12	\$357.10
30540			REPAIR NASAL DEFECT	\$580.02	\$493.02
30545			REPAIR NASAL DEFECT	\$814.10	\$691.99
30560			RELEASE OF NASAL ADHESIONS	\$204.96	\$174.22
30580			REPAIR UPPER JAW FISTULA	\$501.77	\$426.50
30600	1		REPAIR MOUTH/NOSE FISTULA	\$466.50	\$396.52
30620	1		RECONSTRUCTION INNER NOSE	\$505.86	\$429.98
30630	1		REPAIR NASAL SEPTUM DEFECT	\$513.22	\$436.23
30801		1	CAUTERIZATION/ABLATION, MUCOSA	\$177.58	\$150.94
30802		1	CAUTERIZE/ABLATION, MUCOSA TURB	\$225.65	\$191.80
30901	1	1	CONTROL NASAL HEMORRHAGE UNILA	\$87.65	\$74.50

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
30901	SA		CONTROL NASAL HEMORRHAGE UNILA	NA	\$70.78
30901	SA	50	CONTROL NASAL HEMORRHAGE-BILAT	NA	\$141.55
30901	50		CONTROL NASAL HEMORRHAGE-BILAT	\$175.30	\$149.00
30903			CAUTER NASAL W LOCAL ANESTHESI	\$144.81	\$123.09
30903	50		CAUTER NASAL W LOCAL ANES-BILA	\$289.62	\$246.17
30905			CONTROL NOSEBLEEDANY METHOD:	\$186.73	\$158.72
30906			REPEAT CONTROL OF NOSEBLEED	\$215.68	\$183.33
30915			LIGATION NASAL SINUS ARTERY	\$472.11	\$401.30
30920			LIGATION UPPER JAW ARTERY	\$639.46	\$543.54
30930			FRACTURE NASAL TURBINATES THE	\$98.34	\$83.59
31000			IRRIGATION MAXILLARY SINUS	\$135.71	\$115.36
31000	50		IRRIG MAXILLARY SINUS BILATERA	\$271.42	\$230.7 <sup>2</sup>
31002			IRRIGATION SPHENOID SINUS	\$175.08	\$148.82
31020			EXPLORATION MAXILLARY SINUS	\$391.59	\$332.85
31020	50		EXPLOR MAXILLARY SINUS, BILATER	\$783.18	\$665.71
31030			EXPLORATION MAXILLARY SINUS	\$595.75	\$506.39
31030	50		EXPLOR MAXILL SINUS W/O REM PO	\$1,191.50	\$1,012.78
31032			SINUSOT,MAXIL:RAD UNI W/REM AN	\$470.81	\$400.19
31032	50		SINUSOT,MAXIL:RAD BIL W/REM AN	\$941.62	\$800.37
31040			PTERYGOMAXXILLARY FOSSA SURGER	\$657.39	\$558.78
31050			EXPLORATION SPHENOID SINUS	\$397.21	\$337.63
31051			SINUSOTOMY,SPHENOID:W/STRIP,	\$523.03	\$444.58
31070			EXPLORATION OF FRONTAL SINUS	\$348.10	\$295.88
31075			EXPLORATION OF FRONTAL SINUS	\$642.58	\$546.19
31080			REMOVAL OF FRONTAL SINUS	\$857.14	\$728.57
31081			REMOVAL OF FRONTAL SINUS	\$951.43	\$808.72
31084			REMOVAL OF FRONTAL SINUS	\$921.04	\$782.88
31085			REMOVAL OF FRONTAL SINUS	\$974.10	\$827.98
31086			REMOVAL OF FRONTAL SINUS	\$889.48	\$756.06
31087			REMOVAL OF FRONTAL SINUS	\$882.54	\$750.16
31090			EXPLORATION OF SINUSES	\$755.90	\$642.5
31200			REMOVAL OF ETHMOID SINUS	\$478.87	\$407.04
31201			REMOVAL OF ETHMOID SINUS	\$600.66	\$510.50
31205			REMOVAL OF ETHMOID SINUS	\$746.99	\$634.94
31225			REMOVAL OF UPPER JAW	\$1,260.30	\$1,071.25
31230			REMOVAL OF UPPER JAW	\$1,403.89	\$1,193.30

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =	1100	1	NOT APPLICABLE		
007/10000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
31231			DX ENDOSCOPY/NASAL UNI/BILATER	\$152.45	\$129.58
31233			DX NASAL/MAXILLARY SINUS ENDOS	\$221.06	\$187.90
31235			DX NASAL/SPHENOID SINUSCOPY	\$258.06	\$219.35
31237			SURG W BX PLOYPECTOMY OF DEBRI	\$267.98	\$227.78
31238			ENDOSCOPY W CONTROL OF EPISTAX	\$263.92	\$224.33
31239			ENDOSCOPY W DACRYOCYSTORHINOST	\$565.17	\$480.39
31240			ENDOSC W CONCHA BULLOSA RESECT	\$148.64	\$126.34
31254			NASAL ENDOSCOPY:PARTIAL ETHMOI	\$257.02	\$218.47
31255			NASAL ENDOSCOPY:TOTAL ETHMOIDE	\$332.14	\$282.32
31256			NASAL ENDOSCOPY: MAX. ANTROSTO	\$185.18	\$157.40
31267			SURG MAX ENDO:REMOVE MEMBRANE/	\$272.57	\$231.68
31276			NAS/SINUS ENDOS/EXPLOR W/WO TI	\$387.78	\$329.6
31288			SURGICAL SCOPE W SPHENOID/TISS	\$240.47	\$204.40
31290			SURGICAL SCOPE W REPAIR OF CSF	\$995.34	\$846.04
31291			CSF REPAIR W SCOPE SPHENOID LE	\$1,048.22	\$890.99
31292			MEDIAL/INFERIOR ORBIT WALL DEC	\$862.77	\$733.35
31293			MEDIAL&INFERIOR ORBIT WALL DEC	\$936.81	\$796.29
31294			SCOPE W OPTIC NERVE DECOMPRESS	\$1,084.88	\$922.15
31300			REMOVAL OF LARYNX LESION	\$995.32	\$846.02
31360			REMOVAL OF LARYNX	\$1,148.79	\$976.47
31365			REMOVAL OF LARYNX	\$1,513.59	\$1,286.55
31367			PARTIAL REMOVAL OF LARYNX	\$1,487.48	\$1,264.36
31368			PARTIAL REMOVAL OF LARYNX	\$1,787.41	\$1,519.30
31370			PARTIAL REMOVAL OF LARYNX	\$1,483.68	\$1,261.13
31375			PARTIAL REMOVAL OF LARYNX	\$1,379.66	\$1,172.71
31380			PARTIAL REMOVAL OF LARYNX	\$1,389.18	\$1,180.81
31382			PARTIAL REMOVAL OF LARYNX	\$1,432.37	\$1,217.51
31390			REMOVAL OF LARYNX & PHARYNX	\$1,764.55	\$1,499.87
31395			RECONSTRUCT LARYNX & PHARYNX	\$2,017.51	\$1,714.89
31400	1		REVISION OF LARYNX	\$818.38	\$695.63
31420	1		REMOVAL OF EPIGLOTTIS	\$671.70	\$570.94
31500	1		INSERT WINDPIPE AIRWAY	\$97.35	\$82.75
31502	1	1	TRACHEOTOMY TUBE CHG PRIOR TO	\$32.54	\$27.66
31505		1	DIAGNOSTIC LARYNGOSCOPY	\$69.96	\$59.47
31510	1	1	LARYNGOSCOPY WITH BIOPSY	\$177.73	\$151.07
31511	ł	1	REMOVE FOREIGN BODY, LARYNX	\$180.10	\$153.08

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
NA =	1	1	NOT APPLICABLE		
007//0000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
31512				\$179.67	\$152.72
31513			LARYNGOSCOPY,W VOCAL CORD INJE	\$120.95	\$102.81
31515			LARYNGOSCOPY FOR ASPIRATION	\$181.49	\$154.26
31520			DIAGNOSTIC LARYNGOSCOPY:NEWBOR	\$139.78	\$118.81
31525			DIAGNOSTIC LARYNGOSCOPY	\$213.19	\$181.21
31526			DIAGNOSTIC LARYNGOSCOPY	\$145.82	\$123.94
31527			LARYNGOSCOPY, INSERT OBTURATOR	\$174.86	\$148.63
31528			LARYNGOSCOPY, W DILATATION, IN	\$130.08	\$110.57
31529			LARYNGOSCOPY,W DILATATION SUBS	\$149.25	\$126.86
31530			OPERATIVE LARYNGOSCOPY	\$181.93	\$154.64
31531			OPERATIVE LARYNGOSCOPY	\$199.11	\$169.25
31535			OPERATIVE LARYNGOSCOPY	\$175.45	\$149.13
31536			OPERATIVE LARYNGOSCOPY	\$197.49	\$167.86
31540			OPERATIVE LARYNGOSCOPY	\$226.53	\$192.55
31541			OPERATIVE LARYNGOSCOPY	\$248.50	\$211.22
31545			LARYNGOSCOPY, DIRECT, OPERATIV	\$328.19	\$278.96
31546			LARYNGOSCOPY, DIRECT, OPERATIV	\$499.64	\$424.69
31560			OPERATIVE LARYNGOSCOPY	\$292.23	\$248.40
31561			OPERATIVE LARYNGOSCOPY	\$318.54	\$270.76
31570			LARYNGOSCOPY WITH INJECTION	\$324.24	\$275.60
31571			LARYNGOSCOPY WITH INJECTION	\$233.58	\$198.54
31575			LARYNGOSCOPY,FIBEROPTIC:DX	\$102.24	\$86.90
31576			LARYNGSCOPY, FIBERS COPIC: BIO	\$190.94	\$162.30
31577			LARYNGOSCOPY, FIBERSCOPIC: FOR	\$212.20	\$180.37
31578			LARYNGOSCOPY, FIBERSCOPIC: REM	\$242.14	\$205.82
31579			LARYNGOSCOPYWITH STROBOSCOP	\$187.47	\$159.35
31580			LARYNGOPLASTY:W KEEL INSERT&	\$961.80	\$817.53
31584			LARYNGOPLASTY:W OPER REDUCTION	\$1,287.99	\$1,094.79
31587			LARYNGOPLASTY CRICOID SPLIT	\$722.30	\$613.95
31590			LARYNGEAL REINNERVATION REPAIR	\$773.43	\$657.42
31600	1		PLANNED TRACHEOSTOMY	\$317.14	\$269.57
31601	1	1	TRACHEOSTOMY, PLANNED: UNDER 2 Y	\$228.95	\$194.61
31603	1	1	TRACHEOSTOMY, EMERGENCY, TRANSTR	\$201.90	\$171.62
31605	1	1	INCISION OF NECK CARTILAGES	\$165.06	\$140.30
31610	1	1	TRACHEOSTOMY, FENESTRATION PROC	\$580.90	\$493.77
31611	<u> </u>	+	CONSTRUCT TRACHEOESOPH FISTULA	\$300.30	\$367.02

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	ONGS
NA =	MODI		NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	-		SPECIALIST	NONSPECIALIST
31612			PUNCTURE/CLEAR WINDPIPE	\$68.46	\$58.19
31613			TRACHEOSTOMA REVISION:W/O FLAP	\$361.11	\$306.95
31614			REVISE TRACHEOSTOMA,COMP.W/ FL	\$538.45	\$457.68
31615			VISUALIZATION OF WINDPIPE	\$159.02	\$135.16
31622			DX BRONCHOSCOPY-W/W/OUT WASH/B	\$252.70	\$214.80
31623			BRONCHOSCOPY: WITH BRUSHINGS	\$278.44	\$236.67
31624			BRONCHOSCOPY W/BRONCH ALVEOLAR	\$262.61	\$223.22
31625			BRONCHOSCOPY WITH BIOPSY	\$309.34	\$262.94
31628			TRANSBRONCHIAL LUNG BIOPSY FIB	\$364.31	\$309.67
31629			BRONCHOSCOPY-NEEDLE ASPIRE BIO	\$461.13	\$391.96
31630			BRONCHOSCOPY WITH REPAIR	\$188.27	\$160.03
31631			BRONCHOSCOPY-PLACE TRACH STENT	\$207.95	\$176.76
31632			BRONCHOSCOPY W/WO FLUORO LUNG	\$65.36	\$55.56
31633			BRONCHOSCOPY W/WO FLUORO NEEDL	\$77.67	\$66.02
31635			REMOVE FOREIGN BODY, AIRWAY	\$293.52	\$249.49
31636			BRONCHOSCOPY, RIGID OR FLEXIBL	\$205.17	\$174.39
31637			BRONCHOSCOPY EACH ADD BRONCH S	\$72.79	\$61.87
31638			BRONCHOSCOPY, RIGID OR FLEXIBL	\$227.98	\$193.78
31640			BRONCHOSCOPY & REMOVE LESION	\$240.03	\$204.03
31641			BRONCHOSCOPY-TUMOR/STENOSIS-NO	\$233.18	\$198.21
31643			BRONCHOSCOPY W/CATH PLACEMENT	\$157.99	\$134.29
31645			BRONCHOSCOPY, CLEAR AIRWAYS	\$272.04	\$231.23
31646			BRONCHOSCOPY, RECLEAR AIRWAYS	\$146.02	\$124.12
31717			BRONCHIAL BRUSH BIOPSY	\$285.55	\$242.72
31720			CLEARANCE OF AIRWAYS	\$46.78	\$39.76
31720	SA		CLEARANCE OF AIRWAYS	NA	\$37.77
31725			CLEARANCE OF AIRWAYS	\$80.70	\$68.60
31730			TRANS INTR NEEDLE WIRE DILATOR	\$170.95	\$145.31
31750			TRACHEOPLASTY:CERVICAL	\$1,039.15	\$883.28
31755			REPAIR OF WINDPIPE	\$1,375.39	\$1,169.08
31760			REPAIR OF WINDPIPE	\$1,156.89	\$983.35
31766			CARINAL RECONSTRUCTION	\$1,558.45	\$1,324.68
31770			BRONCHOPLASTY:GRAFT REPAIR	\$1,142.76	\$971.35
31775			RECONSTRUCT BRONCHUS	\$1,232.90	\$1,047.97
31780			RECONSTRUCT WINDPIPE	\$983.96	\$836.37
31781			RECONSTRUCT WINDPIPE	\$1,221.41	\$1,038.20

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	ONGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	,	-		SPECIALIST	NONSPECIALIST
31785			REMOVE WINDPIPE LESION	\$937.18	\$796.60
31786			REMOVE WINDPIPE LESION	\$1.299.52	\$1,104.59
31800			REPAIR OF WINDPIPE INJURY	\$572.43	\$486.57
31805			SUTURE EXTERNAL TRACHEAL WOUND	\$713.54	\$606.51
31820			CLOSURE OF TRACHEOSTOMY WO PLA	\$345.58	\$293.74
31825			REPAIR OF WINDPIPE DEFECT	\$491.22	\$417.53
31830			REVISE WINDPIPE SCAR	\$351.06	\$298.40
32035			EXPLORATION OF CHEST	\$510.16	\$433.64
32036			EXPLORATION OF CHEST	\$566.78	\$481.77
32100			EXPLORATION/BIOPSY OF CHEST	\$813.05	\$691.09
32110			EXPLORE/REPAIR CHEST	\$1,186.09	\$1,008.17
32120			RE-EXPLORATION OF CHEST	\$652.90	\$554.96
32124			EXPLORE CHEST, FREE ADHESIONS	\$702.63	\$597.24
32140			REMOVAL OF LUNG LESION(S)	\$758.90	\$645.07
32141			REMOVE/TREAT LUNG LESIONS	\$757.89	\$644.20
32150			REMOVAL OF LUNG LESION(S)	\$764.33	\$649.68
32151			THORACOTOMY MAJOR:W REMOVE FOR	\$780.68	\$663.58
32160			OPEN CHEST HEART MASSAGE	\$511.54	\$434.81
32200			DRAINAGE OF LUNG LESION	\$838.48	\$712.71
32215			PLEURAL SCARIFICATION/REP.PNEU	\$641.97	\$545.67
32220			RELEASE OF LUNG	\$1,303.37	\$1,107.86
32225			PARTIAL RELEASE OF LUNG	\$761.78	\$647.52
32310			REMOVAL OF CHEST LINING	\$734.46	\$624.29
32320			FREE/REMOVE CHEST LINING	\$1,274.75	\$1,083.54
32400			NEEDLE BIOPSY-CHEST LINING	\$130.86	\$111.23
32405			BIOPSY,LUNG,PERCUTANEOUS,NEEDL	\$87.01	\$73.96
32440			REMOVAL OF LUNG	\$1,336.50	\$1,136.02
32442			RESECTION OF TRACHEO SEGMENT	\$1,443.87	\$1,227.29
32445			REMOVAL OF LUNG	\$1,379.92	\$1,172.93
32480			PARTIAL REMOVAL OF LUNG	\$1,262.86	\$1,073.43
32482			BILOBECTOMY	\$1,336.58	\$1,136.10
32484			SEGMENTECTOMY	\$1,129.78	\$960.32
32486			SLEEVE LOBECTOMY	\$1,309.20	\$1,112.82
32488			COMPLET PNEUMONECTOMY	\$1,392.68	\$1,183.78
32501			RESECTION AND BRONCHOPLASTY W/	\$219.41	\$186.50
32503			RESECTION OF APICAL LUNG TUMOR	\$1,590.18	\$1,351.66

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 32504 RESECTION OF APICAL LUNG TUMOR \$1,817.24 \$1,544.65 32540 REMOVAL OF LUNG LESION \$851.10 \$723.43 32550 INSERTION OF INDWELLING TUNNEL \$183.92 \$156.33 32551 TUBE THORACOSTOMY, INCLUDES WA \$145.41 \$123.60 32560 CHEMICAL PLEURODESIS (EG, FOR \$90.48 \$76.91 \$234.60 32601 DX THORACOSCOPY LUNGS/PLEURAL \$276.00 32604 DX THORACOSCOPY PERICARDIAL SA \$431.58 \$366.84 32606 DX THORACOSCOPY MEDIASTINAL SP \$414.61 \$352.42 SURG. THORACOSCOPY W PLEURODES 32650 \$615.93 \$523.54 SURG.SCOPE W PARTIAL PUL DECOR 32651 \$708.43 \$602.17 32652 W PUL DECORTICATN/INTRAPLEURL \$1,014.38 \$862.22 32653 W REMOVE FOREIGN BODY/FIBRIN D \$698.94 \$594.10 32654 W CONTROL OF TRAUMATIC HEMORRH \$696.97 \$592.42 \$608.31 32655 W EXCISION/PLICATION OF BULLAE \$715.66 W PARIETAL PLEURECTOMY \$733.41 \$623.40 32656 32658 REM CLOT/FOREIGN BODY PERICARD \$667.02 \$566.96 32659 MAKE PERICARDIAL WINDOW/PART S \$667.08 \$567.02 32661 W EXCISE OF PERICOR CYST/TUMOR \$739.95 \$628.96 32662 W EXCISION OF CYST/TUMOR/MASS \$883.49 \$750.96 32663 W LOBECTOMY TOTAL OR SEGMENTAL \$1,029.40 \$874.99 32664 W THORACIC SYMPATHECTOMY \$776.37 \$659.91 32665 W ESOPHAOMYOTOMY, HELLER TYPE \$830.69 \$706.08 32800 REPAIR LUNG HERNIA \$742.74 \$631.33 32810 CLOSE CHEST AFTER DRAINAGE \$724.77 \$616.05 CLOSE BRONCHIAL FISTULA 32815 \$1,200.74 \$1,020.63 32820 RECONSTRUCT INJURED CHEST \$1,166.52 \$991.54 32855 BACKBENCH STANDARD PREPARATION \$175.13 \$148.86 BACKBENCH STANDARD PREPARATION 32856 \$210.89 \$179.25 32900 REMOVAL OF RIB(S) \$1.062.66 \$903.26 32905 **REVISE & REPAIR CHEST WALL** \$1.092.81 \$928.89 32906 **REVISE & REPAIR CHEST WALL** \$1,372.52 \$1,166.64 32940 **REVISION OF LUNG** \$1.020.71 \$867.61 32960 THERAPEUTIC PNEUMOTHORAX \$121.94 \$103.65 32997 TOTAL LUNG LAVAGE UNILATERAL \$270.78 \$230.16 ABLATION THERAPY FOR REDUCTION 32998 \$2,194.39 \$1,865.23 32998 26 ABLATION THERAPY FOR REDUCTION \$232.20 \$197.37

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS					
NA = NOT APPLICABLE					
CPT/HCPCS/CDT PRACTITIONER	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NONSPECIALIST
33010	-		REPEAT DRAINAGE OF HEART SAC	\$101.42	\$86.21 \$87.33
33015			INCISION OF HEART SAC	\$102.74	<del>هه، ۲</del> .۵۵ \$341.84
	-		INCISION OF HEART SAC		
33020	-			\$681.62	\$579.37
33025	-		INCISION OF HEART SAC	\$650.88	\$553.25
33030	-		PARTIAL REMOVAL OF HEART SAC	\$998.17	\$848.44
33031	-		PERICARDIECTOMY WCARDIOPLUMON REMOVAL OF HEART SAC LESION	\$1,121.71	\$953.46
33050	-			\$783.24	\$665.75
33120				\$1,278.10	\$1,086.38
33130				\$1,107.94	\$941.75
33140			TRANSMYOCARD LASER REVASC/BY T	\$1,085.69	\$922.83
33141			TRANSMYOCARD LASER REVASC BY T	\$133.95	\$113.86
33202				\$635.14	\$508.12
33203				\$650.05	\$552.54
33207				\$429.76	\$365.30
33212			INSERTION OF PULSE GENERATOR	\$301.25	\$256.06
33213			DUAL CHAMBER PERM PACEMAKER IN	\$340.93	\$289.79
33214			SINGLE CHAMBER TO DUAL CHAMBER	\$428.10	\$363.88
33215			REPOS PREV IMPL TRANSVEN PACEM	\$269.34	\$228.94
33216			REVISION IMPLANTED ELECTRODE	\$335.90	\$285.52
33217			DUAL CHAMBER PACER INSERT/REPL	\$336.86	\$286.33
33218			REPAIR PACEMAKER ELECTRODES	\$328.84	\$279.51
33220			REPAIR OF DUAL CHAMBER PACEMAK	\$330.35	\$280.80
33222			REVISE/RELOCATE SKIN POCKET-PA	\$314.80	\$267.58
33223			REVISION SKIN POCKET FOR CARDI	\$373.30	\$317.30
33224			INSERTION OF PACING ELECTRODES	\$437.83	\$372.16
33225			INSERTION OF PACING ELECTRODE	\$387.28	\$329.19
33226			REPOSITION PREVIOUS IMPLANTED	\$421.82	\$358.54
33233			REMOVAL OF PULSE GENERATOR/PAC	\$221.80	\$188.53
33234			REMOVAL OF PULSE GEN/ELECTRODE	\$430.40	\$365.84
33235			REMOVE PACER/PULSE GEN/ELECTRO	\$550.18	\$467.65
33236			REMOVE EPICARDIAL PACER/THORAC	\$700.10	\$595.09
33237			REMOVE PACER/DUALLEAD SYSTEM T	\$744.42	\$632.70
33238			REMOVE TRANSVENOUS ELECTRODES	\$819.11	\$696.25
33240	1		INSERT/REPLACE CV PULSE GENERA	\$379.44	\$322.52
33241	1		REMOVE CV PULSE GENERATOR	\$208.52	\$177.24

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

NA = CPT/HCPCS/CDT	MOD	MOD 2	NOT APPLICABLE  PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	+ <i>'</i>	~		SPECIALIST	NONSPECIALIST
33422			REVISION OF MITRAL VALVE	\$1,399.38	\$1,189.47
33425			REPAIR OF MITRAL VALVE	\$1,416.38	\$1,203.92
33426			VALVULOPLASTY, MITRAL VALUE, CAR	\$1,772.58	\$1,506.69
33427			VALVULOPLASTY, MITRAL V W CBYP:	\$2,100.87	\$1,785.74
33430			REPLACEMENT OF MITRAL VALVE	\$1,795.88	\$1,526.50
33460			REVISION OF TRICUSPID VALVE	\$1,230.86	\$1,046.23
33463			TRICUSPID VALVULOPLASTY O RING	\$1.362.09	\$1.157.77
33464	1		TRICUSPID VALVULOPLASTY W RING	\$1,445.12	\$1,228.35
33465			REPLACE TRICUSPID VALVE	\$1.479.37	\$1.257.46
33468			REVISION OF TRICUSPID VALVE	\$1,535.08	\$1,304.82
33470			REVISION OF PULMONARY VALVE	\$1,051.17	\$893.49
33471			VALVOTOMY-TRANSVENOUS BALOON M	\$1,134.14	\$964.02
33472			REVISION OF PULMONARY VALVE	\$1,210.44	\$1,028.87
33474			REVISION OF PULMONARY VALVE	\$1,192.44	\$1,013.57
33475			PULMONARY VALVE REPLACEMENT	\$1,709.87	\$1,453.39
33476			REVISION OF HEART CHAMBER	\$1,291.49	\$1,097.76
33478			REVISION OF HEART CHAMBER	\$1,402.85	\$1,192.42
33496			REP NON-STRUCT PROSTH VALVE DY	\$1,415.54	\$1,203.21
33500			RPR CORONARY ARTERIOVENOUS CHA	\$1,310.34	\$1,113.79
33502			CORONARY ARTERY CORRECTION	\$1,129.15	\$959.78
33503			CORONARY ARTERY GRAFT	\$1,071.10	\$910.44
33504			CORONARY ARTERY GRAFT	\$1,279.03	\$1,087.18
33505			COR ART REPAIR W INTRAPUL ART	\$1,350.77	\$1,148.15
33506			COR ART REPAIR/TRANSLOCATE PUL	\$1,753.48	\$1,490.46
33507			REPAIR OF ANOMALOUS (EG, INTRA	\$1,532.23	\$1,302.40
33508			ENDOSCOPY SURG W/VIDEO ASSIST	\$14.38	\$14.00
33510			CORONARY ARTERY BYPASS	\$1,601.26	\$1,361.07
33511			COR ART BYP,AUTOGENOUS GRAFT:2	\$1,662.42	\$1,413.05
33512			COR ART BYP,AUTOGENOUS GRAFT:3	\$1,740.25	\$1,479.21
33513			COR ART BYP,AUTOGENOUS GRAFT:4	\$1,758.87	\$1,495.04
33514			COR ART BYPASS,AUTOGEN GRAFT:5	\$1,788.50	\$1,520.23
33516			COR ART BYPASS,AUTOG GRAFT:6/M	\$1,895.42	\$1,611.11
33519			CABG 3 VENOUS GRAFTS	\$334.56	\$284.38
33521			CABG 4 VENOUS GRAFTS	\$441.83	\$375.56
33522			CABG 5 VENOUS GRAFTS	\$550.20	\$467.67
33523			CABG 6 OR MORE VENOUS GRAFTS	\$657.05	\$558.49

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE FROCEDORE CODE BEL	JNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
33533	-	-	CABG SINGLE ARTERIAL GRAFT	\$1,641.72	\$1,395.46
33534	-	-	CABG 2 CORONARY ARTERIAL GRAFT	\$1,757.51	\$1,493.89
33535			CABG 3 ARTERIAL GRAFTS	\$1,853.93	\$1,575.84
33536			CABG 4 OR MORE ARTERIAL GRAFTS	\$1,966.00	\$1,671.10
33542			REMOVAL OF HEART LESION	\$1,481.98	\$1,259.69
33545			REPAIR OF HEART DAMAGE	\$1,845.86	\$1,568.98
33548			SURGICAL VENTRICULAR RESTORATI	\$2,019.68	\$1,716.73
33572			CORONARY ENDARTERECTOMY/EACH V	\$208.77	\$177.45
33600			ATRIOVENTRICULAR VALVE SUTURE/	\$1,487.75	\$1,264.59
33602			SEMILUNAR VALVE CLOSURE SUTURE	\$1,437.01	\$1,221.46
33606			PULMONARY ARTERY ANASTOMOSIS T	\$1,565.39	\$1,330.58
33608			COMPLEX CARDIAC ANOMALY REPAIR	\$1,600.78	\$1,360.67
33610			COMPLEX CARDIAC REPAIR IVS DEF	\$1,563.33	\$1,328.83
33611			RIGHT VENTRLE CARDIAC TUNNEL R	\$1,682.90	\$1,430.47
33612			RIGHT VENTRICOLAR CARIAC OUTFL	\$1,776.26	\$1,509.82
33615			CARDIAC ANOMALY REPAIR ASD&ANA	\$1,647.84	\$1,400.66
33617			COMPLEX CARDIAC REPAIR VENTRIC	\$1,878.65	\$1,596.85
33619			VENTRICULO REPAIR W AO OUT FLO	\$2,318.43	\$1,970.67
33641			REPAIR HEART SEPTUM DEFECT	\$1,096.11	\$931.70
33645			REVISION OF HEART VEINS	\$1,295.42	\$1,101.10
33647			REPAIR ATRIAL/VENTRICULAR SEPT	\$1,473.38	\$1,252.38
33660			REPAIR OF HEART DEFECTS	\$1,538.22	\$1,307.49
33665			REPAIR OF HEART DEFECTS	\$1,491.37	\$1,267.66
33670			REPAIR OF HEART CHAMBERS	\$1,690.22	\$1,436.68
33675	1		CLOSURE OF MULTIPLE VENTRICULA	\$1,769.53	\$1,504.10
33676			CLOSURE OF MULTIPLE VENTRICULA	\$1,824.11	\$1,550.50
33677			CLOSURE OF MULTIPLE VENTRICULA	\$1,895.86	\$1,611.48
33681			REPAIR HEART SEPTUM DEFECT	\$1,596.73	\$1,357.22
33684			REPAIR HEART SEPTUM DEFECT	\$1,499,46	\$1.274.54
33688	1	1	REPAIR HEART SEPTUM DEFECT	\$1,462.14	\$1,242.82
33690	1	1	REINFORCE PULMONARY ARTERY	\$1,020.78	\$867.66
33692	1	1	REPAIR OF HEART DEFECTS	\$1.579.20	\$1,342.32
33694	1	1	REPAIR OF HEART DEFECTS	\$1,712.50	\$1,455.63
33697	1	1	COMPLETE CARDIAC TETRALOGY OF	\$1,762.99	\$1,498.54
33702	1	1	REPAIR OF HEART DEFECTS	\$1,373.70	\$1,167.65
33710	+	+	REPAIR OF HEART DEFECTS	\$1,543.57	\$1,312.03

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER		-		SPECIALIST	NONSPECIALIST
33720			REPAIR OF HEART DEFECT	\$FECIALIST \$1,369.55	\$1,164.12
33722			CLOSURE OF AORTICO LEFT VENTRI	\$1,406.69	\$1,195.68
33724			REPAIR OF ISOLATED PARTIAL ANO	\$1,258.66	\$1,069.86
33726			REPAIR OF PULMONARY VENOUS STE	\$1,656.87	\$1,408.34
33730			REPAIR HEART-VEIN DEFECT(S)	\$1,709.64	\$1,453.19
33732			COR TRIATRIATUM/MV RING REPAIR	\$1,703.04	\$1,234.84
33735			REVISION OF HEART CHAMBER	\$1,036.44	\$880.97
33736			OPEN HEART W CARIOPULMONARY BY	\$1,236.38	\$1,050.92
33737			REVISION OF HEART CHAMBER	\$1,154,54	\$981.36
33750			MAJOR VESSEL SHUNT	\$1.057.69	\$899.03
33755			MAJOR VESSEL SHUNT	\$1,083.53	\$921.00
33762			MAJOR VESSEL SHUNT	\$1,125.78	\$956.92
33764			SHUNT:CENTRAL,WITH PROSTHETIC	\$1,124.33	\$955.68
33766			MAJOR VESSEL SHUNT	\$1,224.54	\$1,040.86
33767			SHUNT FROM SVC TO PULMONARY AR	\$1,284.49	\$1.091.81
33768			ANASTOMOSIS. CAVOPULMONARY, SE	\$378.66	\$321.86
33770			REPAIR TRANSPOSITION GREAT VES	\$1,836.23	\$1,560.80
33771			VSD SURGICAL ENLARGEMENT	\$1,682.43	\$1,430.07
33774			RPR TRANSPOS GT ART W CARDIOP	\$1,618.37	\$1,375.61
33775			RPR TRANSPOS GT ART:W REM P	\$1,673.45	\$1,422.43
33776			RPR TRANSPOS GT ARTW CLOS V	\$1,762.10	\$1,497.79
33777			RPR TRANSPOSIT GT ARTREP SU	\$1,749.12	\$1,486.75
33778			REP TRANSPOS GT ART, AORTIC PUL	\$2,019.98	\$1,716.98
33779			RPR TRANSPOS GT ART.REM PULMON	\$1,752.08	\$1,489.27
33780			RPR TRANSPOS.GT.ART.CLOS VENT	\$2,075.91	\$1,764.53
33781			RPR TRANSPOS.GT.ART.W RPR SUBP	\$1,780.14	\$1,513.12
33786			REPAIR ARTERIAL TRUNK	\$1,967.80	\$1,672.63
33788			REVISION OF PULMONARY ARTERY	\$1,365.52	\$1,160.69
33800			AORTIC SUSP:TRACHEAL DECOMPRES	\$860.99	\$731.84
33802			REPAIR VESSEL DEFECT	\$937.98	\$797.28
33803			REPAIR VESSEL DEFECT	\$1,045.07	\$888.31
33813	1	1	OBLIT.AORTOPUL.SEPTAL DEF:WO C	\$1,115.22	\$947.94
33814	1	1	OBL.AORTOPUL.SEPTAL DEF.W CARD	\$1,357.08	\$1,153.52
33820	1	1	REVISE MAJOR VESSEL	\$867.81	\$737.64
33822	1	1	REVISE MAJOR VESSEL	\$930.16	\$790.64
33824	1	1	REVISE MAJOR VESSEL	\$1.040.86	\$884.73

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 33840 REMOVE AORTA CONSTRICTION \$1,064.94 \$905.20 33845 REMOVE AORTA CONSTRICTION \$1,179.29 \$1,002.39 33851 EXCISE COARCTATION-AORTA:WALDH \$1,128.50 \$959.23 33852 EXC COARCTATION AORTA:W RPR AO \$1.198.33 \$1.018.58 33853 REPAIR AORIC ARCH WITH GRAFT/B \$1,637.46 \$1,391.84 33860 ASCENDING AORTA GRAFT \$1.928.83 \$1.639.51 33863 AORTIC GRAFT CORONARY RECON RO \$2.250.34 \$1.912.79 33864 ASCENDING AORTA GRAFT. WITH CA \$2.579.22 \$2.192.33 33870 TRANSVERSE AORTIC ARCH GRAFT \$2,209.09 \$1,877.72 33875 THORACIC AORTA GRAFT \$1,667.16 \$1,417.09 33877 REPAIR THORACOABDOMINAL ANEURY \$2,074.85 \$1,763.62 33880 ENDOVASCULAR REPAIR OF DESCEND \$1,582.68 \$1,345.28 33881 ENDOVASCULAR REPAIR OF DESCEND \$1,360.62 \$1.156.52 33883 PLACEMENT OF PROXIMAL EXTENSIO \$1,006.84 \$855.81 33884 PLACEMENT OF PROXIMAL EXTENSIO \$372.19 \$316.36 33886 PLACEMENT OF DISTAL EXTENSION \$870.26 \$739.72 33889 OPEN SUBCLAVIAN TO CAROTID ART \$743.50 \$631.98 BYPASS GRAFT. WITH OTHER THAN 33891 \$949.47 \$807.05 33910 REMOVE LUNG ARTERY EMBOLI \$1.273.95 \$1.082.86 33915 REMOVE LUNG ARTERY EMBOLI \$1,033.94 \$878.85 33916 PULM ENDARERECTOMY...W CARDIOP \$1,309.22 \$1,112.84 33917 REPAIR PULM ARTERY STENOSIS W/ \$1,296.90 \$1,102.36 33920 PULMONARY ATRESIA WITH V.S. DE \$1,607.86 \$1,366.68 33922 TRANS.PULMONARY ARTERY WITH BY \$1,204,44 \$1,023.77 33924 LIGATION/TAKEDOWN/SYS/PULM ART \$260.55 \$221.47 33925 REPAIR OF PULMONARY ARTERY ARB \$1,332.16 \$1,567.25 33926 REPAIR OF PULMONARY ARTERY ARB \$2,112.51 \$1,795.64 33933 BACKBENCH STANDARD PREPARATION \$264.47 \$224.80 33935 HEART-LUNG TRANSPLANT.W/ ORG R \$3.169.95 \$2.694.46 33944 BACKBENCH STANDARD PREPARATION \$264.47 \$224.80 33945 HEART TRANSPLANT, W/WO RECI CAR \$2,241.16 \$1,904.99 33960 EXTERNAL CIRCULATION ASSIST \$856.63 \$728.14 33961 EXTRACORPOREAL CIRC EACH ADDIT \$493.76 \$419.70 33967 INSERT INTRA-AORTIC BALLOON PE \$226.14 \$192.22 33970 INTERNAL CIRCULATION ASSIST \$315.01 \$267.76 33971 REMOVE INTRA-AORTIC BALOON,W/ \$547.21 \$465.13

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 33973 INSERTION INTRA-AORTIC BALLOON \$458.11 \$389.40 33974 \$657.97 REM.INTRA-AORTIC BALLOON ASSIS \$774.09 33975 IMPLANTATION VENTRICULAR ASSIS \$967.10 \$822.04 33976 IMPLANT.BIVENTRICULAR DEVICE S \$1.079.04 \$917.18 33977 REMOVALVENTRICULAR DEVICE SING \$1,068.21 \$907.98 33978 REMOVAL BIVENTRICULAR SUPPORT \$1.183.18 \$1.005.71 33979 INSERT VENTRIC ASSIST DEV IMPL \$1.994.19 \$1.695.06 33980 REMOVAL VENT ASSIST DEVICE IMP \$1.827.23 \$1.553.15 34001 REMOVAL OF ARTERY CLOT \$690.20 \$586.67 REMOVAL OF ARTERY CLOT 34051 \$809.86 \$688.38 34101 REMOVAL OF ARTERY CLOT \$539.68 \$458.73 34111 EMBOLECTOMY/THROMBECTOMY, RADIA \$539.38 \$458.48 34151 REMOVAL OF ARTERY CLOT \$1,247.85 \$1.060.67 34201 REMOVAL OF ARTERY CLOT \$543.53 \$462.00 34201 REMOVAL OF ARTERY CLOT, BILATE \$1,087.06 50 \$924.00 34203 EMBOL-THROMBECTOMY, POBLITEAL-T \$864.57 \$734.88 34401 REMOVAL OF VEIN CLOT \$1.243.10 \$1.056.63 34421 REMOVAL OF VEIN CLOT \$638.62 \$542.83 34451 REMOVAL OF VEIN CLOT \$1.354.63 \$1.151.44 34471 REMOVAL OF VEIN CLOT \$536.57 \$456.08 34490 REMOVAL OF VEIN CLOT \$537.62 \$456.98 34501 VALVULOPLASTY, FEMORAL VEIN \$863.05 \$733.59 34502 RECONSTRUCTION OF VENA CAVA AN \$1,376.03 \$1,169.63 34510 TRANSPOSE VENOUS VALVE, ANY VEI \$838.94 \$986.98 34520 CROSS-OVER VEIN GRAFT TO VENOU \$921.27 \$783.08 34530 SAPHENOPOPLITEAL VEIN ANASTOMO \$869.37 \$738.96 34808 ENDOVASC PLACEMENT ILIAC ART O \$194.17 \$165.04 34812 OPEN FEM ART EXPOS/DEL AORT EN \$210.67 \$179.07 34813 PLACEMENT FEM-FEM PROSTHETIC G \$224.50 \$190.82 34820 OPEN ILIAC ARTERY EXPOSURE DEL \$354.21 \$301.08 34830 OPEN REP INFRARENAL AORTIC ANE \$1,628.70 \$1,384.39 34831 OPEN REP INFRA AORT ANEURYSM \$1,658.86 \$1.410.03 34832 OPEN REP INFRA AORTIC ANEURYSM \$1,756.06 \$1,492.65 34833 OPEN ILIAC ARTERY EXPOSURE UNI \$411.18 \$349.50 OPEN BRACHIAL ARTERY EXPOS UNI \$111.68 34834 \$131.39 35001 REPAIR DEFECT OF ARTERY \$1,027.71 \$873.56

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 35002 REPAIR RUPTURED ANEURYSM, NECK \$1,081.07 \$918.91 35005 REPAIR ANEURYSM, OCCLUSIVE DIS, \$786.15 \$924.88 35011 REPAIR DEFECT OF ARTERY \$914.58 \$777.39 35013 REPAIR RUPTURED ANEURYSM.AXIL-\$1.114.96 \$947.72 35021 REPAIR DEFECT OF ARTERY \$1,025.05 \$871.29 35022 REPAIR RUPTURED ANEURYSM-SUBCL \$1.160.45 \$986.38 35045 REPAIR ANEURYSM.OCCLU OIS.RAD/ \$881.74 \$749.48 35081 REPAIR DEFECT OF ARTERY \$1,392.26 \$1.183.42 35082 REPAIR RUPTURED ANEURYSM-ABDOM \$1,895.50 \$1,611.18 REPAIR DEFECT OF ARTERY \$1,470.72 35091 \$1,730.26 35092 REP.RUPTURED ANEURYSM, ABD AORT \$2,208.78 \$1,877.46 35102 REPAIR DEFECT OF ARTERY \$1,523.30 \$1,294.81 35103 REP.RUPTURED ANEURYSM, ABD AORT \$1.987.19 \$1.689.11 35111 REPAIR DEFECT OF ARTERY \$1,247.22 \$1,060.14 REP.RUPTURED ANEURYSM, SPLENIC \$1,474.22 \$1,253.08 35112 35121 REPAIR DEFECT OF ARTERY \$1.494.62 \$1,270.42 35122 RUPTURED ANEURYSM.HEPATIC.CELI \$1.714.54 \$1.457.36 35131 REPAIR DEFECT OF ARTERY \$1.266.46 \$1.076.49 35132 RUPTURED ANEURYSM.ILIAC ARTERY \$1.494.96 \$1.270.72 35141 REPAIR DEFECT OF ARTERY \$1,020.03 \$867.03 35142 REPAIR RUPTURED ANEURYSM/FEMOR \$1,187.15 \$1,009.08 35151 REPAIR DEFECT OF ARTERY \$1,149.85 \$977.37 35152 REPAIR RUPT ANEURYSM, POPLITEAL \$1,301.83 \$1,106.56 35180 REPAIR CONGENITAL FISTULA-HEAD \$591.33 \$695.68 35182 REP.CONGENITAL FIST-THORAX/ABD \$1,510.98 \$1,284.33 35184 REP.CONGENITAL FISTULA, EXTREMI \$924.50 \$785.83 35188 REP ACQUIRED/TRAUMA FIST.-HEAD \$773.88 \$657.80 35189 REP.ACQUIRED/TRAUMA FIST.THORA \$1.408.57 \$1.197.28 35201 REPAIR BLOOD VESSEL LESION \$850.22 \$722.69 35206 REPAIR BLOOD VESSEL LESION \$696.12 \$591.70 35207 REPAIR BLOOD VESSEL.DIRECT-HAN \$614.02 \$521.92 35211 REPAIR BLOOD VESSEL LESION \$1,153.60 \$980.56 35216 REPAIR BLOOD VESSEL LESION \$975.17 \$828.89 35221 REPAIR BLOOD VESSEL LESION \$1,207.01 \$1,025.96 35226 REPAIR BLOOD VESSEL LESION \$769.92 \$654.43 35231 REPAIR BLOOD VESSEL LESION \$1,048.58 \$891.29

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 35236 REPAIR BLOOD VESSEL LESION \$879.50 \$747.58 35241 REPAIR BLOOD VESSEL LESION \$1,030.42 \$1,212.26 35246 REPAIR BLOOD VESSEL LESION \$1,337.15 \$1,136.58 35251 REPAIR BLOOD VESSEL LESION \$1.475.94 \$1.254.55 35256 REPAIR BLOOD VESSEL LESION \$940.87 \$799.74 35261 REPAIR BLOOD VESSEL LESION \$911.04 \$774.38 35266 REPAIR BLOOD VESSEL LESION \$770.66 \$655.06 35271 REPAIR BLOOD VESSEL LESION \$1.149.02 \$976.67 REPAIR BLOOD VESSEL LESION 35276 \$1,249.21 \$1,061.83 35281 REPAIR BLOOD VESSEL LESION \$1,189.08 \$1,398.91 35286 REPAIR BLOOD VESSEL LESION \$853.18 \$725.21 35301 RECHANNELING OF ARTERY \$955.82 \$812.44 35302 THROMBOENDARTERECTOMY, INCLUDI \$934.14 \$794.01 35303 THROMBOENDARTERECTOMY, INCLUDI \$1,025.86 \$871.98 35304 THROMBOENDARTERECTOMY, INCLUDI \$1,067.18 \$907.10 35305 THROMBOENDARTERECTOMY, INCLUDI \$1.025.86 \$871.98 35306 THROMBOENDARTERECTOMY, INCLUDI \$382.90 \$325.46 35311 RECHANNELING OF ARTERY \$1.352.42 \$1.149.56 35321 RECHANNELING OF ARTERY \$822.45 \$699.08 35331 RECHANNELING OF ARTERY \$1.321.91 \$1,123.63 35341 RECHANNELING OF ARTERY \$1,273.42 \$1,082.41 35351 RECHANNELING OF ARTERY \$1,151.25 \$978.56 35355 THROMBOENDARTERECTOMY-ILIOFEMO \$937.32 \$796.72 35361 RECHANNELING OF ARTERY \$1,410.54 \$1,198.96 35363 THROMBOENDARTERECTOMY/COMB.AOR \$1,508.98 \$1,282.63 35371 RECHANNELING OF ARTERY \$764.14 \$649.52 35372 THROMBOENDARTERECTOMY...DEEP F \$918.98 \$781.13 35390 REOP.CAROTID THROMBOENDARTEREC \$150.41 \$127.85 35500 HARVEST UPPER EXTREMITY VEIN \$299.94 \$254.95 35501 ARTERY BYPASS GRAFT \$976.16 \$829.74 35506 ARTERY BYPASS GRAFT \$1,027.38 \$873.27 35508 BUPASS GRAFT, W/VEIN: CAROTID-VE \$991.78 \$843.02 35509 ARTERY BYPASS GRAFT \$945.66 \$803.81 35510 BYPASS GRAFT W/VEIN CAROTID-BR \$1,134.64 \$964.44 ARTERY BYPASS GRAFT 35511 \$1,073.20 \$912.22 35512 BYPASS GRAFT W/VEIN SUBCLAV/BR \$1,113.06 \$946.10

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	DNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	,	-		SPECIALIST	NONSPECIALIST
35515			BYPASS GRAFT.W/VEIN:SUBCLAVIAN	\$986.36	\$838.41
35516			ARTERY BYPASS GRAFT	\$815.54	\$693.21
35518			BYPASS GRAFT, W/VEIN: AXILLARY-A	\$1,063.85	\$904.27
35521			ARTERY BYPASS GRAFT	\$1.127.60	\$958.46
35522			BYPASS GRAFT W/VEIN AXILLARY/B	\$1.081.18	\$919.00
35523			BYPASS GRAFT, WITH VEIN: BRACH	\$1,054.32	\$896.17
35525			BYPASS GRAFT W/VEIN BRACHIAL/B	\$1,032.55	\$877.67
35526			ARTERY BYPASS GRAFT	\$1,478.02	\$1,256.32
35531			ARTERY BYPASS GRAFT	\$1,787.61	\$1,519.47
35533			BYPASS GRAFT,W/VEIN:AXIL-FEM-F	\$1,396.05	\$1,186.64
35536			ARTERY BYPASS GRAFT	\$1,577.18	\$1,340.60
35537			BYPASS GRAFT, WITH VEIN: AORTO	\$1,802.83	\$1,532.41
35538			BYPASS GRAFT, WITH VEIN: AORTO	\$2,013.38	\$1,711.38
35539			BYPASS GRAFT, WITH VEIN: AORTO	\$1,892.44	\$1,608.57
35540			BYPASS GRAFT, WITH VEIN: AORTO	\$2,108.80	\$1,792.48
35556			ARTERY BYPASS GRAFT	\$1,109.07	\$942.71
35558			ARTERY BYPASS GRAFT	\$1,082.30	\$919.96
35560			BYPASS GRAFT,W/VEIN:AORTORENAL	\$1,603.05	\$1,362.59
35563			ARTERY BYPASS GRAFT	\$1,225.44	\$1,041.62
35565			ARTERY BYPASS GRAFT	\$1,174.42	\$998.25
35566			ARTERY BYPASS GRAFT	\$1,349.78	\$1,147.31
35571			ARTERY BYPASS GRAFT	\$1,229.22	\$1,044.83
35572			HARVEST OF FEMOROPOPLITEAL VEI	\$320.88	\$272.75
35583			IN-SITU BYPASS:FEMORAL-POPLITE	\$1,145.01	\$973.26
35585			IN-SITU BYPASS:FEM-ANTER,POST,	\$1,430.36	\$1,215.81
35587			IN-SITU BYPASS:POPLIT-TIBIAL,P	\$1,274.38	\$1,083.23
35600			HARVEST UPPER EXTREM ARTERY 1	\$232.70	\$197.80
35601			ARTERY BYPASS GRAFT	\$919.00	\$781.15
35606			ARTERY BYPASS GRAFT	\$976.74	\$830.23
35612			ARTERY BYPASS GRAFT	\$827.10	\$703.03
35616			ARTERY BYPASS GRAFT	\$835.91	\$710.53
35621			ARTERY BYPASS GRAFT	\$1,012.48	\$860.61
35623			BYPASS GRAFT AXILLARY POPLITEA	\$1,216.33	\$1,033.88
35626			ARTERY BYPASS GRAFT	\$1,403.41	\$1,192.90
35631			ARTERY BYPASS GRAFT	\$1,690.13	\$1,436.61
35636			ARTERY BYPASS GRAFT	\$1,470.54	\$1,249.96

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		21103
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
35637			BYPASS GRAFT,NOT VEIN:AORTOILI	\$1,436.41	\$1,220.95
35638			BYPASS GRAFT,NOT VEIN:AORTOBI-	\$1,458.98	\$1,240.14
35642			BYPASS GRAFT,NOT VEIN,CAROTID-	\$930.06	\$790.55
35645			BYPASS GRAFT,NOT VEIN:SUBCLAV-	\$906.18	\$770.26
35646			ARTERY BYPASS GRAFT	\$1,555.16	\$1,321.89
35647			BYPASS GRAFT W/OTHER THAN VEIN	\$1,401.87	\$1,191.59
35650			BYPASS GRAFT,NOT VEIN:AXILLARY	\$964.10	\$819.49
35654			BYPASS GRAFT, NOT VEIN: AXILL-FE	\$1,255.44	\$1,067.12
35656			ARTERY BYPASS GRAFT	\$991.37	\$842.66
35661			ARTERY BYPASS GRAFT	\$983.44	\$835.92
35663			ARTERY BYPASS GRAFT	\$1,125.43	\$956.62
35665			ARTERY BYPASS GRAFT	\$1,072.88	\$911.95
35666			ARTERY BYPASS GRAFT	\$1,155.65	\$982.30
35671			ARTERY BYPASS GRAFT	\$1,010.58	\$858.99
35682			BYPASS GRAFT, AUTOGENOUS COMPO	\$338.82	\$288.00
35683			BYPASS GRAFT, AUTOG COMP 3 OR	\$399.88	\$339.90
35685			PLACEMENT OF VEIN PATCH @ DIST	\$190.66	\$162.06
35686			CREATION DIST ARTERIOVEN FISTU	\$157.82	\$134.14
35691			TRANSPOSITION VERTEBRAL TO CAR	\$931.58	\$791.85
35693			TRANSPOSITION VERTEBRAL TO SUB	\$812.86	\$690.93
35694			TRANS.SUBCLAVIAN TO CAROTID AR	\$976.72	\$830.21
35695			TRANSPOSITION CAROTID TO SUBCL	\$976.20	\$829.77
35697			REIMPLANT VISC ART TO INF AORT	\$141.57	\$120.33
35701			EXPLORATION, CAROTID ARTERY	\$476.57	\$405.08
35721			EXPLORATION, FEMORAL ARTERY	\$407.74	\$346.58
35741			EXPLORATION POPLITEAL ARTERY	\$444.13	\$377.51
35761			EXPLORATION OF ARTERY/VEIN	\$328.00	\$278.80
35800			EXPLORE NECK VESSELS	\$407.78	\$346.62
35820			EXPLORE CHEST VESSELS	\$708.83	\$602.51
35840			EXPLORE ABDOMINAL VESSELS	\$527.96	\$448.77
35860	1	1	EXPLORE LIMB VESSELS	\$335.26	\$284.97
35870	1	1	REPAIR OF GRAFT-ENTERIC FISTUL	\$1,120.74	\$952.63
35875	1		THROMBECTOMY OF ARTERIAL GRAFT	\$537.70	\$457.05
35876	1	1	THROMECTOMY ARTERIAL VENOUS GR	\$862.58	\$733.20
35879	1	1	OPEN REVIS LOW EXTR ART BYPASS	\$833.85	\$708.77
35881	1		REVISE LOW EXTR ART BYPASS W/V	\$938.28	\$797.54

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
36425			ESTABLISH ACCESS TO VEIN	\$33.26	\$28.27
36430			TRANSFUSION,BLOOD/BLOOD COMPON	\$36.03	\$30.63
36440			BLOOD TRANSFUSION SERVICE	\$45.36	\$38.56
36450			EXCHANGE BLOOD TRANSFUSION, NE	\$100.80	\$85.68
36456			PARTIAL EXCHANGE TRANSFUSION,	\$58.26	\$49.52
36460			TRANSFUSION SERVICE, FETAL	\$307.71	\$261.56
36475			ENDOVENOUS ABLATION THERAPY OF	\$1,536.20	\$1,305.77
36475	26		ENDOVENOUS ABLATION THERAPY OF	\$287.01	\$243.96
36476			ENDOVENOUS ABLATION THERAPY OF	\$308.56	\$262.28
36476	26		ENDOVENOUS ABLATION THERAPY OF	\$138.63	\$117.84
36478			ENDOVENOUS ABLATION THERAPY OF	\$1,209.89	\$1,028.41
36478	26		ENDOVENOUS ABLATION THERAPY OF	\$285.60	\$242.76
36479			ENDOVENOUS ABLATION THERAPY OF	\$326.92	\$277.88
36481			PERCUTANEOUS PORTAL VEIN CATH-	\$432.02	\$367.21
36500			VEIN CATH/SELECT. ORGAN SAMPLE	\$163.37	\$138.86
36510			UMBILICAL CATH-DX/THER/NEWBORN	\$84.97	\$72.22
36511			THERAPEUTIC APHORESIS FOR WBC'	\$82.14	\$69.82
36512			THERAPEUTIC APHERESIS FOR RBC'	\$82.49	\$70.11
36513			THERAPEUTIC APHERESIS FOR PLAT	\$84.80	\$72.08
36514			THERAPEUTIC APHERESIS PLASMA P	\$583.26	\$495.77
36516			THERAPEUTIC APHERESIS EXT SEL	\$2,156.49	\$1,833.02
36522			PHOTOPHERESIS, EXTRACORPORAL	\$1,157.87	\$984.19
36555			INSERT NON-TUN CENT CV CATH <	\$194.92	\$165.68
36555	26		INSERT NON-TUN CENT CV CATH <	\$87.09	\$74.03
36556			INSERT NON-TUN CV CATH AGE 5 +	\$222.09	\$188.78
36556	26		INSERT NON-TUN CV CATH AGE 5 +	\$87.00	\$73.95
36557			INSERT CV CATH WO/SUBCU PORT <	\$897.00	\$762.45
36557	26		INSERT CV CATH WO/SUBCU PORT <	\$268.01	\$227.81
36558			INSERT CV CATH WO/SUBCU PORT A	\$760.30	\$646.26
36558	26	1	INSERT CV CATH WO/SUBCU PORT A	\$255.14	\$216.87
36560	1	1	INSERT TUNNELED CENT INSERT CV	\$1,128.41	\$959.15
36560	26		INSERT TUNNELED CENT INSERT CV	\$317.27	\$269.68
36561	1		INSERT TUN CENT INSERT CVA AGE	\$1,151.32	\$978.62
36561	26	1	SUBCUTANEOUS PORT 5 YRS & OLDE	\$306.65	\$260.65
36563	1		SUBCUTANEOUS PORT AGE 5 OR OLD	\$1,130.41	\$960.85
36563	26	1	SUBCUTANEOUS PORT AGE 5 OR OLD	\$321.95	\$273.66

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
36565			SUBCUTANEOUS PUMP	\$927.96	\$788.77
36565	26		SUBCUTANEOUS PUMP	\$306.65	\$260.65
36566			SUBCUTANEOUS PORT OR PUMP	\$1,089.52	\$926.09
36566	26		SUBCUTANEOUS PORT OR PUMP	\$327.89	\$278.70
36568			INSERTION OF PICC < AGE 5	\$93.59	\$79.55
36568	26		INSERTION OF PICC	\$75.20	\$63.92
36569			INSERTION OF PICC AGE 5 & OVER	\$97.06	\$82.50
36569	26		SUBCUTANEOUS PORT/PUMP AGE 5 &	\$82.50	\$70.12
36570			INSERTION PIC VEN ACCESS PORT	\$1,309.29	\$1,112.90
36570	26		SUBCUTANEOUS PUMP AGE 5 YRS OR	\$277.34	\$235.74
36571			INSERT PIC VEN ACCESS PORT 5 &	\$1,312.52	\$1,115.64
36571	26		SUBCUTANEOUS PORT AGES 5 & OLD	\$276.37	\$234.91
36575			SUBCUTANEOUS PORT AGE 5 OR > R	\$164.82	\$140.10
36575	26		SUBCUTANEOUS PORT AGE 5 OR > R	\$35.90	\$30.52
36578			REPLACE CATH OF CVA DEVICE W/P	\$476.72	\$405.21
36578	26		REPLACE CATH OF CVA DEVICE W/P	\$194.34	\$165.19
36580			REPLACE COMPL NON-TUN CENTRAL	\$228.51	\$194.23
36580	26		REPLACE COMPL NON-TUN CNETRAL	\$60.94	\$51.80
36581			REPLACE COMPL TUNNELED CENTRAL	\$756.64	\$643.14
36581	26		REPLACE COMPL TUNNELED CENTRAL	\$179.54	\$152.61
36582			REPLACE COML TUNNEL CVA DEVICE	\$1,054.85	\$896.62
36582	26		REPLACE COML TUNNEL CVA DEVICE	\$267.09	\$227.02
36583			REPLACE COMPL TUNNEL DEV W/PUM	\$1,057.10	\$898.54
36583	26		REPLACE COMPL TUNNEL DEV W/PUM	\$269.35	\$228.95
36584			REPLACE COMPL PICC W/O SUBCU P	\$219.15	\$186.28
36584	26		REPLACE COMPL PICC W/O SUBCU P	\$61.75	\$52.49
36585			REPLACE COMPL CVAD W/SUBCU POR	\$1,103.60	\$938.06
36585	26		REPLACE COMPL CVAD W/SUBCU POR	\$250.03	\$212.53
36589			REMOVAL TUNNELED CVC W/O SUBCU	\$155.19	\$131.91
36589	26		REMOVAL TUNNELED CVC W/O SUBCU	\$126.02	\$107.11
36590			REMOVAL TUNNELED CVAD W SUBCU	\$229.14	\$194.77
36590	26		REMOVAL TUNNELED CVAD W SUBCU	\$175.68	\$149.33
36591			COLLECTION OF BLOOD SPECIMEN F	\$18.82	\$15.99
36592	1	l	COLLECTION OF BLOOD SPECIMEN U	\$23.36	\$19.77
36593			DECLOTTING BY THROMBOLYTIC AGE	\$32.26	\$27.42
36595	İ –	1	MECH REMOV PERICATH OBSTRUCT M	\$629.51	\$535.08

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

<i>MOD</i> = NA =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
36595	26		MECH REMOV PERICATH OBSTRUCT M	\$168.91	\$144.00
36596			MECHAN REMOVINTRALUM OBSTRUCT	\$134.08	\$113.97
36596	26		MECHAN REMOV INTRALUM OBSTRUCT	\$42.15	\$35.83
36597	26		REPOSITION CVC W/FLUOROS GUIDA	\$55.26	\$46.97
36598			CONTRAST INJECTION(S) FOR RADI	\$114.78	\$97.56
36600			WITHDRAWAL OF ARTERIAL BLOOD	\$27.34	\$23.24
36620			ESTABLISH ACCESS TO ARTERY	\$44.89	\$38.16
36625			ESTABLISH ACCESS TO ARTERY	\$92.38	\$78.52
36640			INSERTION CATHETER, ARTERY	\$107.88	\$91.70
36660			INSERTION CATHETER, ARTERY	\$63.33	\$53.83
36680			NEEDLE PLACEMENT-INTRAOSSEOUS	\$57.82	\$49.14
36800			INSERTION OF CANNULA	\$125.46	\$106.64
36810			INSERTION OF CANNULA	\$195.49	\$166.16
36818			ARTERIOVENOUS ANASTOMOSIS, OPE	\$625.29	\$531.49
36819			OPEN ARTERIOVENOUS ANESTOMOSIS	\$716.38	\$608.93
36820			OPEN ARTERIOVEN ANAST FOREARM	\$716.42	\$608.96
36821			ARTERY-VEIN FUSION	\$476.45	\$404.98
36823			INSERT ARTERIAL/VENOUS CANNULA	\$1,066.97	\$906.92
36825			ARTERY-VEIN GRAFT	\$522.33	\$443.98
36830			ARTERY-VEIN GRAFT	\$605.90	\$515.02
36831			THROMBECTOMY, ARTERYOVENOUS FI	\$418.82	\$355.99
36832			REV ARTERIOVEN FISTULA W WO TH	\$534.34	\$454.19
36833			REVISE ARTERIOVEN FIST W/THROM	\$603.02	\$512.56
36835			ARTERY TO VEIN SHUNT	\$401.58	\$341.35
36838			DRIL UPPER EXTREM HEMODIALYSIS	\$1,059.44	\$900.52
36861			CANNULA DECLOTTING	\$138.20	\$117.47
37140			REVISION OF CIRCULATION	\$1,160.86	\$986.73
37145			REVISION OF CIRCULATION	\$1,242.27	\$1,055.93
37160			REVISION OF CIRCULATION	\$1,079.81	\$917.84
37180			REVISION OF CIRCULATION	\$1,225.58	\$1,041.75
37181			ANASTOMOSIS:SPLENORENAL,DISTAL	\$1,316.90	\$1,119.37
37182			INSERT TRANSVEN INTRAHEP PORTO	\$772.39	\$656.53
37183			REVIS TRANSVEN INTRAHEP PORTO	\$368.98	\$313.63
37184		l	PRIMARY PERCUTANEOUS TRANSLUMI	\$2,276.67	\$1,935.17
37184	26	İ	PRIMARY PERCUTANEOUS TRANSLUMI	\$404.06	\$343.45
37185		1	PRIMARY PERCUTANEOUS TRANSLUMI	\$698.31	\$593.56

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	· ·	-		SPECIALIST	NONSPECIALIST
37185	26		PRIMARY PERCUTANEOUS TRANSLUMI	\$147.57	\$125.43
37186	20		SECONDARY PERCUTANEOUS TRANSLU	\$1,417.58	\$1,204.94
37186	26		SECONDARY PERCUTANEOUS TRANSLU	\$221.34	\$188.14
37187			PERCUTANEOUS TRANSLUMINAL MECH	\$2,102.53	\$1.787.15
37187	26		PERCUTANEOUS TRANSLUMINAL MECH	\$375.83	\$319.46
37188	20		PERCUTANEOUS TRANSLUMINAL MECH	\$1,773.12	\$1,507.15
37188	26		PERCUTANEOUS TRANSLUMINAL MECH	\$271.88	\$231.10
37200			TRANSCATHETER BIOPSY	\$202.74	\$172.33
37215			TRANSCATHETER PLACEMENT OF INT	\$933.20	\$793.22
37216			TRANSCATHETER PLACEMENT OF INT	\$899.14	\$764.27
37500			VASC ENDOSCOPY SURG W/LIG PERF	\$625.70	\$531.85
37565			LIGATION OF NECK VEIN	\$573.98	\$487.89
37600			LIGATION OF NECK ARTERY	\$622.31	\$528.97
37605			LIGATION OF NECK ARTERY	\$707.10	\$601.04
37609			TEMPORAL ARTERY PROCEDURE	\$258.49	\$219.71
37615			LIGATION OF NECK ARTERY	\$340.71	\$289.61
37616			LIGATE MAJOR ARTERY:CHEST	\$864.05	\$734.44
37617			LIGATION OF ABDOMEN ARTERY	\$1,096.36	\$931.91
37618			LIGATION OF EXTREMITY ARTERY	\$295.31	\$251.02
37650			INTERRUPT FEMORAL VEIN:UNILATE	\$435.24	\$369.95
37650	50		INTERR/PART/COMP.FEM VE/LIG/BI	\$870.48	\$739.91
37660			REVISION OF MAJOR VEIN	\$1,044.31	\$887.67
37700			REVISE LEG VEIN	\$228.26	\$194.02
37700	50		REVISE LEG VEIN	\$456.51	\$388.04
37718			LIGATION, DIVISION, AND STRIPP	\$355.97	\$302.57
37722			LIGATION, DIVISION, AND STRIPP	\$421.66	\$358.41
37735			REMOVAL OF LEG VEINS/LESION	\$563.27	\$478.78
37735	50		REMOVAL OF LEG VEINS/LESION	\$1,126.54	\$957.56
37760			REVISION OF LEG VEINS	\$554.77	\$471.55
37765			STAB PHLEBECTOMY VARICOSE VEIN	\$403.34	\$342.84
37766			STAB PHLEBECT VARICOSE VEINS >	\$489.09	\$415.72
37780			REVISION OF LEG VEIN	\$233.78	\$198.71
37780	50		REVISION OF LEG VEIN	\$467.55	\$397.42
37785			LIGAT, DIV EXC SEC VAR VEIN LEG	\$313.79	\$266.72
37785	50		LIGAT, DIV EXC SEC VAR VEIN LEG	\$627.58	\$533.45
37788			PENILE REVASCUL.ARTERY,W/WO VE	\$1,070.48	\$909.91

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 37790 PENILE VENOUS OCCLUSIVE PROCED \$429.41 \$365.00 38100 REMOVAL OF SPLEEN \$724.22 \$615.59 38101 SPLENECTOMY: PARTIAL \$765.55 \$650.72 38102 SPLENECTOMY TOTAL ENBLOC WITH \$225.69 \$191.83 38115 REP.RUP.SPLEEN,W/ORW/OUT SPLEN \$786.93 \$668.89 38120 LAPAROSCOPY SURGICAL SPLENECTO \$853.75 \$725.69 38200 INJECTION FOR SPLEEN X-RAY \$100.14 \$117.81 38205 BLD-DER HEM PROG CELL HARVEST \$72.22 \$61.39 38206 BLD-DER HEM PROG CELL HARVEST \$72.22 \$61.39 38220 BONE MARROW ASPIRATION \$137.84 \$162.17 38242 BONE MARROW STEM CELL TRANSPLA \$82.90 \$70.46 38300 DRAIN LYMPH NODE LESION: SIMPL \$216.52 \$184.04 38305 DRAINAGE LYMPH NODE LESION \$366.34 \$311.39 38308 INCISION OF LYMPH CHANNELS \$355.94 \$302.55 38380 THORACIC DUCT PROCEDURE \$450.79 \$383.17 38381 THORACIC DUCT PROCEDURE \$695.02 \$590.77 38382 SUTURE/LIGATE THOR.DUCT:ABDOME \$554.28 \$471.14 38500 **BIOPSY/REMOVAL OF LYMPH NODE** \$258.25 \$219.51 38505 NEEDLE BX.LYMPH NODE(S).SUPERF \$108.59 \$92.30 38510 BIOPSY/REMOVAL OF LYMPH NODE \$412.88 \$350.95 38520 **BIOPSY/REMOVAL OF LYMPH NODE** \$373.12 \$317.15 38525 BX, EXCISE-DEED AXILLARY NODES \$327.18 \$278.11 38530 **BIOPSY/REMOVAL OF LYMPH NODE** \$434.34 \$369.19 38550 REMOVAL NECK/ARMPIT LESION \$377.46 \$320.84 38555 REMOVAL NECK/ARMPIT LESION \$788.18 \$669.96 38562 LIM.LYMPHADECTOMY/STAGING:PELV \$562.91 \$478.48 38564 LIM.LYMPHADENECTOMY/STAGE:RETR \$559.22 \$475.33 38570 LAP SURG W/RETROPER LYMPH MODE \$460.54 \$391.46 38571 LAP SURG W/BIL PELV LYMPHADENE \$687.19 \$584.11 38572 LAP SURG W/BIL PELV LYMPH AND \$820.55 \$697.47 38700 REMOVAL OF LYMPH NODES, NECK \$493.52 \$419.49 38700 50 REMOVAL OF LYMPH NODES. NECK \$987.04 \$838.98 38720 REMOVAL OF LYMPH NODES, NECK \$783.36 \$665.86 38720 CERVICAL LYMPHADENECTOMY(COMP) 50 \$1,566.72 \$1,331.71 38724 CERVICAL LYMPHADENECTOMY \$831.42 \$706.70 38740 REMOVE ARMPIT LYMPH NODES \$523.41 \$444.90

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =			NOT APPLICABLE		
	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
38745			REMOVE ARMPITS LYMPH NODES	\$671.26	\$570.57
38746			THORACIC LYMPHADENECTOMY WITH	\$219.37	\$186.46
38747			ABDOM.LYMPHADENECTOMY WITH NOD	\$229.85	\$195.37
38760			REMOVE GROIN LYMPH NODES	\$667.62	\$567.47
38760	50		INGU/FEM LYMPHHD,W CLOQUET'SND	\$1,335.23	\$1,134.95
38765			REMOVE GROIN LYMPH NODES	\$1,003.28	\$852.79
38765	50		REMOVE LYMPH GLANDS, GROIN/PELV	\$2,006.56	\$1,705.58
38770			REMOVE PELVIS LYMPH NODES	\$654.43	\$556.27
38770	50		PELVIC LYMPHADENECTOMY:BILATER	\$1,308.86	\$1,112.53
38780			REMOVE ABDOMEN LYMPH NODES	\$858.30	\$729.56
38790			INJECTION FOR LYMPHATIC XRAY	\$86.19	\$73.26
38790	50		INJ PROC FOR LYMPHANGIOGRAPHY:	\$178.78	\$151.96
38792			INJECTION FOR ID OF SENTINEL N	\$33.14	\$28.17
38794			ACCESS THORACIC LYMPH DUCT	\$267.22	\$227.14
39000			EXPLORATION OF MEDIASTINUM	\$376.93	\$320.39
39010			EXPLORATION OF MEDIASTINUM	\$680.29	\$578.24
39200			REMOVAL MEDIASTINAL LESION	\$745.78	\$633.92
39220			REMOVAL MEDIASTINAL LESION	\$940.74	\$799.63
39501			REPAIR, LACERATION OF DIAPHRAGM	\$688.17	\$584.94
39503			NEONATE HERNIA REPAIR	\$4,458.15	\$3,789.43
39540			REPAIR OF DIAPHRAGM HERNIA	\$685.07	\$582.31
39541			REPAIR OF DIAPHRAGM HERNIA	\$735.58	\$625.25
39545			REVISION OF DIAPHRAGM	\$732.62	\$622.72
39561			RESECTION DIAPHRAGM W/COMPLEX	\$941.95	\$800.66
40490			BIOPSY OF LIP	\$95.35	\$81.05
40500			VERMILIONECTOMY (LIP SHAVE)	\$380.66	\$323.56
40510			PARTIAL EXCISION OF LIP	\$387.69	\$329.53
40520			PARTIAL EXCISION OF LIP	\$419.18	\$356.30
40525			EXCISE LIP.FULL THICKNESS.W/LO	\$477.91	\$406.23
40527			EXCISE LIP.FULL THICKNESS-CROS	\$567.04	\$481.98
40530	1	1	PARTIAL REMOVAL OF LIP	\$452.30	\$384.46
40650			REPAIR LIP	\$357.03	\$303.48
40652	1	1	REPAIR LIP	\$413.00	\$351.05
40654	1	1	REPAIR LIP:>ONE HALF VERT HG	\$477.74	\$406.08
40700			REPAIR CLEFT LIP	\$740.56	\$629.48
40701			REPAIR CLEFT LIP	\$934.64	\$794.44

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	UNGS
NA =		400	NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
40702			REPAIR CLEFT LIP	\$728.57	\$619.28
40720			REPAIR CLEFT LIP	\$817.19	\$694.61
40720	50		REPAIR CLEFT LIP	\$1,634.38	\$1,389.23
40761	00		REPAIR CLEFT LIP	\$871.21	\$740.53
40800			DRAINAGE OF MOUTH LESION	\$141.59	\$120.35
40801			DRAINAGE OF MOUTH LESION	\$225.87	\$191.99
40804			REMOVAL FOREIGN BODY, MOUTH	\$157.80	\$134.13
40805			REMOVAL FOREIGN BODY. MOUTH	\$246.83	\$209.81
40806			INCISION OF LIP FOLD	\$73.41	\$62.40
40808			BIOPSY OF MOUTH LESION	\$123.55	\$105.02
40810			EXCISION OF MOUTH LESION	\$143.30	\$121.81
40812			EXCISE/REPAIR MOUTH LESION	\$207.85	\$176.67
40814			EXCISE/REPAIR MOUTH LESION	\$287.86	\$244.68
40816			EXCISION OF MOUTH LESION	\$303.27	\$257.78
40818			EXCISE ORAL MUCOSA FOR GRAFT	\$258.14	\$219.42
40819			EXCISE LIP OR CHEEK FOLD	\$223.52	\$189.99
40820			TREATMENT OF MOUTH LESION	\$177.39	\$150.78
40830			REPAIR MOUTH LACERATION	\$187.80	\$159.63
40831			REPAIR MOUTH LACERATION	\$245.07	\$208.31
40840			RECONSTRUCTION OF MOUTH	\$640.42	\$544.35
40842			RECONSTRUCTION OF MOUTH	\$649.91	\$552.43
40843			RECONSTRUCTION OF MOUTH	\$829.42	\$705.01
40844			RECONSTRUCTION OF MOUTH	\$1,100.70	\$935.60
40845			RECONSTRUCTION OF MOUTH	\$1,226.06	\$1,042.15
41000			DRAINAGE OF MOUTH LESION	\$123.36	\$104.86
41005			DRAINAGE OF MOUTH LESION	\$156.70	\$133.19
41006			DRAINAGE OF MOUTH LESION	\$275.62	\$234.28
41007			DRAINAGE OF MOUTH LESION	\$281.89	\$239.60
41008			DRAINAGE OF MOUTH LESION	\$277.75	\$236.09
41009			DRAINAGE OF MOUTH LESION	\$296.02	\$251.62
41010			INCISION OF TONGUE FOLD	\$151.95	\$129.16
41015			DRAINAGE OF MOUTH LESION	\$322.35	\$274.00
41016			DRAINAGE OF MOUTH LESION	\$335.02	\$284.77
41017			DRAINAGE OF MOUTH LESION	\$335.70	\$285.34
41018			DRAINAGE OF MOUTH LESION	\$389.66	\$331.21
41019			PLACEMENT OF NEEDLES, CATHETER	\$378.00	\$321.30

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		JNGS
NA =	1400	1400	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
41100				\$138.41	\$117.65
41105				\$127.10	\$108.04
41108			BIOPSY OF FLOOR OF MOUTH	\$106.72	\$90.71
41110			EXCISION OF TONGUE LESION	\$153.02	\$130.07
41112			EXCISION OF TONGUE LESION	\$246.58	\$209.59
41113			EXCISION OF TONGUE LESION	\$272.05	\$231.24
41114			EXCISE TONGUE LESION/LOCAL	\$536.61	\$456.12
41115			EXCISION OF TONGUE FOLD	\$172.29	\$146.44
41116			EXCISION OF MOUTH LESION	\$231.86	\$197.08
41120			PARTIAL REMOVAL OF TONGUE	\$852.70	\$724.79
41130			PARTIAL REMOVAL OF TONGUE	\$930.34	\$790.79
41135			TONGUE AND NECK SURGERY	\$1,574.78	\$1,338.57
41140			REMOVAL OF TONGUE	\$1,779.27	\$1,512.38
41145			TONGUE REMOVAL: NECK SURGERY	\$2,063.04	\$1,753.58
41150			TONGUE, MOUTH, JAW SURGERY	\$1,625.53	\$1,381.70
41153			GLOSSECTOMY:RESECT FLOOR MOUTH	\$1,660.58	\$1,411.50
41155			TONGUE, JAW, & NECK SURGERY	\$1,855.95	\$1,577.56
41250			REPAIR TONGUE LACERATION	\$159.00	\$135.15
41251			REPAIR TONGUE LACERATION	\$189.54	\$161.11
41252			REPAIR TONGUE LACERATION	\$234.78	\$199.57
41510			TONGUE TO LIP SURGERY	\$383.44	\$325.92
41520			RECONSTRUCTION, TONGUE FOLD	\$251.37	\$213.66
41800			DRAINAGE OF GUM LESION	\$128.74	\$109.43
41805			REMOVAL FOREIGN BODY, GUM	\$133.97	\$113.87
41806			REMOVAL FOREIGN BODY, JAWBONE	\$217.77	\$185.10
41822			EXCISION OF GUM LESION	\$214.50	\$182.33
41823			EXCISION OF GUM LESION	\$307.52	\$261.39
41825			EXCISION OF GUM LESION	\$150.00	\$127.50
41826			EXCISION OF GUM LESION	\$164.67	\$139.97
41827	1	1	EXCISION OF GUM LESION	\$305.77	\$259.90
41828	1	1	EXC.ALVEOLAR MUCOSA	\$239.95	\$203.96
41830	1	1	REMOVAL OF GUM TISSUE	\$287.21	\$244.13
41872	1	1	REPAIR GUM	\$261.40	\$222.19
41874	1	1	REPAIR TOOTH SOCKET	\$275.53	\$234.20
42000	1	1	DRAINAGE MOUTH ROOF LESION	\$129.62	\$110.18
42100	+	<u> </u>	BIOPSY ROOF OF MOUTH	\$116.17	\$98.74

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
42104			EXCISION LESION, MOUTH ROOF	\$143.09	\$121.62
42106			EXCISION LESION, MOUTH ROOF	\$183.36	\$155.86
42107			EXCISE UVULA LESION:LOCAL FLAP	\$347.46	\$295.34
42120			REMOVE PALATE/LESION	\$610.46	\$518.89
42140			EXCISION OF UVULA	\$181.61	\$154.37
42145			PALATPHARYNGOPLASTY	\$528.19	\$448.96
42160			TREATMENT MOUTH ROOF LESION	\$206.46	\$175.49
42180			REPAIR PALATE	\$189.74	\$161.28
42182			REPAIR LACERATED PALATE:>2CM O	\$264.22	\$224.59
42200			PALATOPLASTYSOFT &/HARD PAL	\$763.70	\$649.14
42205			PALATOPLASTYSOFT TISSUE ON	\$808.88	\$687.55
42210			RECONSTRUCT CLEFT PALATE	\$911.41	\$774.70
42215			RECONSTRUCT CLEFT PALATE	\$625.96	\$532.07
42220			PALATOPLASTYSECONDARY LENGT	\$473.90	\$402.81
42225			PALATOPLASTYATTACH PHARYNGE	\$907.19	\$771.11
42226			LENGTHEN PALATE, PHARYNGEAL FLA	\$845.76	\$718.90
42227			LENGTHEN PALATE, WITH ISLAND F	\$858.54	\$729.76
42235			REPAIR ANTERIOR PALATE, INCL VO	\$673.17	\$572.19
42260			REPAIR NASOLABIAL FISTULA	\$693.46	\$589.44
42280			MAXILLARY IMPRESSION-PALATAL P	\$121.14	\$102.97
42300			DRAINAGE ABSCESS:PAROTID, SIMP	\$161.76	\$137.50
42305			DRAINAGE OF SALIVARY GLAND	\$367.14	\$312.07
42310			DRAINAGE ABSCESS:SUBMAXILLARY/	\$130.18	\$110.65
42320			DRAINAGE OF SALIVARY GLAND	\$191.78	\$163.02
42330			REMOVAL OF SALIVARY STONE	\$182.35	\$155.00
42335			REMOVAL OF SALIVARY STONE	\$279.80	\$237.83
42340			REMOVAL OF SALIVARY STONE	\$363.12	\$308.65
42400			BIOPSY OF SALIVARY GLAND: NEED	\$82.42	\$70.05
42405			BIOPSY OF SALIVARY GLAND:INCIS	\$248.34	\$211.09
42408			EXCISION OF SALIVARY CYST	\$357.70	\$304.05
42409			DRAINAGE OF SALIVARY CYST	\$250.50	\$212.93
42410			EXCISE PAROTID GLAND/LESION	\$533.57	\$453.53
42415			EXCISE PAROTID GLAND/LESION	\$944.78	\$803.06
42420			EXCISE PAROTID GLAND/LESION	\$1,088.22	\$924.98
42425			EXCISE PAROTID GLAND/LESION	\$734.84	\$624.61
42426		T	EXCISE PAROTID GLAND/LESION	\$1,167.16	\$992.09

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	,	2		SPECIALIST	NONSPECIALIST
42440			EXCISION SUBMAXILLARY GLAND	\$400.34	\$340.29
42450			EXCISION SUBLINGUAL GLAND	\$359.01	\$305.16
42500			REPAIR SALIVARY DUCT	\$341.13	\$289.96
42505			REPAIR SALIVARY DUCT	\$453.56	\$385.53
42507			PAROTID DUCT DIVERSION	\$429.56	\$365.13
42509			PAROTID DUCT DIVERSION	\$738.44	\$627.67
42510			BILAT, PAROTID DUCT DIV.W/LIGA	\$541.83	\$460.56
42550			INJECTION PROC FOR SIALOGRAPHY	\$144.02	\$122.42
42600			CLOSURE OF SALIVARY FISTULA	\$388.70	\$330.39
42650			DILATION OF SALIVARY DUCT	\$63.74	\$54.18
42660			DILATION OF SALIVARY DUCT	\$84.18	\$71.56
42665		1	LIGATION OF SALIVARY DUCT	\$228.60	\$194.31
42700			I&D ABSCESS: PERITONSILLAR	\$145.30	\$123.51
42720			DRAINAGE OF THROAT ABSCESS	\$348.26	\$296.02
42725			DRAINAGE OF THROAT ABSCESS	\$644.74	\$548.03
42800			BIOPSY: OROPHARYNX	\$121.50	\$103.27
42804			BIOPSY OF UPPER NOSE/THROAT	\$169.38	\$143.98
42806			BIOPSY OF UPPER NOSE/THROAT	\$192.22	\$163.38
42808			EXCISE PHARYNX LESION	\$183.50	\$155.98
42809		1	REMOVE PHARYNX FOREIGN BODY	\$141.34	\$120.14
42810			EXCISION OF NECK CYST	\$305.72	\$259.86
42815			EXCISION OF NECK CYST	\$459.38	\$390.48
42820		1	REMOVE TONSILS AND ADENOIDS	\$244.42	\$207.76
42821			REMOVE TONSILS AND ADENOIDS	\$264.74	\$225.03
42825			REMOVAL OF TONSILS	\$154.92	\$131.68
42826			REMOVAL OF TONSILS	\$217.66	\$185.01
42830			REMOVAL OF ADENOIDS	\$174.36	\$148.21
42831			REMOVAL OF ADENOIDS	\$188.87	\$160.54
42835			REMOVAL OF ADENOIDS	\$162.72	\$138.31
42836			REMOVAL OF ADENOIDS	\$208.98	\$177.64
42842	I	1	RAD.RESECTTONSIL,ETC.W/O CLO	\$671.50	\$570.77
42844		1	RAD.RESECT.TONSIL,ETC.W/LOCAL	\$1,038.41	\$882.65
42845		1	RAD.RESECT.TONSIL,ETC.W/OTHER	\$1,614.01	\$1,371.91
42860			EXCISION OF TONSIL TAGS	\$157.27	\$133.68
42870		1	EXCISION OF LINGUAL TONSIL	\$474.84	\$403.61
42890		1	PARTIAL REMOVAL OF PHARYNX	\$920.94	\$782.80

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

, , , , = = = = =			FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REF MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
MOD =				H THE PROCEDURE CODE BELO	JNGS
NA =	MOD		NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
42892			RESECTION OF LATERAL PHARYNGEA	\$72CIALIST \$1,121.90	\$953.62
42894			RESECT PHARY. WALL-MYOCUTANEOU	\$1,526.50	\$953.02
42894			REPAIR THROAT WOUND	\$304.95	\$259.21
42900			RECONSTRUCTION OF THROAT	\$680.78	\$259.21
42953			PHARYNGOESPHAGEAL REPAIR	\$898.61	\$763.82
42955 42955			SURGICAL OPENING OF THROAT	\$619.98	\$763.82
			CONTROL THROAT BLEEDING	· · · · ·	+
42960 42961			CONTROL THROAT BLEEDING	\$146.12 \$358.34	\$124.20 \$304.59
42961				\$356.34	\$377.19
				· · · ·	¥
42970 42971				\$325.04	\$276.28 \$327.37
-			CONTROL NOSE/THROAT BLEEDING	\$385.14	÷
42972 43020			CONTROL NOSE/THROAT BLEEDING	\$439.70	\$373.75
				\$465.38	\$395.58
43030 43045				\$450.43	\$382.87
				\$1,075.42	\$914.10
43100			EXCISION OF ESOPHAGUS LESION	\$529.42	\$450.00
43101			EXCISION OF ESOPHAGUS LESION	\$849.06	\$721.70
43107				\$2,038.14	\$1,732.42
43108			TOT ESOPHAGEC W/SMALL BOWEL RE	\$1,683.07	\$1,430.61
43112			TOT ESOPHAG W/THOR/PHARYN W/WO	\$2,202.97	\$1,872.52
43113			TOT ESOPHAGEC W/THOR/SM BOWEL	\$1,758.08	\$1,494.37
43116			ESOPHAGECTOMY W INST GF MIC AN	\$1,643.54	\$1,397.01
43117			ESOPHAGECTOMY W/WO PROX GASTRE	\$2,003.08	\$1,702.62
43118			W COLON INTERPOSITION OR S BW	\$1,638.06	\$1,392.35
43121			W THOROCOTOMY ONLY W/WO PROX G	\$1,501.94	\$1,276.65
43122			THORACOABDOM/ABD APPROACH W/WO	\$2,013.94	\$1,711.85
43123			W COLON INTERPOSITION/SM BW RE	\$1,650.39	\$1,402.83
43124			WO RECONSTRUCTION W CERV ESOPH	\$1,417.78	\$1,205.11
43130			REMOVAL OF ESOPHAGUS POUCH	\$662.30	\$562.95
43135	+		REMOVAL OF ESOPHAGUS POUCH	\$852.35	\$724.50
43200	+		ESOPHAGUS ENDOSCOPY	\$194.57	\$165.38
43201			ESOPHAGOSCOPY W/DIRECT SUBMUCO	\$227.93	\$193.74
43201	26		ESOPHAGOSCOPY W/DIRECT SUBMUCO	\$107.55	\$91.42
43202			ESOPHAGUS ENDOSCOPY, BIOPSY	\$252.82	\$214.89
43204			ESOPHAGUS ENDOSCOPY	\$142.46	\$121.09
43205			ESOPHAGOSCOPY W LIGATION ESOP.	\$148.49	\$126.22

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	IT THE I ROCEDORE CODE BEEK	JNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
43215			ESOPHAGUS ENDOSCOPY	\$129.42	\$110.00
43217			ESOPHAGUS ENDOSCOPY	\$335.83	\$285.46
43220			ESOPHAGUS ENDOSCOPY, DILATION	\$104.33	\$88.68
43226			ESOPHAGUS/STOMACH ENDOSCOPY	\$114.54	\$97.36
43227			ESOPHAGUS/STOMACH ENDOSCOPY	\$170.98	\$145.33
43231			ESOPHAGOSCOPY RIG/FLEX W/ENDO	\$152.10	\$129.29
43235			UPPER GI ENDOSCOPY, DIAGNOSIS	\$256.92	\$218.38
43236			UPPER GI ENDOSCOPY W/DIR SUBMU	\$316.34	\$268.89
43236	26		UPPER GI ENDOSCOPY W/DIR SUBMU	\$139.92	\$118.93
43237			UPPER GI ENDOSCOPY W/ENDO U/S	\$192.48	\$163.61
43238			UPPER GI ENDOSCOPY W/ASPIRATIO	\$238.26	\$202.52
43239			UPPER GI ENDOSCOPY, BIOPSY	\$291.64	\$247.89
43240			UPPER GI ENDOSCOPY W/DRAIN PSE	\$321.67	\$273.42
43242			UPPER GI ENDOSC W/US FINE NEED	\$275.90	\$234.52
43243			UPPER GI ENDOSCOPYINJECT SCL	\$215.00	\$182.75
43244			DX ENDOSCOPY/BAND LIGATION/GI	\$237.12	\$201.55
43246			UPPER GI ENDOSCOPY, TUBE PLCMNT	\$203.97	\$173.37
43247			OPERATIVE UPPER GI ENDOSCOPY	\$161.33	\$137.13
43248			UPPER GI ENDOSCOPY WIRE DILATA	\$150.83	\$128.21
43249			ESOPHAGOSCOPY W BALLOON DILATA	\$139.24	\$118.35
43250			UPPER GI ENDOSCOPY REMOVAL TUM	\$153.30	\$131.00
43251			OPERATIVE UPPER GI ENDOSCOPY	\$175.45	\$149.13
43255			OPERATIVE UPPER GI ENDOSCOPY	\$226.54	\$192.56
43257			UPPER GASTROINTESTINAL ENDOSCO	\$243.71	\$207.15
43259			UPPER G.I.ENDOSCOPIC ULTRASOUN	\$237.67	\$202.02
43260			UPPER GI ENDOSCOPY, DIAGNOSIS	\$278.52	\$236.74
43261			ENDO.RETRO.CHOLANGIOPANCREATOG	\$292.94	\$249.00
43262			OPERATIVE UPPER GI ENDOSCOPY	\$343.95	\$292.36
43263			ERCP W-W/O SPEC COLL/SPHIN.OF	\$340.11	\$289.10
43280			LAP SURG ESOPHAGOGASTRIC FUNDO	\$858.81	\$729.99
43300			REPAIR OF ESOPHAGUS	\$538.53	\$457.75
43305			REPAIR ESOPHAGUS AND FISTULA	\$958.06	\$814.35
43310			REPAIR OF ESOPHAGUS	\$1,284.05	\$1,091.44
43312			REPAIR ESOPHAGUS AND FISTULA	\$1,419.82	\$1,206.84
43313	1	1	ESOPHAGOPLASTY THROACIC WO REP	\$2,230.23	\$1,895.70
43314	1	1	ESOPHAGOPLASTY THORACIC W/REPA	\$2.435.41	\$2,070.10

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =		-	NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
43320			FUSE ESOPHAGUS & STOMACH	\$1,022.94	\$869.50
43325			REVISE ESOPHAGUS & STOMACH	\$1,008.67	\$857.37
43330			REPAIR OF ESOPHAGUS	\$991.57	\$842.83
43331			REPAIR OF ESOPHAGUS	\$1,054.84	\$896.61
43340			FUSE ESOPHAGUS & INTESTINE	\$996.42	\$846.95
43341			FUSE ESOPHAGUS & INTESTINE	\$1,084.82	\$922.10
43351			SURGICAL OPENING, ESOPHAGUS	\$985.03	\$837.28
43352	T T		SURGICAL OPENING, ESOPHAGUS	\$827.37	\$703.26
43360			GI RECONSTRUCTN FOR SP ESOPHAG	\$1,786.25	\$1,518.31
43361			W COLON/INTESTINE RECONSTRUCTI	\$1,985.60	\$1,687.76
43400			LIGATE ESOPHAGUS VEINS	\$1,047.90	\$890.71
13401			TRANSECT ESOPHAGUS W/REPAIR-VA	\$1,109.89	\$943.40
43405			LIGATE/STAPLE GE JT FOR PERFOR	\$1,041.31	\$885.12
43410			REPAIR ESOPHAGUS WOUND	\$735.29	\$624.99
43415			REPAIR ESOPHAGUS WOUND	\$1,292.42	\$1,098.56
13420			REPAIR ESOPHAGUS OPENING	\$747.06	\$635.00
43425			REPAIR ESOPHAGUS OPENING	\$1,092.40	\$928.54
43450			DILATE ESOPHAGUS	\$136.45	\$115.98
43453			DILATE ESOPHAGUS	\$257.26	\$218.67
43460			PRESSURE TREATMENT ESOPHAGUS	\$179.54	\$152.61
43500			SURGICAL OPENING OF STOMACH	\$560.51	\$476.44
43501			GASTROTOMY: WITH SUTURE REPAIR	\$992.89	\$843.95
43502			GASTROSTOMY W REPAIR EG LACERA	\$1,143.23	\$971.75
13510			SURGICAL OPENING OF STOMACH	\$680.55	\$578.47
43520			INCISION OF PYLORIC MUSCLE	\$534.50	\$454.32
43605			BIOPSY, STOMACH, BY LAPAROTOMY	\$604.61	\$513.92
13610			EXCISION OF STOMACH LESION	\$726.96	\$617.92
43611			EXCISION MALIGNANT TUMOR OF ST	\$889.66	\$756.21
13620			REMOVAL OF STOMACH	\$1.465.86	\$1,245.98
43621			GASTRECTOMY W ROUX-EN-Y RECONS	\$1,496.14	\$1,271.72
13622			GASTRECTOMY W INTESTINAL POUCH	\$1.581.77	\$1,344.50
13631			GASTRECTOM PARTIAL GASTRODUODE	\$1.112.74	\$945.83
43632			GASTRECTOMY W GASTROJEJUNOSTOM	\$1,112.74	\$945.83
43633			GASTRECTOMY ROUX-EC-Y RECONSTR	\$1,136.69	\$966.18
43634			GASTRECTOMY W INTESTINAL POUCH	\$1,730.03	\$1.048.90
43640			VAGOTOMY & PYLORUS REPAIR	\$850.26	\$722.72

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 43641 VAGOTOMY W/PYLOROPLASTY:PARIET \$861.61 \$732.37 43644 LAPAROSCOPY, SURGICAL, GASTRIC \$1,354.28 \$1,151.14 43645 LAPAROSCOPY, SURGICAL, GASTRIC \$1,459.98 \$1,240.99 43651 LAPOROSCOPY TRANSECT VAGUS NER \$521.39 \$443.18 43652 LAP SURG TRANSECT VAGUS NERVES \$625.05 \$531.29 43653 LAP SURG GASTROSTOMY WO/CONSTR \$416.06 \$353.65 43761 REPOSITION GASTRIC TUBE/ENTER. \$107.09 \$91.02 43770 LAPAROSCOPY, SURGICAL, GASTRIC \$854.95 \$726.71 43771 LAPAROSCOPY, SURGICAL, GASTRIC \$983.66 \$836.11 43772 LAPAROSCOPY, SURGICAL, GASTRIC \$749.45 \$637.03 43773 LAPAROSCOPY, SURGICAL, GASTRIC \$983.94 \$836.35 43774 \$751.84 \$639.06 LAPAROSCOPY, SURGICAL, GASTRIC 43800 RECONSTRUCTION OF PYLORUS \$686.16 \$583.24 43810 FUSION OF STOMACH AND BOWEL \$729.56 \$620.13 43820 FUSION OF STOMACH AND BOWEL \$763.08 \$648.62 43825 FUSION OF STOMACH AND BOWEL \$953.88 \$810.80 43830 SURGICAL OPENING OF STOMACH \$502.46 \$427.09 43831 SURGICAL OPENING OF STOMACH \$431.33 \$366.63 43832 SURGICAL OPENING OF STOMACH \$783.51 \$665.99 43840 REPAIR OF STOMACH LESION \$781.89 \$664.60 43842 GASTROPLASTY, MORBID OBESITY \$920.04 \$782.03 43843 GASTROPLASTY, MORBID OBESITY \$925.02 \$786.26 43845 BILIOPANC DIVERS W/DUODENAL SW \$1,466.14 \$1,246.22 43846 ROUX-EN-Y/GASTRIC BYPASS \$1,194.00 \$1,014.90 43847 GI RESTRICTIVE W SM BWL RECONS \$1,325.18 \$1,126.41 43848 REVISION OF GI RESTRICTIVE SUR \$1,443.94 \$1,227.35 43850 REVISE STOMACH-BOWEL FUSION \$1,210.72 \$1,029.11 43855 **REVISE STOMACH-BOWEL FUSION** \$1.279.16 \$1.087.29 43860 REVISE STOMACH-BOWEL FUSION \$1.225.54 \$1.041.71 43865 REVISE STOMACH-BOWEL FUSION \$1.297.83 \$1.103.16 43870 REPAIR STOMACH OPENING \$422.37 \$496.90 43880 REPAIR STOMACH-BOWEL FISTULA \$1.210.92 \$1.029.28 43886 GASTRIC RESTRICTIVE PROCEDURE. \$240.39 \$204.33 43887 GASTRIC RESTRICTIVE PROCEDURE. \$234.26 \$199.12 GASTRIC RESTRICTIVE PROCEDURE. 43888 \$331.95 \$282.16 44005 FREEING OF BOWEL ADHESION \$804.04 \$683.43

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	DNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
44010			INCISION OF SMALL BOWEL	\$628.89	\$534.55
44015			NEEDLE CATHETER JEJUNOSTOMY	\$123.03	\$104.58
44020			EXPLORATION OF SMALL BOWEL	\$698.18	\$593.46
44021			ENTEROTOMY:FOR DECOMPRESSIO	\$702.34	\$596.99
44025			EXPLORATION OF LARGE BOWEL	\$711.59	\$604.85
44050			REDUCE BOWEL OBSTRUCTION	\$700.13	\$595.11
44055			CORRECT MALROTATION-CG, LADD P	\$1,077.13	\$915.56
44100			BIOPSY OF BOWEL	\$92.66	\$78.76
44110			EXCISION OF BOWEL LESION(S)	\$596.31	\$506.87
44111			EXCISION OF BOWEL LESION(S)	\$713.74	\$606.68
44120			REMOVAL OF SMALL INTESTINE	\$843.23	\$716.75
44121			ENTERECTOMY EA ADD RESECTION/A	\$209.08	\$177.72
44125			REMOVAL OF SMALL INTESTINE	\$867.01	\$736.96
44126			ENTERECTOMY SM INTEST WO TAPER	\$1,739.10	\$1,478.23
44127			ENTERECTOMY SM INTEST W/TAPERI	\$1,998.89	\$1,699.05
44128			ENTERECTOMY EACH ADDIT RESEC/A	\$210.30	\$178.76
44130			BOWEL TO BOWEL FUSION	\$724.09	\$615.47
44139			MOBILIZE SPLENIC FLEXURE W P C	\$104.56	\$88.88
44140			PARTIAL REMOVAL OF COLON	\$1,036.89	\$881.35
44141			PARTIAL REMOVAL OF COLON	\$1,031.96	\$877.17
44143			PARTIAL REMOVAL OF COLON	\$1,179.06	\$1,002.20
44144			PARTIAL REMOVAL OF COLON	\$1,090.98	\$927.34
44145			PARTIAL REMOVAL OF COLON	\$1,298.35	\$1,103.60
44146			PARTIAL REMOVAL OF COLON	\$1,407.20	\$1,196.12
44147			PARTIAL COLECTOMY-ABDO&TRANSAN	\$1,024.66	\$870.96
44150			REMOVAL OF COLON	\$1,254.26	\$1,066.12
44151			COLECTOMY: W/ CONTINENT ILEOST	\$1,407.01	\$1,195.96
44155			REMOVAL OF COLON	\$1,428.75	\$1,214.44
44156		1	COLECTOMY:W/ CONTINENT ILEO	\$1,599.54	\$1,359.61
44157			COLECTOMY, TOTAL, ABDOMINAL, W	\$1,656.08	\$1,407.67
44158	1	1	COLECTOMY, TOTAL, ABDOMINAL, W	\$1,698.51	\$1,443.74
44160	1	1	REMOVAL OF COLON	\$920.73	\$782.62
44180	1	1	LAPAROSCOPY, SURGICAL, ENTEROL	\$722.59	\$614.20
44186	1	1	LAPAROSCOPY, SURGICAL: JEJUNOS	\$509.26	\$432.87
44187	1	1	LAPAROSCOPY, SURGICAL: ILEOSTO	\$842.50	\$716.13
44188	1	1	LAPAROSCOPY, SURGICAL, COLOSTO	\$923.56	\$785.03

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	JNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
44202			LAP SURG INTEST RESECT W/ANAST	\$1,083.41	\$920.90
44203			LAPOROSCOPY SURG EA ADDIT SM I	\$208.10	\$176.89
44204			LAPOROSCOPY SURG PART COLECTOM	\$1,221.83	\$1,038.56
44205			LAPOROSCOPY SURG PART COLEC W/	\$1,083.75	\$921.19
44206			LAP SURG HARTMANN TYPE PROCEDU	\$1,336.98	\$1,136.43
44207			LAP SURG LOW PELVIC ANASTOMOSI	\$1,445.84	\$1,228.96
44208			LAP SURG LOW PELV ANAST W/COLO	\$1,571.28	\$1,335.59
44210			LAP SURG COLECTOMY ABD W/ILEOS	\$1,388.46	\$1,180.19
44211			LAP SURG COLECTOMY W/PROCTECTO	\$1,726.94	\$1,467.90
44212			LAP SURG COLECTOMY TOT W/PROCT	\$1,602.80	\$1,362.38
44213			LAPAROSCOPY, SURGICAL, MOBILIZ	\$165.05	\$140.29
44227			LAPAROSCOPY, SURGICAL, CLOSURE	\$1,298.70	\$1,103.89
44300			OPEN BOWEL TO SKIN	\$616.10	\$523.68
44310			ILEOSTOMY	\$789.78	\$671.32
44312			REVISION OF ILEOSTOMY	\$416.14	\$353.72
44314			REVISION OF ILEOSTOMY	\$749.50	\$637.07
44316			DEVISE BOWEL POUCH	\$1,026.27	\$872.33
44320			COLOSTOMY	\$883.44	\$750.92
44322			COLOSTOMY/CECOSTOMY: MULTIPLE	\$715.05	\$607.79
44340			REVISION OF COLOSTOMY	\$417.87	\$355.19
44345			REVISION OF COLOSTOMY	\$779.20	\$662.32
44346			REVISE COLOSTOMY: REPAIR HERNI	\$849.90	\$722.41
44360			SMALL BOWEL ENDOSCOPY	\$124.82	\$106.10
44361			SMALL BOWEL ENDOSCOPY, BIOPSY	\$137.66	\$117.01
44363			SMALL BOWEL ENDOSCOPY	\$165.14	\$140.37
44364			SMALL BOWEL ENDOSCOPY	\$176.46	\$149.99
44365			SMALL INTESTINAL ENDOSCOPY REM	\$157.89	\$134.20
44366			SMALL BOWEL ENDOSCOPY	\$207.61	\$176.47
44369			SMALL BOWEL ENDOSCOPY	\$211.38	\$179.67
44370			SMALL INTEST ENDOSCOPY W/STENT	\$229.55	\$195.12
44372			SMALL INTESTINE ENDOSCOPYPLA	\$208.49	\$177.21
44373			SMALL INTESTINE ENDOSCOPYCON	\$166.50	\$141.52
44376	1	1	SMALL INTESTINAL ENDOSCOPY W O	\$247.27	\$210.18
44377	1	1	SMALL INTESTINAL ENDOSCOPY W B	\$258.95	\$220.11
44378	1	1	ENDOSCOPY SM INTESTN CONTROL B	\$332.09	\$282.27
44379		1	SMALL INTEST ENDOSCOPY W/STENT	\$353.25	\$300.26

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

<i>MOD</i> = NA =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC NOT APPLICABLE		51100
CPT/HCPCS/CDT	MOD	MOD		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	1	2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
44385			ENDOSCOPY OF BOWEL POUCH	\$PECIALIST \$175.97	\$149.57
44385			FIBEROPTIC EVAL./BX/SPEC.COLL	\$175.97	\$149.57 \$254.05
					÷
44388				\$269.53	\$229.10
44389				\$332.21	\$282.38
44390				\$372.13	\$316.31
44391				\$443.17	\$376.69
44392				\$354.42	\$301.25
44394				\$416.62	\$354.12
44500				\$20.00	\$17.00
44602			SUTURE SMALL INTESTINE SINGLE	\$785.97	\$668.07
44603			SUTURE SM INTESTINE MULT PERF	\$907.53	\$771.40
44604			SUTURE LRG INTESTIN WOUT COLOS	\$788.01	\$669.81
44605			REPAIR OF BOWEL LESION	\$975.98	\$829.59
44615			SUTUR LRG INTESTINE W COLOSTOM	\$790.83	\$672.21
44620			REPAIR BOWEL OPENING	\$610.86	\$519.23
44625			REPAIR BOWEL OPENING	\$744.26	\$632.62
44626			ENTEROSTOMY CLOSURE W/RESECT/A	\$1,230.66	\$1,046.06
44640			REPAIR BOWEL-SKIN FISTULA	\$1,056.80	\$898.28
44650			REPAIR BOWEL FISTULA	\$1,101.17	\$935.99
44660			REPAIR BOWEL-BLADDER FISTULA	\$1,020.94	\$867.80
44661			REPAIR BOWEL-BLADDER FISTULA	\$1,190.88	\$1,012.25
44680			SURGICAL REVISION, INTESTINE	\$764.21	\$649.58
44700			EXCLUS SM BOWEL FROM PELVIS BY	\$789.40	\$670.99
44701			INTRAOPERATIVE COLONIC LAVAGE	\$144.90	\$123.17
44720			BACKBENCH RECONSTRUCTION OF CA	\$227.04	\$192.98
44721			BACKBENCH RECONSTRUCTION OF CA	\$331.39	\$281.68
44800			EXCISION OF BOWEL POUCH	\$581.04	\$493.88
44820			EXCISION OF MESENTERY LESION	\$615.17	\$522.89
44850			REPAIR OF MESENTERY	\$549.96	\$467.47
44900			DRAINAGE OF APPENDIX ABSCESS	\$518.70	\$440.89
44950			APPENDECTOMY	\$501.10	\$425.94
44960			APPENDECTOMY	\$619.17	\$526.29
44970			LAPAROSCOPY SURGICAL APPENDECT	\$447.18	\$380.10
45000		I	DRAINAGE OF PELVIC ABSCESS	\$258.71	\$219.91
45005		I	DRAINAGE OF RECTAL ABSCESS	\$208.04	\$176.83
45020		I	DRAINAGE OF RECTAL ABSCESS	\$276.44	\$234.97

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE PROCEDURE CODE BELL	01000
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	~		SPECIALIST	NONSPECIALIST
45100	-		BIOPSY OF RECTUM	\$209.43	\$178.02
45108			REMOVAL OF ANORECTAL LESION	\$261.92	\$222.63
45110			REMOVAL OF RECTUM	\$1,404.66	\$1,193.96
45111			PARTIAL REMOVAL OF RECTUM	\$824.85	\$701.12
45112			REMOVAL OF RECTUM	\$1.465.02	\$1.245.26
45113			PROCTECTOMY/CREATE ILEAL RESER	\$1,496.55	\$1,272.07
45114			PARTIAL REMOVAL OF RECTUM	\$1,331.26	\$1,131.57
45116			PARTIAL REMOVAL OF RECTUM	\$1,201.62	\$1,021.37
45119	1		PROCTECTOMY, ABDOMINOPERINEAL	\$1,496.19	\$1,271.76
45120			REMOVAL OF RECTUM	\$1,206.23	\$1,025.30
45121	1		PROCTECTOMY:W/COLECTOMT,W/MULT	\$1,326.96	\$1,127.92
45123	1		PROCTECTOMY W PERINEAL APPROAC	\$815.10	\$692.83
45126			PELVIC EXTENTERATION W/PROCTEC	\$2,206.67	\$1,875.67
45130			EXCISION OF RECTAL PROLAPSE	\$802.05	\$681.74
45135			EXCISION OF RECTAL PROLAPSE	\$964.03	\$819.43
45136			EXCISION ILEOANAL RESERVOIR W/	\$1.370.67	\$1.165.07
45150			EXCISION OF RECTAL STRICTURE	\$297.74	\$253.08
45160			EXCISION OF RECTAL LESION	\$759.02	\$645.17
45190			DESTRUCTION RECTAL TUMOR ANY M	\$498.09	\$423.37
45300			PROCTOSIGMOIDOSCOPY: DIAGNOSTI	\$65.10	\$55.34
45303			PROCTOSIGMOIDOSCOPY WITH DILAT	\$650.82	\$553.19
45305			PROCTOSIGMOIDOSCOPY WITH BIOPS	\$124.74	\$106.03
45307			PROCTOSIGMOIDOSCOPY:REMOVE FOR	\$136.10	\$115.69
45308			PROCTOSIGMOIDOSCOPY REMOVAL TU	\$96.75	\$82.24
45309			PROCTOSIGMOIDOSCOPY REMOVAL TU	\$165.72	\$140.86
45315			PROCTOSIGMOIDOSCOPY: REMOVE MU	\$146.06	\$124.15
45315	22		PROCTOSIGMOIDOSCOPY: REMOVE MU	\$182.58	\$155.19
45317			PROCTOSIGMOIDOSCOPY: HEMORRHAG	\$134.64	\$114.44
45320			PROCTOSIGMOIDOSCOPY:ABLATE TUM	\$153.74	\$130.68
45327	1		RIGID PROCTOSIGMOIDOSCOPY W/ST	\$80.30	\$68.26
45330	1		SIGMOIDOSCOPY,FLEX FIBEROPTIC:	\$110.06	\$93.55
45331			SIGMOIDOSCOPY,FLEX FIBEROPT W/	\$143.51	\$121.99
45332			SIGMOIDOSCOPY: DIAGNOSTIC	\$231.29	\$196.59
45333	1		SIGMOIDOSCOPY: DIAGNOSTIC	\$226.58	\$192.60
45334	1		SIGMOIDOSCOPY: DIAGNOSTIC	\$130.90	\$111.27
45335	1		SIGMOID FLEX W/DIRECT SUBMUCOS	\$158.66	\$134.86

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =					
	_	MOD			MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	20			SPECIALIST	NONSPECIALIST
45335	26		SIGMOID FLEX W/DIRECT SUBMUCOS	\$69.73	\$59.27
45338			SIGMOIDOSCOPY REMOVAL TUMOR SN	\$257.03	\$218.48
45340	00		SIGMOID FLEX W/DILATION BY BAL	\$274.19	\$233.06
45340	26		SIGMOID FLEX W/DILATION BY BAL	\$81.52	\$69.29
45378				\$332.41	\$282.55
45379				\$420.05	\$357.04
45380				\$395.02	\$335.76
45381				\$383.23	\$325.75
45381	26			\$197.32	\$167.72
45382				\$529.94	\$450.45
45384			COLONOSCOPY REMOVAL TUMOR ETC.	\$390.89	\$332.25
45385			COLONOSCOPY, LESION REMOVAL	\$445.29	\$378.49
45386			COLONOSCOPY FLEX W/DILAT BY BA	\$578.06	\$491.35
45386	26		COLONOSCOPY FLEX W/DILAT BY BA	\$216.74	\$184.23
45391			COLONOSCOPY, FLEXIBLE, PROXIMA	\$240.52	\$204.44
45392			COLONOSCOPY, FLEXIBLE, PROXIMA	\$303.67	\$258.12
45395			LAPAROSCOPY, SURGICAL: PROCTEC	\$1,536.38	\$1,305.92
45397			LAPAROSCOPY, SURGICAL: PROCTEC	\$1,668.25	\$1,418.01
45400			LAPAROSCOPY, SURGICAL: PROCTOP	\$896.99	\$762.44
45402			LAPAROSCOPY, SURGICAL: PROCTOP	\$1,214.30	\$1,032.15
45500			REPAIR OF RECTUM	\$372.42	\$316.56
45505			REPAIR OF RECTUM	\$395.70	\$336.34
45520			PERIRECTAL INJFOR PROLAPSE:	\$74.50	\$63.33
45540			CORRECT RECTAL PROLAPSE	\$799.17	\$679.29
45541			CORRECT RECTAL PROLAPSE	\$671.02	\$570.37
45550			REPAIR RECTUM:REMOVE SIGMOID	\$1,116.82	\$949.29
45560			REPAIR OF RECTOCELE	\$538.92	\$458.08
45562			EXPLOR/REPAIR/PRESACRAL DRAINA	\$777.18	\$660.60
45563			RECTA SURGERY W COLOSTOMY	\$1,189.92	\$1,011.43
45800			REPAIR RECTUMBLADDER FISTULA	\$867.95	\$737.76
45805			REPAIR FISTULA: COLOSTOMY	\$1,039.05	\$883.19
45820			REPAIR RECTOURETHRAL FISTULA	\$889.22	\$755.84
45825			REPAIR FISTULA: COLOSTOMY	\$1,072.98	\$912.04
45900			REDUCTION OF RECTAL PROLAPSE	\$142.27	\$120.93
45905			DILATION OF ANAL SPHINCTER	\$129.21	\$109.83
45910			DILATION OF RECTAL NARROWING	\$153.70	\$130.65

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		
NA =		1100	NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
45915	-			\$255.04	\$216.78
45990	-		ANORECTAL EXAM, SURGICAL, REQU	\$88.74	\$75.43
46020			PLACEMENT OF SETON	\$180.23	\$153.20
46030			REMOVAL OF RECTAL MARKER	\$88.82	\$75.50
46040			INCISION OF RECTAL ABSCESS	\$361.75	\$307.49
46045			INCISION OF RECTAL ABSCESS	\$250.61	\$213.02
46050			INCISION OF ANAL ABSCESS	\$128.27	\$109.03
46060			INCISION OF RECTAL ABSCESS	\$309.63	\$263.19
46070			INCISION OF ANAL SEPTUM	\$158.74	\$134.93
46080			INCISION OF ANAL SPHINCTER	\$167.99	\$142.79
46083			EXC.EXT.THROMBOSED HEMORRHOID	\$134.53	\$114.35
46200			REMOVAL OF ANAL FISSURE	\$250.29	\$212.74
46220			REMOVAL OF ANAL TAB	\$132.38	\$112.52
46221			LIGATION OF HEMORRHOID(S)	\$161.20	\$137.02
46230			REMOVAL OF ANAL TABS	\$194.61	\$165.42
46250			HEMORRHOIDECTOMY, EXTERNAL: CO	\$317.34	\$269.74
46255			HEMORRHOIDECTOMY	\$360.72	\$306.61
46257			REMOVE HEMORRHOIDS & FISSURE	\$287.02	\$243.97
46258			REMOVE HEMORRHOIDS & FISTULA	\$312.22	\$265.38
46260			HEMORRHOIDECTOMY	\$331.76	\$282.00
46261			REMOVE HEMORRHOIDS & FISSURE	\$369.34	\$313.94
46262			HEMORRHOIDECTOMUW FISTULECTO	\$388.22	\$329.98
46270			REMOVAL OF ANAL FISTULA	\$300.51	\$255.44
46275			REMOVAL OF ANAL FISTULA	\$316.63	\$269.14
46280			REMOVAL OF ANAL FISTULA	\$318.85	\$271.02
46285			REMOVAL OF ANAL FISTULA	\$269.90	\$229.41
46288			REPAIR ANAL FISTULA W ADVACE F	\$373.30	\$317.30
46320			REMOVAL OF HEMORRHOID CLOT	\$128.48	\$109.21
46500			INJECTION TREATMENT OF ANUS	\$127.55	\$108.42
46505			CHEMODENERVATION OF INTERNAL A	\$198.04	\$168.33
46505	26	1	CHEMODENERVATION OF INTERNAL A	\$161.40	\$137.19
46600		1	ANOSCOPY: DIAGNOSTIC	\$70.21	\$59.68
46604	1	1	ANOSCOPY WITH DIRECT DILATION	\$355.38	\$302.08
46606	1	1	ANOSCOPY WITH BIOPSY	\$156.85	\$133.32
46608	1	1	ANOSCOPY:REMOVE FOREIGN BODY	\$202.08	\$171.77
46610	+	<del> </del>	ANOSCOPY: REMOVE POLYP	\$183.22	\$155.74

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 46611 ANOSCOPY WITH REMOVAL SINGLE T \$176.15 \$149.73 46612 ANOSCOPY: REMOVE MULTIPLE POLY \$258.67 \$219.87 46614 ANOSCOPY: CONTROL OF HEMORRHAG \$138.80 \$117.98 46615 ANOSCOPY W ABLATION FO TUMORS \$152.28 \$129.44 46700 REPAIR OF ANAL STRICTURE \$458.94 \$390.10 46705 REPAIR OF ANAL STRICTURE \$369.90 \$314.42 46706 REPAIR ANAL FISTULA W/FIBRIN G \$126.24 \$107.30 46710 REPAIR OF ILEOANAL POUCH FISTU \$810.26 \$688.72 46712 REPAIR OF ILEOANAL POUCH FISTU \$1,694.70 \$1,440.50 46715 REPAIR OF ANOVAGINAL FISTULA \$319.56 \$375.95 46716 REPAIR OF ANOVAGINAL FISTULA \$793.58 \$674.55 46730 CONSTRUCTION OF ABSENT ANUS \$1,325.99 \$1,127.09 46735 CONSTRUCTION OF ABSENT ANUS \$1,570.80 \$1,335.18 46740 CONSTRUCTION OF ABSENT ANUS \$1,468.34 \$1,248.09 46742 REP IMPERF ANUS/TRANSABD + SAC \$1,815.90 \$1,543.52 46744 REPAIR CLOACAL ANOMALY W PLAST \$2.568.14 \$2.182.92 46746 **REP CLOACAL ANOM/ABDOM & SACRO** \$2.919.99 \$2.481.99 46748 REP CLOACAL ANOMALY ANO-REC-AB \$2.930.42 \$2.490.86 46750 REPAIR OF ANAL SPHINCTER \$527.60 \$448.46 46751 REPAIR OF ANAL SPHINCTER \$488.95 \$415.61 46753 RECONSTRUCTION OF ANUS \$420.17 \$357.14 46754 REMOVAL OF SUTURE FROM ANUS \$197.30 \$167.71 46760 REPAIR OF ANAL SPHINCTER \$743.45 \$631.93 46761 SPHINCTEROPLASTY, ANAL: LEV MUSC \$683.43 \$580.92 46900 REMOVAL OF ANAL LESION \$153.28 \$130.29 46910 REMOVAL OF ANAL LESION \$163.14 \$138.67 46916 CRYOSURGERY-ANAL LESIONS \$169.26 \$143.87 46917 DESTROY ANAL LESION(S):LASER S \$375.43 \$319.12 46922 DESTROY ANAL LESION(S)-SURG EX \$176.58 \$150.10 \$390.44 46924 DESTROY ANAL LESIONS.ANY METH. \$331.87 46940 TREATMENT OF ANAL FISSURE \$148.00 \$125.80 46942 TREATMENT OF ANAL FISSURE \$132.54 \$112.66 46945 LIGATION OF HEMORRHOIDS \$174.73 \$148.52 46946 LIGATION OF HEMORRHOIDS:MULT P \$216.10 \$183.68 46947 HEMORRHOIDOPEXY (EG, FOR PROLA \$278.83 \$237.01 47000 NEEDLE BIOPSY OF LIVER \$168.11 \$142.90

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =			NOT APPLICABLE		
007/100000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
47001	-		BIOPSY LIVER (NOT SEPARATE PROC	\$89.50	\$76.08
47010				\$844.05	\$717.44
47015			LAP W ASP/INJ HEPAR PARASITE C	\$785.60	\$667.76
47100			WEDGE BIOPSY OF LIVER	\$618.78	\$525.96
47120			PARTIAL REMOVAL OF LIVER	\$1,773.15	\$1,507.18
47122			HEPATECTOMY,RESECT LIVER:TRISE	\$2,682.28	\$2,279.94
47125			PARTIAL REMOVAL OF LIVER	\$2,407.12	\$2,046.05
47130			PARTIAL REMOVAL OF LIVER	\$2,602.34	\$2,211.99
47135			LIVER TRANSPLANT,W/W/O RECI HE	\$3,938.65	\$3,347.85
47140			DONOR HEPATECTOMY LT LAT SEGME	\$2,646.74	\$2,249.73
47141			DONOR HEPATECTOMY TOT LT LOBEC	\$3,199.14	\$2,719.27
47142			DONOR HEPATECTOMY TOT RT LOBEC	\$3,523.17	\$2,994.69
47143			BACKBENCH STANDARD PREPARATION	\$316.41	\$268.95
47144			BACKBENCH STANDARD PREPARATION	\$474.61	\$403.42
47145			BACKBENCH STANDARD PREPARATION	\$460.01	\$391.01
47146			BACKBENCH RECONSTRUCTION OF CA	\$284.10	\$241.49
47147			BACKBENCH RECONSTRUCTION OF CA	\$331.39	\$281.68
47300			SURGERY FOR LIVER LESION	\$780.26	\$663.22
47350			REPAIR LIVER WOUND	\$995.28	\$845.99
47360			REPAIR LIVER WOUND	\$1,342.94	\$1,141.50
47361	1		EXPLORE HEP WOUND/EXTEN DEBRID	\$2,290.03	\$1,946.53
47362			RE-EXPLORE HEP WOUND/REMOVE PA	\$954.63	\$811.44
47370			LAPOROSCOPY SURGICAL RADIOFREQ	\$973.40	\$827.39
47371			LAPOROSCOPY SURGICAL CRYOSURGI	\$975.22	\$828.93
47380			OPEN ABLATION LIVER TUMOR RADI	\$1,128.94	\$959.60
47381			OPEN ABLATION LIVER TUMORS CRY	\$1,144.70	\$972.9
47382			ABLATION LIVER TUMOR PERCU RAD	\$714.63	\$607.44
47400			INCISION OF LIVER DUCT	\$1,573.35	\$1,337.3
47420			INCISION OF BILE DUCT	\$1.002.85	\$852.4
47425			INCISION OF BILE DUCT	\$1.002.66	\$852.26
47460	1	1	INCISE BILE DUCT SPHINCTER	\$918.70	\$780.90
47480	1	1	INCISION OF GALLBLADDER	\$584.25	\$496.6
47490	1	1	PERCUTANEOUS CHOLECYSTOSTOMY	\$346.92	\$294.88
47550	1	1	BILIARY ENDOSCOPY, INTRAOPERAT	\$141.90	\$120.62
47552	1		BILIARY ENDOSCOPY:DIAGNOSTI	\$283.81	\$120.02
47553	<del> </del>	<del> </del>	BILIARY ENDOSCOPY: & SPEC C	\$281.62	\$239.38

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =       MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS         IA =       NOT APPLICABLE									
NA =	4400	1400							
CPT/HCPCS/CDT	<i>МОД</i> 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE				
						PRACTITIONER			
47554			BILIARY ENDOSCOPY:REMOVE ST	\$428.49	\$364.21				
47555				\$332.49	\$282.62				
47556			BILIARY ENDOSCOPY PERCU T-TUBE	\$376.55	\$320.07				
47562			LAPAROSCOPY SURGICAL CHOLECYST	\$562.41	\$478.05				
47563			LAP SURG CHOLECYSTECTOMY W/CHO	\$603.69	\$513.13				
47564			LAP SURG CHOLECYST W/EXPL COM	\$707.00	\$600.95				
47570			LAP SURG CHOLECYSTOENTEROSTOMY	\$628.36	\$534.11				
47600			REMOVAL OF GALLBLADDER	\$689.90	\$586.41				
47605			REMOVAL OF GALLBLADDER	\$741.98	\$630.68				
47610			REMOVAL OF GALLBLADDER	\$936.70	\$796.20				
47612			CHOLECYSTECTOMY:W/CHOLEDOCHOEN	\$933.45	\$793.43				
47620			REMOVAL OF GALLBLADDER	\$1,021.64	\$868.39				
47700			EXPLORATION OF BILE DUCTS	\$805.80	\$684.93				
47701			PORTOENTEROSTOMY	\$1,376.54	\$1,170.06				
47711			EXCISION BILE DUCT TUMOR EXTRA	\$1,154.20	\$981.07				
47712			EXC BILE DUCT TUMOR INTRAHEPAT	\$1,492.34	\$1,268.49				
47715			EXCISE CHOLEDOCAL CYST	\$953.03	\$810.08				
47720			FUSE GALLBLADDER & BOWEL	\$818.18	\$695.46				
47721			FUSE UPPER GI STRUCTURES	\$968.74	\$823.43				
47740			FUSE GALLBLADDER & BOWEL	\$938.82	\$797.99				
47741			ROUX-EN-Y W GASTROENTEROSTOMY	\$1,072.56	\$911.68				
47760			FUSE BILE DUCTS AND BOWEL	\$1,285.18	\$1,092.41				
47765			FUSE LIVER DUCTS & BOWEL	\$1,249.27	\$1,061.88				
47780			FUSE BILE DUCTS AND BOWEL	\$1,320.31	\$1,122.27				
47785			ROUX-EN-Y INTRAHEPATIC DUCT/GI	\$1,543.70	\$1,312.14				
47800			RECONSTRUCTION OF BILE DUCTS	\$1.168.03	\$992.83				
47801			PLACEMENT OF CHOLEDOCHAL STENT	\$790.12	\$671.60				
47802			U-TUBE HEPATICOENTEROSTOMY	\$1.092.98	\$929.03				
47900			EXTRA HEPATIC DUCT REPAIR	\$1.007.46	\$856.34				
18000			DRAINAGE OF ABDOMEN	\$1,379.54	\$1.172.6 <sup>°</sup>				
48001		1	DRAIN W CHOLE.GASTROSTOMY.JEJU	\$1,729.03	\$1,469.68				
48020		1	REMOVAL OF PANCREATIC STONE	\$806.37	\$685.4				
18100	<u> </u>	1	BIOPSY OF PANCREAS	\$623.87	\$530.29				
48102		-	BX PANCREAS: PERCUTANEOUS NEEDL	\$426.32	\$362.37				
48105			RESECTION OR DEBRIDEMENT OF PA	\$2,114.35	\$302.37				
48120			REMOVAL OF PANCREAS LESION	\$794.96	\$675.72				

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS									
NA = NOT APPLICABLE									
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE				
PRACTITIONER		_		SPECIALIST	NONSPECIALIST				
48140			PARTIAL REMOVAL OF PANCREAS	\$1,137.54	\$966.91				
48145			PARTIAL REMOVAL OF PANCREAS	\$1,185.63	\$1,007.79				
48146			PACREATOMY CHILD-TYPE PROCEDUR	\$1,343.61	\$1,142.07				
48148			REMOVAL OF PANCREATIC DUCT	\$873.10	\$742.14				
48150			PARTIAL REMOVAL OF PANCREAS	\$2.364.38	\$2.009.73				
48152			PANCREATECTOMY WO PANCREATOJEJ	\$2.170.21	\$1.844.68				
48153		1	PANCREATECTOMY NEAR TOTAL W PA	\$2,361.97	\$2,007.67				
48154	1	1	PANCREATECTOMY PROX SUBTOTAL W	\$2,183.47	\$1,855.95				
48155			REMOVAL OF PANCREAS	\$1.270.31	\$1.079.77				
48400			INJECTION PANCREATOGRAPHY INTR	\$87.80	\$74.63				
48500			SURGERY OF PANCREAS CYST	\$791.15	\$672.48				
48510			EXT.DRAINAGE, PANCREAS PSEUDOCY	\$758.31	\$644.57				
48520			FUSE PANCREAS CYST AND BOWEL	\$780.46	\$663.39				
48540			FUSE PANCREAS CYST AND BOWEL	\$974.81	\$828.59				
48545			PANCREATORRHAPHY FOR TRAUMA	\$914.91	\$777.68				
48547			DUODENALEXCLUSION W GASTROJEJU	\$1,272.34	\$1,081.49				
48548			PANCREATICOJEJUNOSTOMY, SIDE-T	\$1,233.47	\$1,048.45				
48551			BACKBENCH STANDARD PREPARATION	\$146.65	\$124.65				
48552			BACKBENCH RECONSTRUCTION OF CA	\$194.65	\$165.45				
49000			EXPLORATION OF ABDOMEN	\$596.41	\$506.95				
49002			REEXPLORATION OF ABDOMEN	\$541.80	\$460.53				
49010			EXPLORE, RETROPERITONEAL AREA	\$632.73	\$537.82				
49020			DRAIN ABDOMINAL ABSCESS	\$1,151.45	\$978.73				
49040			DRAIN ABDOMINAL ABSCESS	\$694.89	\$590.65				
49060			DRAIN RETROPERITONEAL ABSCESS	\$804.62	\$683.93				
49062			OPEN DRAINAGE EXTRAPERITON LYM	\$584.15	\$496.53				
49180			NEEDLE BX,ABDOMINAL/RETROPERI.	\$163.17	\$138.69				
49203			EXCISION OR DESTRUCTION, OPEN,	\$893.25	\$759.26				
49204			EXCISION OR DESTRUCTION, OPEN,	\$1,137.52	\$966.89				
49205	1		ESCISION OR DESTRUCTION, OPEN,	\$1,300.82	\$1,105.69				
49215	1		EXCISE PRESACRAL/SACROCOCCYGEA	\$1,664.34	\$1,414.69				
49220	1		STAGING CELIOTOMY:HODGKINS/LYM	\$750.62	\$638.03				
49250	1		EXCISION OF UMBILICUS	\$440.45	\$374.38				
49255			OMENTECTOMYRESECT OMENTUM	\$584.48	\$496.81				
49320	1		DIAG LAP ABD PERIT OMENT W/WO	\$269.70	\$229.24				
49321	1	Ī	LAP ABDOMEN/OMENTUM/PERITONEUM	\$280.99	\$238.84				

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 49322 LAP ABDOMEN/PERITONEUM/OMENT W \$302.65 \$257.25 49323 LAP ABD/PERIT/OMENT W DRAIN LY \$487.52 \$414.39 49324 LAPAROSCOPY, SURGICAL: WITH IN \$294.71 \$250.51 49325 LAPAROSCOPY, SURGICAL: WITH RE \$317.14 \$269.57 49326 LAPAROSCOPY, SURGICAL: WITH OM \$143.66 \$122.11 49400 PNEUMOPERITONEUM ..: INITIAL \$140.11 \$119.09 49402 REMOVAL OF PERITONEAL FOREIGN \$632.75 \$537.84 49419 INSERT INTRAPERITON CANNULA/CA \$354.98 \$301.73 \$235.08 49421 INSERT PERM.CANNULA/CATH-DRAIN \$199.82 49423 EXCH ABSCESS DRAIN CATH W/RAD \$527.52 \$448.39 49424 CONTRAST INJECT VIA PREV PLACE \$151.42 \$128.70 49425 \$594.66 PERITONEAL-VENOUS SHUNT \$505.46 49426 **REVISION OF PERITONEAL-VENOUS** \$503.78 \$428.22 49427 INJ PROC EVAL PLACED PER VENOU \$40.38 \$34.33 49428 PERITONEAL VENOUS SHUNT LIGATI \$348.24 \$296.00 49429 PERITONEAL VENOUS SHUNT REMOVA \$380.14 \$323.12 49435 INSERTION OF SUBCUTANEOUS EXTE \$92.40 \$78.54 49436 DELAYED CREATION OF EXIT SITE \$140.06 \$119.05 49440 INSERTION OF GASTROSTOMY TUBE. \$194.32 \$165.17 49441 INSERTION OF DUODENOSTOMY OR J \$211.36 \$179.66 49442 INSERTION OF CECOSTOMY OR OTHE \$175.18 \$148.91 49446 CONVERSION OF GASTROSTOMY TUBE \$137.47 \$116.85 49450 REPLACEMENT OF GASTROSTOMY OR \$55.70 \$47.34 49451 REPLACEMENT OF DUODENOSTOMY OR \$65.35 \$76.83 49452 REPLACEMENT OF GASTRO-JEJUNOST \$119.95 \$101.96 49460 MECHANICAL REMOVAL OF OBSTRUCT \$39.18 \$33.31 49465 CONTRAST INJECTION(S) FOR RADI \$25.95 \$20.76 49491 REP INITIAL INGUINAL HERNIA IN \$564.28 \$479.64 49492 REP INIT ING HERNIA PRETERM IN \$703.74 \$598.18 49495 INGUINAL HERNIA REPAIR <6M RED \$308.18 \$261.96 \$386.25 49496 HERNIA REPAIR <6M INCARCERT/ST \$454.41 49500 **REP INGUINAL HERNIA, UNDER 5 YR** \$299.76 \$254.80 49500 50 **REP INGUINAL HERNIA UNDER 5 YR** \$599.52 \$509.59 49501 INGUI HERNIA REP 6M-5Y INARC/S \$456.35 \$387.90 49505 REP INGUINAL HERNIA, AGE 5 OR>: \$397.62 \$337.97 49505 50 REP INGUINAL HERNIA, AGE 5 OR>: \$795.23 \$675.95

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
49507			INGUINAL HERNIA REP >5 Y INCAR	\$491.08	\$417.42
49520			REREPAIR INGUINAL HERNIA	\$492.59	\$418.70
49520	50		REP RECURRENT INGUINAL HERNIA:	\$985.18	\$837.41
49521			REPAIR INGUINAL HERNIA INCA/ST	\$602.90	\$512.46
49525			REPAIR INGUINAL HERNIA:SLIDING	\$442.43	\$376.07
49525	50		REPAIR SLIDING BILATERAL INGUI	\$884.86	\$752.13
49540			REPAIR LUMBAR HERNIA	\$529.48	\$450.06
49540	50		REPAIR BILATERAL LUMBAR HERNIA	\$1.058.96	\$900.12
49550			REPAIR FEMORAL HERNIA	\$446.32	\$379.37
49550	50		REPAIR BILATERAL FEMORAL HERNI	\$892.64	\$758.74
49553			REPAIR FEMEROL HERNIA ANY AGE	\$484.72	\$412.01
49555			REPAIR RECURRENT FEMORAL HERNI	\$465.49	\$395.66
49555	50		REP BILATERAL RECURRENT FEMORA	\$930.98	\$791.33
49557			REPAIR FEMEROL HERNIA INCARCER	\$564.60	\$479.91
49560			REPAIR VENTRAL HERNIA (SEPARAT	\$584.78	\$497.07
49561			REPAIR INCSIONAL HERNIA INCARC	\$711.37	\$604.66
49565			REREPAIR ABDOMINAL HERNIA	\$587.50	\$499.38
49566			REP INCIS INCARC HERNIA/STRANG	\$719.07	\$611.21
49568			IMPLANNTATION MESH INCISIONAL	\$229.85	\$195.37
49570	1		REPAIR EPIGASTRIC HERNIA	\$309.28	\$262.89
49572			REP.EPIGASTRIC HERNIA INCAR ST	\$356.18	\$302.75
49580	1		REP UMBILICAL HERNIA:UNDER AGE	\$233.78	\$198.72
49582			REP UMBIL HERNIA INCARCE/STRAN	\$353.65	\$300.60
49585			REP UMBILICAL HERNIA OVER 5YRS	\$332.83	\$282.91
49587			REP.UMBILICAL HERNIA OVER 5 IN	\$394.83	\$335.61
49590			REPAIR SPIGELIAN HERNIA	\$441.82	\$375.55
49600			REPAIR UMBILICAL LESION	\$566.05	\$481.14
49605			REPAIR UMBILICAL LESION	\$3,645.48	\$3,098.66
49606			REPAIR UMBILICAL LESION	\$920.72	\$782.61
49610			REPAIR UMBILICAL LESION	\$539.71	\$458.76
49611	1	Ī	REPAIR UMBILICAL LESION	\$541.90	\$460.62
49650	1	Ī	LAP SURG REP INITIAL INGUINAL	\$333.95	\$283.86
49651			LAP REP RECURRENT INGUINAL HER	\$431.27	\$366.58
49900	1	Ī	REPAIR OF ABDOMINAL WALL	\$647.17	\$550.09
49904	1	Ī	OMENTAL FLAP, EXTRA ABDOMINAL	\$1,228.21	\$1,043.98
49905	1	Ī	OMENTAL FLAP	\$306.96	\$260.92

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	JNGS
NA =		-	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
50010			EXPLORATION OF KIDNEY	\$551.44	\$468.72
50020			DR PERIRENAL/RENAL ABSCESS(SEP	\$765.74	\$650.88
50040			NEPHROSTOMY,NEPHROTOMY W DRAIN	\$733.55	\$623.52
50045			EXPLORATION OF KIDNEY	\$749.06	\$636.70
50060			REMOVAL OF KIDNEY STONE	\$915.45	\$778.13
50065			INCISION OF KIDNEY	\$909.98	\$773.48
50070			INCISION OF KIDNEY	\$963.30	\$818.80
50075			REMOVAL OF KIDNEY STONE	\$1,189.67	\$1,011.22
50080			PERCUT NEPHRO/PYELO,W/ OR W/O	\$708.59	\$602.30
50081			PERCUT NEPHRO/PYELO,W/ OR W/O	\$1,031.70	\$876.95
50100			REVISE KIDNEY BLOOD VESSELS	\$833.55	\$708.52
50120			EXPLORATION OF KIDNEY	\$768.18	\$652.95
50125			EXPLORE AND DRAIN KIDNEY	\$800.74	\$680.63
50130			REMOVAL OF KIDNEY STONE	\$825.37	\$701.56
50135			EXPLORATION OF KIDNEY	\$909.07	\$772.71
50200			RENAL BIOPSY:PERCUTANEOUS TROC	\$131.65	\$111.90
50205			RENAL BIOPSY:SURG EXPOSURE OF	\$565.66	\$480.81
50220			REMOVAL OF KIDNEY	\$827.15	\$703.08
50225			REMOVAL OF KIDNEY	\$959.84	\$815.86
50230			REMOVAL OF KIDNEY	\$1,034.09	\$878.97
50234			REMOVAL OF KIDNEY & URETER	\$1,054.53	\$896.35
50236			REMOVAL OF KIDNEY & URETER	\$1,185.18	\$1,007.41
50240			PARTIAL REMOVAL OF KIDNEY	\$1,046.80	\$889.78
50250			ABLATION, OPEN, ONE OR MORE RE	\$983.93	\$836.34
50280			REMOVAL OF KIDNEY LESION	\$757.29	\$643.69
50290			REMOVAL OF KIDNEY LESION	\$726.25	\$617.31
50320			DONOR NEPHRECTOMY, CARE HOMOG-L	\$1,133.02	\$963.07
50323			BACKBENCH STANDARD PREPARATION	\$134.73	\$114.52
50325			BACKBENCH STANDARD PREPARATION	\$134.73	\$114.52
50327			BACKBENCH RECONSTRUCTION OF CA	\$180.84	\$153.71
50328			BACKBENCH RECONSTRUCTION OF CA	\$158.38	\$134.62
50329			BACKBENCH RECONSTRUCTION OF CA	\$151.33	\$128.63
50340			RECIPIENT NEPHRECTOMY:,UNILATE	\$653.10	\$555.14
50340	50		RECIPIENT NEPHRECTOMY: BILATER	\$1,306.21	\$335.14
50360	50		HOMOTRANSPLANT/IMPLANT GRF.NO	\$1,634.03	\$1,388.93
50365			SEE 50360-W/UNILAT RECI NEPHRE	\$1,034.03	\$1,624.59

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	JNGS
NA =	1.000		NOT APPLICABLE		
007/100000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
50574			KIDNEY ENDOSCOPY & BIOPSY	\$497.78	\$423.11
50575				\$628.06	\$533.85
50576			REANL ENDOSCOPY W FULGURATION/	\$494.41	\$420.25
50580			RENAL ENDOSCOPY:REM FOREIGN BO	\$533.57	\$453.53
50590			LITHOTRIPSY,ESW	\$728.00	\$618.80
50592			ABLATION, ONE OR MORE RENAL TU	\$1,386.30	\$1,178.36
50592	50		ABLATION RENAL TUMOR(S) PERC B	\$2,079.45	\$1,767.53
50593			ABLATION, RENAL TUMOR(S), UNIL	\$390.50	\$331.92
50593	50		ABLATION, RENAL TUMOR(S), BILA	\$780.99	\$663.84
50600			EXPLORATION OF URETER	\$760.22	\$646.18
50605			URETEROYOMY/INSERT STENT	\$760.02	\$646.01
50610			REMOVAL OF URETER STONE	\$781.77	\$664.50
50620			REMOVAL OF URETER STONE	\$725.74	\$616.88
50630			REMOVAL OF URETER STONE	\$717.34	\$609.74
50650			REMOVAL OF URETER	\$831.50	\$706.77
50660			REMOVAL OF URETER	\$928.35	\$789.10
50684			INJECTION FOR URETER XRAY	\$114.83	\$97.61
50686			MEASURE URETER PRESSURE	\$147.21	\$125.13
50688			CHANGE OF URETER TUBE	\$75.02	\$63.77
50690			INJECTION FOR URETER XRAY	\$100.83	\$85.71
50700			REVISION OF URETER	\$759.69	\$645.73
50715			RELEASE OF URETER	\$956.73	\$813.22
50715	50		RELEASE OF URETER	\$1,913.46	\$1,626.44
50722			RELEASE OF URETER	\$837.73	\$712.07
50725			RELEASE/REVISE URETER	\$902.02	\$766.71
50727			REVISION URINARY-CUTANEOUS ANA	\$421.54	\$358.31
50728			REVISION URIN-CUTAN ANAST W/RE	\$597.93	\$508.24
50740			FUSION OF URETER & KIDNEY	\$902.26	\$766.92
50750			FUSION OF URETER & KIDNEY	\$928.10	\$788.89
50760			FUSION OF URETERS	\$888.14	\$754.92
50770			TRANSURETEROURETEROSTOMY	\$929.83	\$790.36
50780			REIMPLANT URETER IN BLADDER	\$882.01	\$749.71
50780	50		URETERONEOCYSTOSTOMY	\$1,764.02	\$1,499.41
50782			URETERONEOCYSTOSTOMY TO BLADDE	\$962.64	\$818.24
50783	1		REIMPLANT URETER IN BLADDER	\$986.50	\$838.52
50785	1		REIMPLANT URETER IN BLADDER	\$972.62	\$826.73

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	DNGS
NA =	MOD		NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	-		SPECIALIST	NONSPECIALIST
50785	50		REIMPLANT URETER IN BLADDER	\$1.945.25	\$1,653.46
50800	00		IMPLANT URETER IN BOWEL	\$713.46	\$606.44
50800	50		IMPLANT URETER IN BOWEL	\$1,426.91	\$1,212.88
50810			FUSION OF URETER & BOWEL	\$1,010.27	\$858.73
50815			URETEROCOLON CONDUIT/ANASTOMOS	\$961.71	\$817.46
50815	50		URETEROCOLON CONDUIT/ANASTOMOS	\$1,923.42	\$1,634.91
50820			CONSTRUCT BOWEL BLADDER	\$1,040.80	\$884.68
50820	50		CONSTRUCT BOWEL BLADDER	\$2,081.60	\$1,769.36
50825			CONTINENT DIVISION,W/BOWEL ANA	\$1,329.17	\$1,129.79
50830			URINARY UNDIVERSION	\$1,471.35	\$1,250.65
50840			REPLACE URETER BY BOWEL	\$961.18	\$817.01
50840	50		REPLACE URETER BY BOWEL	\$1,922.37	\$1,634.01
50845			CUTANEOUS APPENDICO-VESICOSTOM	\$1,008.56	\$857.28
50860			TRANSPLANT URETER TO SKIN	\$748.06	\$635.85
50860	50		TRANSPLANT URETER TO SKIN	\$1,496.11	\$1,271.70
50900			REPAIR OF URETER	\$672.33	\$571.48
50920			CLOSURE URETER/SKIN FISTULA	\$705.54	\$599.71
50930			CLOSURE URETER/BOWEL FISTULA	\$899.50	\$764.57
50940			RELEASE OF URETER	\$712.83	\$605.91
50945			LAPAROSCOPY SURG URETEROLITHOT	\$815.92	\$693.53
50947			SURG LAP: URETERONEO W/CYSTO/U	\$1,166.61	\$991.62
50948			SURG LAP: URETERONEOCYS WO CYS	\$1,056.18	\$897.76
50951			UTERAL ENDOSCOPYEXCL OF RAD	\$342.33	\$290.98
50953			ENDOSCOPY OF URETER	\$359.30	\$305.41
50955			URETER ENDOSCOPY & BIOPSY	\$445.38	\$378.57
50957			URETER ENDOSCOPY & TREATMENT	\$383.59	\$326.05
50961			URETER ENDOSCOPY & TREATMENT	\$351.34	\$298.64
50970			URETER ENDOSCOPY	\$324.60	\$275.91
50972			URETER ENDOSCOPY W/CATHETER	\$315.81	\$268.44
50974			URETER ENDOSCOPY & BIOPSY	\$414.04	\$351.93
50976			URETER ENDOSCOPY & TREATMENT	\$409.17	\$347.79
50980			URETER ENDOSCOPY & TREATMENT	\$311.19	\$264.51
51020			INCISE & TREAT BLADDER	\$356.68	\$303.18
51030			INCISE & TREAT BLADDER	\$365.90	\$311.01
51045			INCISE BLADDER, DRAIN URETER	\$362.43	\$308.07
51050			REMOVAL OF BLADDER STONE	\$356.79	\$303.27

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
51060			REMOVAL OF URETER STONE	\$450.83	\$383.21
51065			REMOVAL OF URETER STONE	\$446.04	\$379.13
51080			DRAINAGE OF BLADDER ABSCESS	\$321.27	\$273.08
51100			ASPIRATION OF BLADDER: BY NEED	\$32.74	\$27.83
51101			ASPIRATION OF BLADDER: BY TROC	\$43.39	\$36.88
51102			ASPIRATION OF BLADDER: WITH IN	\$209.41	\$178.00
51500			REMOVAL OF BLADDER CYST	\$520.37	\$442.31
51520			REMOVAL OF BLADDER LESION	\$472.58	\$401.69
51525			REMOVAL OF BLADDER LESION	\$678.63	\$576.84
51530			REMOVAL OF BLADDER LESION	\$617.23	\$524.65
51535			REPAIR OF URETER LESION	\$640.76	\$544.65
51535	50		CYSTOTOMY/EXC.INC/REP URETEROC	\$1.281.52	\$1,089.29
51550			PARTIAL REMOVAL OF BLADDER	\$761.86	\$647.58
51555			PARTIAL REMOVAL OF BLADDER	\$1,014.71	\$862.51
51565			REVISE BLADDER & URETER(S)	\$1,035.45	\$880.13
51570			REMOVAL OF BLADDER	\$1,146.81	\$974.79
51575			REMOVAL OF BLADDER & NODES	\$1,433.82	\$1,218.75
51580			REMOVE BLADDER: REVISE TRACT	\$1,472.05	\$1,251.24
51585			REMOVAL OF BLADDER & NODES	\$1,651.41	\$1,403.70
51590			REMOVE BLADDER: REVISE TRACT	\$1,526.97	\$1,297.92
51595			REMOVE BLADDER: REVISE TRACT	\$1,729.33	\$1,469.93
51596			CYSTECTOMY,COMP,CONT DIV.BOWEL	\$1,847.22	\$1,570.13
51597			PELVIC EXENTER.W/W/O HYSTERECT	\$1,797.82	\$1,528.15
51600			INJECTION FOR BLADDER XRAY	\$198.46	\$168.69
51605			PREPARATION FOR BLADDER XRAY	\$40.06	\$34.05
51610			INJECTION FOR BLADDER XRAY	\$112.96	\$96.02
51700			IRRIGATION OF BLADDER	\$78.62	\$66.83
51700	SA		IRIGATION OF BLADDER	NA	\$67.73
51701			INSERT NON-INDWELLING BLADDER	\$49.78	\$42.31
51701	SA		INSERT NON-INDWELLING BLADDER	NA	\$50.44
51701	SA	26	INSERT NON-INDWELLING BLADDER	NA	\$18.93
51701	26		INSERT NON-INDWELLING BLADDER	\$23.44	\$19.92
51702	1		INSERT TEMP INDWELLING BLADDER	\$65.65	\$55.80
51702	SA		INSERT TEMP INDWELLING BLADDER	NA	\$65.60
51702	SA	26	INSERT TEMP INDWELLING BLADDER	NA	\$20.30
51702	26		INSERT TEMP INDWELLING BLADDER	\$25.14	\$21.37

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
51703			INSERT TEMP INDW BLAD CATH COM	\$133.04	\$113.08
51703	26		INSERT TEMP INDW BLAD CATH COM	\$68.43	\$58.17
51705	20		CHANGE OF BLADDER TUBE	\$96.57	\$82.08
51705	SA		CHANGE OF BLADDER TUBE	NA	\$77.98
51710	0/1		CHANGE OF BLADDER TUBE	\$98.71	\$83.90
51715			ENDOSCOPIC INJECT OF IMPL MAT/	\$259.15	\$220.28
51720			TREATMENT OF BLADDER LESION	\$88.76	\$75.45
51725			SIMPLE CYSTOMETROGRAM	\$200.24	\$170.20
51726			COMPLEX CYSTOMETROGRAM	\$284.71	\$242.00
51736			SIMPLE UROFLOWMETRY	\$14.68	\$12.48
51784			EMG OF ANAL OR URETHRAL SPHINC	\$71.22	\$60.54
51784	тс		EMG OF ANAL OR URETHRAL SPHINC	\$32.61	\$27.72
51784	26		EMG OF ANAL OR URETHRAL SPHINC	\$38.56	\$32.78
51785			ELECTROMYOGRAPHY STUDIES-ANAL/	\$203.78	\$173.21
51792			ELECTROMYOGRAPHY	\$229.47	\$195.05
51797			VOIDING PRESSURE STUDIES (VP):	\$121.29	\$103.10
51800			REVISION OF BLADDER/URETHRA	\$846.00	\$719.10
51820			REVISION OF URINARY TRACT	\$897.68	\$763.03
51840			ATTACH BLADDER/URETHRA	\$558.61	\$474.82
51841			ATTACH BLADDER/URETHRA	\$664.76	\$565.05
51845			ABDOMINO-VAGINAL VESICAL NECK	\$491.82	\$418.04
51860			REPAIR OF BLADDER WOUND	\$609.43	\$518.02
51865			REPAIR OF BLADDER WOUND	\$738.21	\$627.48
51880			REPAIR OF BLADDER OPENING	\$397.49	\$337.86
51900			REPAIR BLADDER/VAGINA LESION	\$651.46	\$553.74
51920			CLOSE BLADDER-UTERUS FISTULA	\$599.31	\$509.42
51925			HYSTERECTOMY/BLADDER REPAIR	\$844.70	\$717.99
51940			CORRECTION OF BLADDER DEFECT	\$1,371.71	\$1,165.96
51960			REVISION OF BLADDER & BOWEL	\$1,102.47	\$937.10
51980			CONSTRUCT BLADDER OPENING	\$566.82	\$481.79
51990		[	LAP SURG URETH SUSP FOR STRESS	\$644.62	\$547.93
51992		[	LAP SURG SLING OP FOR STRESS I	\$695.00	\$590.75
52000			CYSTOSCOPY	\$175.41	\$149.10
52000	22	Ī	CYSTOSCOPY	\$224.98	\$191.23
52001			CYSTOURETHROSCOPY W/IRRIG/EVAC	\$355.87	\$302.49
52005			CYSTOURETHROSCOPY	\$269.26	\$228.87

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =		-	NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
		2	PROCEDURE CODE DESCRIPTION		
PRACTITIONER			CYSTOURETHROS W/TX INTRA-RENAL	<b>SPECIALIST</b> \$330.27	NONSPECIALIST \$280.73
52343 52344			CYTOURETHROS W/URETEROSCOPY	\$350.27	\$200.73
52344 52345			CYSTOURETHROS W/URETEROSCOPY W	\$376.51	\$320.04
			CYSTOURETHROS W/URETEROSCOPY W	\$376.51	
52346			DIAG CYSTOURETH W/URETEROSCOPY	÷.==.•	\$358.99
52351 52352			CYSTOURETHROS W/URETEROSCOPY/P	\$270.02	\$229.52
				\$316.85	\$269.32
52353 52354			CYSTOURETH W/URETERO/PYEL W/LI CYTOURETHROSCOPY W/URETEROS W/	\$365.55 \$338.05	\$310.72
				+	\$287.34
52355				\$404.04	\$343.43
52400				\$452.72	\$384.81
52402				\$236.12	\$200.70
52450				\$382.05	\$324.74
52500				\$418.54	\$355.76
52601				\$589.55	\$501.12
52640	_			\$323.64	\$275.09
52647			NON-CONTACT LASER TX OF POST O	\$1,733.17	\$1,473.19
52648			LASER VAPOR W/WO TURP CONTROL	\$1,785.86	\$1,517.98
52649			LASER ENUCLEATION OF THE PROST	\$834.03	\$708.93
52700	_		DRAINAGE OF PROSTATE ABSCESS	\$337.10	\$286.53
53000	_			\$129.06	\$109.70
53010				\$220.93	\$187.79
53020			MEATOTOMY,EXCEPT INFANT	\$100.39	\$85.33
53025			INCISION OF URETHRA: INFANT	\$71.09	\$60.43
53040			DRAINAGE OF URETHRA ABSCESS	\$332.04	\$282.23
53060			DRAINAGE OF URETHRA ABSCESS	\$162.33	\$137.98
53080			DRAINAGE OF URINARY LEAKAGE	\$416.46	\$353.99
53085			DRAINAGE OF URINARY LEAKAGE	\$602.99	\$512.54
53200			BIOPSY OF URETHRA	\$132.58	\$112.70
53210			URETHRECTOMY,TOT,W/CYSTOSTOMY:	\$621.58	\$528.34
53215	<u> </u>		URETHRECTOMY,TOT,W/CYSTOSTOMY:	\$749.75	\$637.29
53220	1		TREATMENT OF URETHRA LESION	\$361.70	\$307.44
53230	1		EXCISE URETHRAL DIVERTICULUM:F	\$484.28	\$411.64
53235			EXCISE URETHRAL DIVERTICULUM:M	\$507.82	\$431.65
53240			MARSUPIALIZE URETH DIVERT, MALE	\$338.74	\$287.93
53250			REMOVAL OF URETHRA GLAND	\$312.34	\$265.49
53260		1	TREATMENT OF URETHRA LESION	\$177.94	\$151.25

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	JNGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
54000			SLITTING OF PREPUCE:NEWBORN	\$151.01	\$128.36
54001			SLITTING OF PREPUCE:EXCEPT NEW	\$181.90	\$154.61
54015			DRAIN PENIS LESION	\$265.97	\$226.07
54050			TREATMENT OF PENIS LESION	\$97.89	\$83.20
54055			TREATMENT OF PENIS LESION	\$94.20	\$80.07
54056			DESTROY PENILE LESION: CRY0SUR	\$98.31	\$83.57
54056	FP		DESTROY PENILE LESION: CRYOSUR	\$98.31	\$98.31
54057			DESTROY PENILE LESION:LASER SU	\$117.18	\$99.61
54060			TREATMENT OF PENIS LESION	\$170.38	\$144.82
54065			TREATMENT OF PENIS LESION	\$169.92	\$144.43
54100			BIOPSY OF PENIS	\$158.36	\$134.61
54105			BIOPSY OF PENIS	\$263.28	\$223.79
54110			TREATMENT OF PENIS LESION	\$502.42	\$427.06
54111			EXCISE PENILE PLAQUE/<5CM GRAF	\$652.89	\$554.95
54112			EXC. PENILE PLAQUE/>5CM GRAFT	\$764.66	\$649.96
54115			TREATMENT OF PENIS LESION	\$355.44	\$302.12
54120			PARTIAL REMOVAL OF PENIS	\$493.78	\$419.72
54125			REMOVAL OF PENIS	\$653.36	\$555.36
54130			REMOVE PENIS & NODES	\$958.60	\$814.81
54135			REMOVE PENIS & NODES	\$1,233.15	\$1,048.18
54150			CIRCUMCISION-NEWBORN	\$162.04	\$137.73
54150	SB		CIRCUMCISION-NEWBORN BY CNM	NA	\$113.43
54160			CIRCUMCISION NEWBORN	\$224.82	\$191.09
54160	SB		CIRCUMICISION NEWBORN B	NA	\$157.37
54161			CIRCUMCISIONOTHER THAN NE	\$163.11	\$138.65
54162			LYSIS/EXCIS PENILE POST CIRC A	\$259.15	\$220.28
54163			REPAIR INCOMPLETE CIRCUMCISION	\$169.25	\$143.86
54200			TREATMENT OF PENIS LESION	\$96.94	\$82.40
54205			INJ PROC PYRONIE DISEASE:W EXP	\$426.07	\$362.16
54220			IRRIGATION CORPORA CAVERNOSA/P	\$212.15	\$180.33
54230			INJ FOR CORPORA CAVERNOSOGRAPH	\$81.66	\$69.41
54231			DYNAMIC CAVERNOSOMETRY W DRUGS	\$115.70	\$98.35
54235			INJ CORPORA CAVERNOSA W/PHARM.	\$72.56	\$61.68
54240			PENILE PLETHYSMOGRAPHY	\$81.38	\$69.18
54250			NOCTURNAL PENILE TUMESCENCE TE	\$106.38	\$90.43
54300			PLASTIC REPAIR FOR CHORDEE	\$540.27	\$459.23

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		01000
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
54505	50		BIOPSY OF TESTIS, INCISIONAL: BI	\$364.40	\$309.74
54512			EXCIS EXTRAPARENCHYMAL LESION	\$430.88	\$366.25
54520			REMOVAL OF TESTIS	\$274.46	\$233.29
54520	50		ORCHIECTOMY,SIMPLE:BILATERAL	\$548.93	\$466.59
54522			PARTIAL ORCHIECTOMY	\$491.56	\$417.83
54530			RADICAL ORCHIECTOMY:INGUINAL A	\$434.31	\$369.17
54535			EXTENSIVE TESTIS SURGERY	\$600.20	\$510.17
54550			EXPLORATION FOR TESTIS	\$392.36	\$333.51
54550	50		EXPLORATION FOR UNDESCENDED TE	\$784.72	\$667.01
54560			EXPLORATION FOR TESTIS	\$552.92	\$469.98
54560	50		EXPL UNDESC TESTIS W ABD EXP:B	\$1.105.84	\$939.96
54600			REDUCE TESTIS TORSION	\$356.83	\$303.31
54600	22		REDUCE TESTIS TORSION	\$446.04	\$379.13
54620	1		SUSPENSION OF TESTIS	\$248.32	\$211.07
54640			SUSPENSION OF TESTIS	\$363.05	\$308.59
54640	50		ORCHIOPEXY W/WO HERNIA REP:BIL	\$726.10	\$617.18
54650			ORCHIOPEXY ABDOMINAL APPROACH	\$579.19	\$492.31
54660			REVISION OF TESTIS	\$276.02	\$234.62
54660	50		INSERT TESTICULAR PROSTH:BILAT	\$552.05	\$469.24
54670			REPAIR TESTIS INJURY	\$336.34	\$285.89
54680			RELOCATION OF TESTIS(ES)	\$642.58	\$546.20
54690			LAPAROSCOPY SURG ORCHIECTOMY	\$543.62	\$462.08
54692			LAP SURG ORCHIOPEXY FOR INTRA-	\$629.56	\$535.13
54700			DRAINAGE OF SCROTUM	\$182.22	\$154.89
54800			BIOPSY OF EPIDIDYMIS	\$112.35	\$95.50
54830			REMOVE EPIDIDYMIS LESION	\$284.36	\$241.71
54840			REMOVE EPIDIDYMIS LESION	\$269.34	\$228.94
54860			REMOVAL OF EPIDIDYMIS	\$325.10	\$276.34
54861			REMOVAL OF EPIDIDYMES	\$445.92	\$379.03
54865			EXPLORATION OF EPIDIDYMIS, WIT	\$284.70	\$242.00
54900	1		FUSION OF SPERMATIC DUCTS	\$640.98	\$544.83
54901	1		FUSION OF SPERMATIC DUCTS	\$875.50	\$744.17
55000			DRAINAGE OF HYDROCELE	\$118.69	\$100.88
55040		1	REMOVAL OF HYDROCELE	\$280.25	\$238.21
55041		1	REMOVAL OF HYDROCELES	\$396.82	\$337.30
55060		1	REPAIR OF HYDROCELE	\$292.30	\$248.45

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
55100			DRAINAGE OF SCROTUM ABSCESS	\$197.22	\$167.63
55110				\$298.80	\$253.98
55120			REMOVAL OF SCROTUM LESION	\$272.22	\$231.39
55150			REMOVAL OF SCROTUM	\$374.78	\$318.57
55175			SCROTOPLASTY: SIMPLE	\$278.42	\$236.65
55180			SCROTOPLASTY: COMPLICATED	\$547.08	\$465.02
55200			INCISION OF SPERM DUCT	\$447.79	\$380.62
55300			VASOTOMY FOR VASOGRAM, SEMINAL	\$162.50	\$138.12
55400			REPAIR OF SPERM DUCT	\$424.77	\$361.05
55400	50		VASOVASOSTOMY/VASOVASORRAPHY:B	\$849.54	\$722.11
55500			REMOVAL OF HYDROCELE	\$297.50	\$252.88
55520			REMOVAL OF SPERM CORD LESION	\$322.74	\$274.33
55530			REVISE SPERMATIC CORD VEINS	\$294.06	\$249.95
55535			REVISE SPERMATIC CORD VEINS	\$336.34	\$285.89
55540			REVISE HERNIA & SPERM VEINS	\$398.87	\$339.04
55550			LAP SURG W/LIGATION SPERMATIC	\$336.21	\$285.78
55600			VESICULOTOMY:UNILATERAL	\$332.70	\$282.79
55600	50		VESICULOTOMY:BILATERAL	\$665.39	\$565.58
55605			INCISE SPERM DUCT POUCH	\$415.82	\$353.44
55650			REMOVE SPERM DUCT POUCH	\$578.77	\$491.95
55650	50		VESICULECTOMY, ANY APPROACH: BIL	\$1,157.54	\$983.91
55700			BIOPSY OF PROSTATE	\$195.38	\$166.07
55720			PROSTATOTOMY,EXT DRAIN PROS AB	\$398.90	\$339.06
55725			DRAINAGE OF PROSTATE ABSCESS	\$447.14	\$380.07
55801			REMOVAL OF PROSTATE	\$859.96	\$730.97
55810			EXTENSIVE PROSTATE SURGERY	\$1,063.90	\$904.32
55812			PROSTATE SURG W/LYMPH NODE BIO	\$1,301.67	\$1,106.42
55815			PROSTATE SURG W BILAT PELVIC L	\$1,429.05	\$1,214.69
55821			REMOVAL OF PROSTATE	\$690.45	\$586.88
55831			REMOVAL OF PROSTATE	\$751.70	\$638.94
55842			PROSTATE SURG/LYMPH NODE BIOPS	\$1,154.58	\$981.40
55845			EXTENSIVE PROSTATE SURGERY	\$1,332.27	\$1,132.43
55860			EXPOSE PROSTATE-INSERT RADIOAC	\$703.86	\$598.28
55862			EXPOSE PROSTATE: LYMPH NODE BIO	\$890.85	\$757.22
55865			EXPOSE PROSTATE:BILATERAL LYMP	\$1,084.82	\$922.09
55866			LAP SURG PROSTATECTOMY RETROPU	\$1,432.14	\$1,217.32

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	I THE FROGEDORE CODE BEL	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
55873			CRYOSURGICAL ABLATION OF PROST	\$959.41	\$815.50
55875			TRANSPERINEAL PLACEMENT OF NEE	\$621.19	\$528.00
55876			PLACEMENT OF INTERSTITIAL DEVI	\$126.79	\$107.77
55876	26		PLACEMENT OF INTERSTITIAL DEVI	\$92.47	\$78.60
55920			PLACEMENT OF NEEDLES OR CATHET	\$358.29	\$304.54
56405			I&D OF PERINEAL ABSCESS(NONOBS	\$95.67	\$81.32
56420			DRAINAGE OF VULVA ABSCESS	\$126.02	\$107.12
56440			MARSUPIALIZATION, BARTHOLIN GLA	\$157.85	\$134.17
56441			LYSIS OF LABIAL ADHESIONS	\$129.94	\$110.45
56442			HYMENOTOMY, SIMPLE INCISION	\$38.94	\$33.10
56501			DESTROY VULVA LESION(S):SIMPLE	\$114.42	\$97.25
56501	FP		DESTROY VULVA LESION(S): SIMPL	\$114.42	\$114.42
56515			TREATMENT OF VULVA LESIONS:EXT	\$183.52	\$155.99
56605			BIOPSY OF PERINEAL: 1 LESION	\$74.92	\$63.68
56606			BX VULVA/PERINEUM E ADDIT LEIS	\$36.08	\$30.67
56620			PARTIAL REMOVAL OF VULVA	\$425.29	\$361.49
56625			REMOVAL OF VULVA	\$476.22	\$404.78
56630			EXTENSIVE VULVA SURGERY	\$666.56	\$566.58
56631			VULVECT RAD PART W UNILATERAL	\$868.73	\$738.42
56632			VULVECTOMY W BILATERAL ING/FEM	\$1,034.52	\$879.34
56633			VULVECTOMY RAD. COMPLETE	\$870.39	\$739.83
56634			VULVECT. RAD. COMPL. W. UNILAT	\$948.77	\$806.45
56637			VULVECT. RAD. COMPL. W. UNILAT	\$1,146.71	\$974.71
56640			EXTENSIVE VULVA SURGERY	\$1,146.03	\$974.13
56640	50		VULVECTOMY, RAD W/ING/ILI/PEL L	\$2,292.06	\$1,948.25
56700			PARTIAL REMOVAL OF HYMEN	\$150.96	\$128.32
56740			EXCISE BARTHOLIN'S GLAND OR CY	\$247.90	\$210.72
56800			REPAIR OF VAGINA	\$210.31	\$178.77
56805			CLITOROPLASTY ADRENOGENITAL SY	\$978.82	\$832.00
56810	1		PERINEOPLASTY, REPAIR OF PERIN	\$222.77	\$189.35
56820	1		COLPOSCOPY OF VULVA	\$97.18	\$82.61
56820	FP		COLPOSCOPY OF VULVA	NA	\$97.18
56820	26		COLPOSCOPY OF VULVA	\$74.79	\$63.57
56821			COLPOSCOPY OF VULVA W/BIOPSY	\$131.91	\$112.13
56821	FP		COLPOSCOPY OF VULVA W/BIOPSY	NA	\$131.91
56821	26	1	COLPOSCOPY OF VULVA W/BIOPSY	\$103.07	\$87.61

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =	1.000		NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
57000			EXPLORATION OF VAGINA	\$161.42	\$137.20
57010				\$340.57	\$289.48
57020	-			\$84.63	\$71.94
57022			I&D VAGINAL HEMATOMA POST-OBST	\$139.17	\$118.29
57023			I&D VAGINAL HEMATOMA NON-OBSTE	\$254.53	\$216.35
57061			DESTROY VAGINAL LESIONS:SIMPLE	\$99.93	\$84.94
57065			DESTROY VAGINAL LESION(S):EXTE	\$169.70	\$144.25
57100			BIOPSY OF VAGINA	\$78.71	\$66.91
57100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	\$78.71	\$78.71
57105			BIOPSY OF VAGINA:EXTENSIVE,REQ	\$120.41	\$102.35
57106			VAGINECTOMY, PARTIAL REMOV VAG	\$364.48	\$309.81
57107			RADICAL VAGINECTOMY	\$1,162.18	\$987.85
57109			RAD VAGINECTOMY/BIL TOT PELV L	\$1,329.56	\$1,130.13
57110			REMOVAL OF VAGINA	\$749.59	\$637.15
57111			RAD VAGINECTOMY/COMPL REM VAGI	\$1,375.19	\$1,168.91
57112			RAD VAGINECTOMY/BIL TOT PELV L	\$1,417.85	\$1,205.17
57120			CLOSURE OF VAGINA	\$416.66	\$354.16
57130			REMOVE VAGINA LESION	\$158.67	\$134.87
57135			REMOVE VAGINA LESION	\$170.58	\$145.00
57150			TREAT VAGINAL INFECTION	\$46.92	\$39.88
57150	SA		TREAT VAGINAL INFECTION	NA	\$40.94
57155			INSERT UTERINE TANDEMS/VAG OVO	\$365.68	\$310.83
57160			INSERT PESSARY	\$65.17	\$55.39
57160	SA		INSERT PESSARY	NA	\$52.62
57170			FITTING OF DIAPHRAGM	\$61.90	\$52.62
57180			TREAT NON-OBSTETRICAL HEMORRHA	\$129.18	\$109.81
57200			REPAIR OF VAGINA	\$236.22	\$200.79
57210			REPAIR VAGINA/PERINEUM	\$298.16	\$253.44
57220			REVISION OF URETHRA	\$256.53	\$218.05
57230			REPAIR OF URETHRAL LESION	\$309.65	\$263.20
57240			REPAIR BLADDER & VAGINA	\$339.51	\$288.59
57250			REPAIR RECTUM & VAGINA	\$315.18	\$267.91
57260			REPAIR OF VAGINA	\$454.01	\$385.91
57265			EXTENSIVE REPAIR OF VAGINA	\$602.14	\$511.82
57267			INSERTION OF MESH OR OTHER PRO	\$240.37	\$204.31
57268	1		REPAIR ENTEROCELE, VAGINAL APPR	\$379.24	\$322.35

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE FROCEDORE CODE BEL	JNGS
NA =	1.000		NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
57270				\$636.57	\$541.08
57280			SUSPENSION OF VAGINA	\$774.59	\$658.40
57282			FIXATION FOR VAGINAL PROLAPSE	\$400.02	\$340.01
57283				\$574.05	\$487.94
57284				\$685.46	\$582.64
57285			PARAVAGINAL DEFECT REPAIR (INC	\$518.59	\$440.80
57287			REM/REVIS SLING FOR STRESS INC	\$550.84	\$468.21
57288			SLING OPERATION/STRESS INCONTI	\$644.96	\$548.22
57289			REPAIR BLADDER & VAGINA	\$606.50	\$515.52
57291			CONSTRUCT ARTIFICIAL VAGINA,W/	\$445.77	\$378.90
57292			CONSTRUCT ARTIFICIAL VAG W/GRA	\$695.69	\$591.33
57295			REVISION (INCLUDING REMOVAL) O	\$413.06	\$351.10
57296			REVISION (INCLUDING REMOVAL) O	\$746.21	\$634.28
57300			REPAIR RECTUM-VAGINA FISTULA	\$411.53	\$349.80
57305			REPAIR RECTUM-VAGINA FISTULA	\$698.59	\$593.80
57307			FISTULA REPAIR & COLOSTOMY	\$800.22	\$680.18
57308			RECTOVAGINAL FIST CLOS W/PERIN	\$520.66	\$442.56
57310			REPAIR URETHRA-VAGINA LESION	\$360.28	\$306.24
57311			CLOSE FISTULA:W/BULBOCAV.TRANS	\$410.98	\$349.33
57320			REPAIR BLADDER-VAGINA LESION	\$421.58	\$358.35
57330			REPAIR BLADDER-VAGINA LESION	\$615.22	\$522.94
57335			VAGINOPLASTY/ADRENOGENITAL SYN	\$954.70	\$811.49
57400			DILATE VAGINA UNDER ANESTHESIA	\$117.11	\$99.55
57410			PELVIC EXAM UNDER ANESTHESIA	\$109.75	\$93.29
57415			REM. IMP. VAGINAL UNDER ANESTH	\$123.87	\$105.29
57420			COLPOSCOPY ENTIRE VAGINA W/CER	\$102.00	\$86.70
57420	FP		COLPOSCOPY ENTIRE VAGINA W/CER	NA	\$102.00
57420	26		COLPOSCOPY ENTIRE VAGINA W/CER	\$78.93	\$67.09
57421			COLPOSCOPY ENTIRE VAG W/CERV W	\$140.30	\$119.25
57421	FP	1	COLPOSCOPY ENTIRE VAG W/CERV W	NA	\$140.30
57421	26	1	COLPOSCOPY ENTIRE VAG W/CERV W	\$110.10	\$93.59
57423			PARAVAGINAL DEFECT REPAIR (INC	\$722.83	\$614.41
57425	1		SURGICAL LAPAROSCOPY COLPOPEXY	\$774.64	\$658.44
57452	1		EXAMINATION OF VAGINA: COLPOSC	\$96.17	\$81.74
57452	FP	<u> </u>	EXAMINATION OF VAGINA: COLPOSCO	\$96.17	\$96.17
57452	1 1 1	<del> </del>	VAGINA EXAMINATION & BIOPSY	\$90.17	\$90.17

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		51100
NA =			NOT APPLICABLE		
007//0000/007	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
57454	FP		VAGINA EXAMINATION & BIOPSY	\$137.58	\$137.58
57455			COLPOSCOPY CERVIX W/BIOPSY CER	\$128.36	\$109.11
57455	26		COLPOSCOPY CERVIX W/BIOPSY CER	\$99.52	\$84.59
57456			COLPOSCOPY CERVIX W/ENDOCERV C	\$120.97	\$102.82
57456	26		COLPOSCOPY CERVIX W/ENDOCERV C	\$92.81	\$78.89
57460			COLPOSCOPY:W.LOOP ELECT.EXC.CE	\$294.37	\$250.21
57461			COLPOSCOPY CERV W/CONIZATION C	\$328.18	\$278.96
57461	26		COLPOSCOPY CERV W/CONIZATION C	\$170.43	\$144.87
57500			BIOPSY OF CERVIX	\$120.72	\$102.61
57500	FP		BIOPSY OF CERVIX	\$120.72	\$120.72
57505			ENDOCERVICAL CURETTAGE (NOT AS	\$89.71	\$76.26
57510			CAUTERIZATION OF CERVIX	\$119.79	\$101.82
57511			CRYOCAUTERY OF CERVIX	\$128.95	\$109.61
57511	FP		CRYOCAUTERY OF CERVIX	\$128.95	\$128.95
57513			LASER SURGERY	\$125.22	\$106.43
57520			BIOPSY OF CERVIX	\$275.56	\$234.23
57522			CX LOOP ELECTRODE EXCESION	\$225.23	\$191.45
57530			REMOVAL OF CERVIX	\$283.27	\$240.78
57531			RAD TRACHELECTOMY W/BIL PELV L	\$1,430.49	\$1,215.91
57540			REMOVAL OF RESIDUAL CERVIX	\$641.78	\$545.51
57545			REMOVE CERVIX, REPAIR PELVIS	\$683.20	\$580.72
57550			REMOVAL OF RESIDUAL CERVIX	\$324.26	\$275.62
57555			REMOVE CERVIX, REPAIR VAGINA	\$487.54	\$414.41
57556			REMOVE CERVIX, REPAIR BOWEL	\$456.38	\$387.92
57558			DILATION AND CURETTAGE OF CERV	\$102.82	\$87.39
57558	26		DILATION AND CURRETAGE OF CERV	\$91.94	\$78.15
57700			REVISION OF CERVIX	\$229.54	\$195.11
57720			REVISION OF CERVIX	\$250.25	\$212.71
57800			INSTRUMENTAL DILATION OF CERV.	\$52.78	\$44.87
57800	UD		INSTRUMENTAL DILATION OF CERV.	\$52.78	\$44.87
58100	1		ENDOMETRIAL BIOPSY, SUCTION TY	\$96.45	\$81.98
58100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	\$96.45	\$96.45
58100	SA	1	ENDOMETRIAL BIOPSY, SUCTION TY	NA	\$77.88
58110			ENDOMETRIAL SAMPLING (BIOPSY)	\$45.66	\$38.81
58120			DIAGNOSTIC/THERAPEUTIC D&C, NO	\$193.28	\$164.29
58140		1	REMOVAL OF UTERUS LESION	\$755.99	\$642.59

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	IT THE FROCEDORE CODE BEL	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
58145			REMOVAL OF UTERUS LESION	\$445.38	\$378.58
58146			MYOMECTOMY >250 GMS ABDOMINAL	\$974.66	\$828.46
58150			TOTAL HYSTERECTOMY:W/W/O TUBES	\$790.01	\$671.51
58152			TAH:MARSHALL-MARCHETI-KRANTZ T	\$1,058.51	\$899.74
58180			SUPRACERVICAL HYSTERECTOMY-SUB	\$784.67	\$666.97
58200			TAH,W/PART VAGINECTOMY,BX	\$1,096.63	\$932.14
58210			RAD HYSTERECTOMY, BILAT PELVIC,	\$1,459.27	\$1,240.38
58240			PELVIC EXENTERATION/MALIG,W/TA	\$1,935.68	\$1,645.33
58260			VAGINAL HYSTERECTOMY	\$683.78	\$581.21
58262			VAGINAL HYSTERECTOMY W. REM. T	\$770.27	\$654.73
58263	1		VAG HYSTERECT:REPAIR ENTEROCEL	\$832.46	\$707.59
58267			VAG HYSTERECT.W/COLPO-URETHROC	\$883.29	\$750.79
58270	1		VAG HYSTERECT:REPAIR ENTEROCEL	\$741.52	\$630.29
58275			VAG HYSTERECT:W/ TOT/PART COLP	\$818.35	\$695.60
58280			VAG HYSTERECT:REPAIR ENTERECOL	\$878.27	\$746.53
58285			VAGINAL HYSTERECTOMY: RADICAL	\$1,120.84	\$952.71
58290			VAGINAL HYSTERECTOMY UTERUS >2	\$977.84	\$831.16
58291			VAG HYSTER UTERUS >250 GM W/RE	\$1,066.67	\$906.67
58292	1		VAG HYSTER W/REM TUBE/OVARY RE	\$1,128.51	\$959.24
58293			VAG HYSTER W/COLPO-URETHROCYST	\$1,172.58	\$996.70
58294			VAG HYSTER UTERUS >250 GM W/RE	\$1,035.86	\$880.48
58300			INSERT INTRAUTERINE DEVICE	\$69.50	\$69.50
58300	SA		IUD BY CNP/CNS	NA	\$66.03
58300	SB		INSERTION OF IUD BY CNM	NA	\$48.65
58301	1		REMOVE INTRAUTERINE DEVICE	\$89.37	\$75.96
58301	FP		REMOVE INTRAUTERINE DEVICE	\$89.37	\$89.37
58301	FP	SA	REMOVAL OF IUD BY CNP/CNS IN F	NA	\$72.16
58301	FP	SB	REMOVEAL OF IUD BY CNM IN FP C	NA	\$62.56
58301	SA		REMOVAL OF IUD BY CNP/CNS	NA	\$72.16
58301	SB		REMOVAL OF IUD BY CNM	NA	\$62.56
58340			INJECTION FOR HYSTEROSALPINGOG	\$126.97	\$107.92
58346			INSERT HEYMAN CAPS CLIN BRACHY	\$362.98	\$308.53
58350			REOPEN FALLOPIAN TUBE	\$86.02	\$73.12
58353	1		ENDOMET ABLATION THERM WO NUST	\$1,064.00	\$904.40
58356	1		ENDOMETRIAL CRYOABLATION WITH	\$1,978.28	\$1,681.54
58356	26			\$316.90	\$269.37

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

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#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 58750 TUBOTUBAL ANASTOMOSIS \$773.29 \$657.29 58760 \$591.33 FIMBRIOPLASTY \$695.69 SALPINGOSTOMY(SALPINGONEOSTOMY 58770 \$726.92 \$617.88 58800 DRAINAGE OF OVARIAN CYST(S) \$267.11 \$227.05 58805 DRAINAGE OF OVARIAN CYST(S) \$325.06 \$276.30 \$221.36 58820 DRAINAGE OF OVARIAN ABSCESS \$260.42 58822 DRAINAGE OF OVARIAN ABSCESS \$531.34 \$451.64 58825 TRANSPOSITION, OVARY(S) \$582.62 \$495.23 58900 BIOPSY OF OVARY(S) \$330.90 \$281.27 58920 PARTIAL REMOVAL OF OVARY(S) \$590.42 \$501.85 58925 REMOVAL OF OVARIAN CYST(S) \$593.56 \$504.53 58940 \$396.49 REMOVAL OF OVARY(S) \$337.01 58943 OOPHORECTOMY, OVAR MALIG, W/W/OU \$941.46 \$800.24 58950 RES OVAR MALIG, BILAL SALP/OOPH \$880.24 \$748.20 58951 SEE 58950 W/TAH AND LYMPHADENE \$1,139.53 \$968.60 58952 SEE 58950,W/ RAD DISSECT FOR D \$1.278.33 \$1.086.58 58953 BIL SALPINGO-OOPHORECT W/OMENT \$1.617.94 \$1.375.25 58954 BILAT SALPINGO-OOPHOR W/OMENT \$1.762.52 \$1.498.14 58956 BILATERAL SALPINGO-OOPHORECTOM \$1.125.89 \$957.00 58957 RESECTION (TUMOR DEBULKING) OF \$1,154.18 \$981.06 58958 RESECTION (TUMOR DEBULKING) OF \$1,276.97 \$1,085.42 58960 LAPAROTOMY-STAGE OVAR MALIG.. \$765.46 \$650.64 58999 HU CHEC PELVIC EXAM \$35.00 \$30.00 58999 ΗU CHEC PELVIC EXAM BY APN \$28.50 SA NA AMNIOCENTESIS, ANY METHOD 59000 \$120.82 \$102.69 59001 AMNIOCENTESIS: THER AMNIO FLD \$163.65 \$139.10 59012 CORDOCENTESIS(INTRAUTERINE):AN \$185.22 \$157.43 59012 UD CORDOCENTESIS(INTRAUTERINE)ANT \$185.22 \$157.43 59015 CHORIONIC VILLUS SAMPLING CHRO \$137.50 \$116.87 59020 FETAL OXYTOCIN STRESS TEST \$55.00 \$46.75 59025 FETAL NON-STRESS TEST \$36.11 \$30.70 59025 26 FETAL NON - STRESS TEST \$27.72 \$23.56 59030 FETAL SCALP BLOOD SAMPLE \$102.91 \$87.48 59050 INTERNAL FETAL MONITORING/CONS \$39.28 \$46.22 FETAL MONITORING INTERPRETATIO 59051 \$38.26 \$32.52 59070 TRANSABDOMINAL AMNIOINFUSION W \$349.02 \$296.66

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		1		SPECIALIST	NONSPECIALIST
59070	26		TRANSABDOMINAL AMNIOINFUSION W	\$252.66	\$214.76
59072			FETAL UMBILICAL CORD OCCLUSION	\$395.18	\$335.91
59074			FETAL FLUID DRAINAGE W/ ULTRAS	\$329.34	\$279.94
59074	26		FETAL FLUID DRAINAGE W/ ULTRAS	\$252.66	\$214.76
59076	1		FETAL SHUNT PLACEMENT W/ ULTRA	\$395.18	\$335.91
59100			ABDOMINAL HYSTERTOMY FOR MOLE/	\$696.12	\$591.70
59120			SURG TX ECTOPIC PG,TUBAL,W/SAL	\$655.31	\$557.02
59121			SURG TX ECTOPIC PG:TUBAL,W/O S	\$665.49	\$565.66
59130			SURG TX ECTOPIC PG: ABDOMINAL	\$711.58	\$604.84
59135			TX ECTOPIC:INTERSTITW/ HYST	\$781.25	\$664.06
59136			SURG TX ECTOPIC PREG.WO SALPI/	\$733.06	\$623.10
59140			SURG TX ECTOPIC PG: CERVICAL	\$285.70	\$242.85
59150			LAPHROSCOPIC TX:ECTOPIC PREGWO	\$654.30	\$556.15
59151			LAPAROSCOPIC TX ECT.PREG.W SAL	\$649.16	\$551.79
59160			D&C AFTER DELIVERY	\$211.60	\$179.86
59200			INSERT.HYGROSCOPIC CERVICAL DI	\$70.96	\$60.32
59200	UD		INSERT.HYGROSCOPIC CERVICAL DI	\$70.96	\$60.32
59300			EPISIOTOMY/VAG REP BY OTHER MD	\$166.98	\$141.94
59320			CERCLAGE/CERVIX,DURING PREG:VA	\$137.90	\$117.21
59325			CERCLAGE CERVIX, DURING PREG.: A	\$218.80	\$185.98
59350			REPAIR OF UTERUS	\$254.50	\$216.33
59400			OBSTETRICAL CARE	\$1,763.76	\$1,499.20
59400	SB		OBSTETRICAL CARE	NA	\$1,234.63
59510			ROUTINE OB CARE, AP, PP, CESAREAN	\$1,998.62	\$1,698.83
59618			ROUTINE OB CARE W/C/S P/VBAC A	\$2,114.69	\$1,797.49
59812			TX SPONTANEOUS ABORTION, SURGIC	\$241.02	\$204.87
59820			MISSED ABORTION ANY TRIMESTER	\$304.80	\$259.08
59821			TX MISSED ABORT, SURG. SECOND TR	\$317.50	\$269.88
59830			TREATMENT OF SEPTIC ABORTION	\$370.74	\$315.13
59840			THERAPUTIC ABORTION BY D&C	\$188.38	\$160.13
59841			ABORTION BY DILATION + EVACUAT	\$320.70	\$272.60
59850			TOP BY INTRA-AMNIOTIC INJECTIO	\$334.93	\$284.69
59851			SALINE TOP WITH D&C OR D&E	\$352.18	\$299.36
59852	1	Ī	SALINE ABORTION WITH HYSTEROTO	\$484.67	\$411.97
59855	1	Ī	TOP, >/= 1 VAGINAL SUPP/ D & C	\$356.42	\$302.95
59856	1	1	TOP, D & C &/OR D & E	\$426.80	\$362.78

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 59857 TOP >1=1 VAG SUPPOS W/HYSTEROT \$512.87 \$435.94 59866 MULTIFETAL PREGNANCY REDUCTION \$183.85 \$216.30 59870 UTERINE EVAC&CURETTAGE/HYDATID \$383.94 \$326.35 59871 REMOV CERCLAGE SUTURE W/GEN AN \$136.30 \$115.86 60000 I&D THYROGLOSSAL CYST, INFECTE \$125.55 \$106.72 60100 BIOPSY THYROID.PERCUTAANEOUS N \$99.78 \$84.81 60200 EXC CYST/ADENOMA THYROID \$535.02 \$454.77 60210 UNILAT PARTIAL THYROID LOBECTO \$571.38 \$485.67 60212 THYROID CONTRA LAT SUBTOTAL LO \$824.38 \$700.73 60220 TOTAL THYROID LOBECTOMY:UNILAT \$623.58 \$530.05 60225 PARTIAL REMOVAL OF THYROID \$748.18 \$635.96 60240 THYROIDECTOMY, TOTAL OR COMPLET \$819.62 \$696.68 60252 REMOVAL OF THYROID \$1.060.39 \$901.33 60254 EXTENSIVE THYROID SURGERY \$1,409.97 \$1,198.47 REMAINING LOBE C/S ISTHMUS \$902.55 \$767.17 60260 60260 50 THYROIDECTOMY, SECONDARY: BILATE \$1.805.10 \$1.534.34 60270 REMOVAL OF THYROID \$1.064.01 \$904.41 THYROIDECTOMY W CERVICAL APPRO 60271 \$874.34 \$743.19 60280 REMOVE THYROID DUCT LESION \$359.66 \$305.71 60281 EXC.RECURRENT THYRO.DUCT CYST/ \$489.42 \$416.00 60300 ASPIRATION AND/OR INJECTION, TH \$40.16 \$34.14 60500 EXPLORE PARATHYROID GLANDS \$823.31 \$699.82 60502 RE-EXPLORE PARATHYROID(S) \$1,035.41 \$880.10 60505 EXPLORE PARATHYROID GLANDS \$958.77 \$1,127.97 PARATHYROID AUTOTRANSPLANTATIO 60512 \$210.99 \$179.34 60520 REMOVAL OF THYMUS GLAND \$877.14 \$745.57 60521 THYMECTOMY STERNAL/TRANSTHORAC \$1,003.31 \$852.82 60522 THYMECTOMY STERNAL/TRANSTHORAC \$1.208.38 \$1.027.13 60540 EXPLORE ADRENAL GLAND \$846.74 \$719.73 60540 50 ARENALECTOMY: BILATERAL. ONE STA \$1.693.47 \$1.439.45 60545 EXPLORE ADRENAL GLAND \$978.82 \$831.99 60600 REMOVE CAROTID BODY LESION \$1.003.48 \$852.96 60605 REMOVE CAROTID BODY LESION \$1,129.48 \$960.06 60650 SURG LAP W/ADRENALECTOMY PART \$970.15 \$824.63 61000 REMOVE CRANIAL CAVITY FLUID \$86.02 \$73.12 61001 REMOVE CRANIAL CAVITY FLUID \$87.80 \$74.63

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

NA =			NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
61020			REMOVE BRAIN CAVITY FLUID	\$102.89	\$87.46
61026			PUNCTURE BURR HOLE FOR INJECTI	\$109.01	\$92.66
61050			REMOVE BRAIN CANAL FLUID	\$88.20	\$74.97
61055			CERVICAL PUNCTURE FOR INJECTIO	\$119.59	\$101.65
61070			BRAIN CANAL SHUNT PROCEDURE	\$59.09	\$50.23
61105			TWIST DRILL:SUBDURAL/VENTRICUL	\$334.82	\$284.60
61107			TWIST DRILL HOLE/VENTRICULAR C	\$282.02	\$239.71
61108			TWIST DRILL HOLE:EVAC/DRAIN	\$642.09	\$545.77
61120			PIERCE SKULL FOR EXAMINATION	\$542.24	\$460.90
61140			PIERCE SKULL FOR BIOPSY	\$959.60	\$815.66
61150			PIERCE SKULL FOR DRAINAGE	\$1,034.62	\$879.42
61151			PIERCE SKULL FOR DRAINAGE	\$746.25	\$634.31
61154			PIERCE SKULL FOR DRAINAGE	\$919.91	\$781.93
61154	50		BURR HOLE W/EVAC&/DR.HEMATOMA:	\$1,839.82	\$1,563.85
61156			PIERCE SKULL FOR DRAINAGE	\$974.43	\$828.27
61210			PIERCE SKULL: IMPLANT DEVICE	\$327.66	\$278.51
61215			INSERT SYSTCONNECT TO VENTRI	\$327.53	\$278.40
61250			PIERCE SKULL & EXPLORE	\$643.35	\$546.85
61250	50		BURR HOLE/TREPHINE-EXPLORE:BIL	\$1,286.70	\$1,093.70
61253			PIERCE SKULL & EXPLORE	\$729.79	\$620.32
61304			INCISE SKULL FOR EXPLORATION	\$1,295.58	\$1,101.25
61305			INCISE SKULL FOR EXPLORATION	\$1,540.01	\$1,309.01
61312			CRANIECTOMY/OTOMY-HEMATOMA:EXT	\$1,474.30	\$1,253.16
61313			CRANIECTOMY/OTOMY-HEMATOMA:INT	\$1,480.21	\$1,258.18
61314			CRANIECTOMY/OTOMY-HEMATOMA:EXT	\$1,393.01	\$1,184.06
61315			CRANIECTOMY/OTOMY-HEMATOMA:INT	\$1,629.50	\$1,385.07
61316			INCIS/SUBCU PLACE CRANIAL BONE	\$74.63	\$63.44
61320			INCISE SKULL FOR DRAINAGE	\$1,505.34	\$1,279.54
61321			INCISE SKULL FOR DRAINAGE	\$1,658.57	\$1,409.78
61322	1		CRANIECT/CRANIOT DECOMP WO LOB	\$1,689.04	\$1,435.68
61323	1		CRANIECT/CRANIOT DECOMP W/LOBE	\$1,762.21	\$1,497.88
61330	1	1	EXPLORATION OF EYE SOCKET	\$1.271.43	\$1,080.72
61330	50	1	EXPLORATION EYE SOCKET: BILATE	\$2.542.86	\$2,161.43
61333	- <sup>-</sup>		EXPLORE ORBIT: REMOVE LESION	\$1,527.82	\$1,298.65
61340	1		RELIEVE CRANIAL PRESSURE	\$1,109.86	\$943.38
61340	50	1	OTHER CRANIAL DECOMP, SUPRATENT	\$2,219,73	\$1,886.77

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEI (	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	<u> </u>	-		SPECIALIST	NONSPECIALIST
61343			CRANIECTOMY, DECOMPRESS MED/SPN	\$1,736.55	\$1,476.07
61345			RELIEVE CRANIAL PRESSURE	\$1,589,41	\$1,351.00
61450			INCISE SKULL FOR SURGERY	\$1,475.34	\$1,254.04
61458			INCISE SKULL FOR SURGERY	\$1,596.03	\$1,356.63
61460			CRANIECTOMY,SUBOCCIPITAL 1/MOR	\$1,632.48	\$1,387.61
61490	50		CRANIOTOMY FOR LOBOTOMY,/CINQU	\$3,001.74	\$2,551.48
61500			REMOVAL OF SKULL LESION	\$1,054.08	\$895.97
61501			CRANIECTOMY FOR OSTEOMYELITIS	\$876.46	\$744.99
61510			REMOVAL OF BRAIN LESION	\$1,682.52	\$1,430.14
61512			REMOVE BRAIN LINING LESION	\$2,044.35	\$1,737.70
61514			REMOVAL OF BRAIN ABSCESS	\$1,480.74	\$1,258.63
61516			REMOVAL OF BRAIN LESION	\$1,448.82	\$1,231.49
61517			IMPLANT BRAIN INTRACAV CHEMOTH	\$75.67	\$64.32
61518			REMOVAL OF BRAIN LESION	\$2,179.54	\$1,852.61
61519			REMOVE BRAIN LINING LESION	\$2,390.07	\$2,031.56
61520			REMOVAL OF BRAIN LESION	\$3,093.09	\$2,629.12
61521			CRANIECTOMY-EXCISE BRAIN TUMOR	\$2,563.15	\$2,178.68
61522			REMOVAL OF BRAIN ABSCESS	\$1,712.61	\$1,455.72
61524			REMOVAL OF BRAIN LESION	\$1,623.31	\$1,379.82
61526			REMOVAL OF BRAIN LESION	\$2,858.33	\$2,429.58
61530			REMOVAL OF BRAIN LESION	\$2,417.76	\$2,055.10
61531			SUBD.IMPL.STRIP ELECTRODES	\$883.92	\$751.33
61533			CRANIECTOMY, TREPHINATION, BON	\$1,164.94	\$990.20
61534			REMOVAL OF BRAIN LESION	\$1,233.22	\$1,048.24
61536			REMOVAL OF BRAIN LESION	\$2,065.51	\$1,755.69
61537			CRANIOTOMY W/ELEVATION BONE FL	\$1,494.84	\$1,270.61
61538			REMOVAL OF BRAIN TISSUE	\$1,571.41	\$1,335.70
61539			REMOVAL OF BRAIN TISSUE	\$1,861.90	\$1,582.62
61540			CRANIOTOMY W/ELEV BONE FLAP PA	\$1,778.81	\$1,511.99
61541			CRANIECTOMY-TRANSECT CORPUS CA	\$1,656.42	\$1,407.96
61543			CRANIECTOMY-PARTIAL HEMISPHERE	\$1,702.54	\$1,447.16
61544			REMOVE & TREAT BRAIN LESION	\$1,450.82	\$1,233.20
61545			CRANIECTOMY:EXCISE CRANIOPH	\$2,519.23	\$2,141.35
61546			REMOVAL OF PITUITARY GLAND	\$1,808.90	\$1,537.57
61548			REMOVAL OF PITUITARY GLAND	\$1,215.68	\$1,033.33
61550			RELEASE OF SKULL SEAMS	\$727.32	\$618.22

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =	1		NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
61552			RELEASE OF SKULL SEAMS	\$958.92	\$815.08
61556			CRANIOTOMY/CRANIOSYNOSTOSIS:FR	\$1,226.24	\$1,042.30
61557			CRANIOTOMY/CRANIOSYNOSTOSIS:BI	\$1,340.68	\$1,139.58
61558			EXT CRANIECTOMY/MULT CRAN SUTU	\$1,330.50	\$1,130.93
61559			EXT CRANIECTOMY/RECONTOURIN	\$1,902.65	\$1,617.2
61563			EXCISE,INTRA&EXT CRANIAL TUMOR	\$1,517.46	\$1,289.84
61564			EXC,INTRA/EXT CRAN TUM: W NER	\$1,948.16	\$1,655.94
61566			CRANIOTOMY W/ELEV BONE FLAP FO	\$1,787.38	\$1,519.28
61567			CRANIOTOMY W/ELEV BONE FLAP FO	\$2,016.61	\$1,714.12
61570			REMOVE BRAIN FOREIGN BODY	\$1,422.76	\$1,209.35
61571			SURGERY FOR PENETRATING BRAIN	\$1,547.94	\$1,315.75
61575			TANSORAL.:TO BX,DECOMPRESS,EXC	\$1,909.88	\$1,623.40
61576			SEE 61575:SPLIT TONGUE/MAND-TR	\$3,001.05	\$2,550.89
61580			CRANIAL APPROACH TO ANTER.CRAN	\$1,927.46	\$1,638.34
61581			CRANIAL FACIAL APPR. W ORBITAL	\$2,005.47	\$1,704.65
61582			CRANIAL FACIAL EXTRADURAL W CR	\$2,140.55	\$1,819.47
61583			CRANIOFACIA INTRADURA W CRANIO	\$2,268.50	\$1,928.22
61584			ORBITOCRANIAL EXTRADURAL WO EX	\$2,169.06	\$1,843.70
61585			ORBITOCRANIAL EXTRADURAL W EXE	\$2,327.22	\$1,978.13
61586			BICORONAL TRANSZYGOMATIC W/WO	\$1,689.48	\$1,436.06
61590			INFRATEMPORAL PREAURICULAR W/W	\$2,448.98	\$2,081.63
61591			INFRATEMPORAL POSTAURICULAR W/	\$2,549.94	\$2,167.45
61592			ORBITOCRANIAL ZYGOMATIC CRANIA	\$2,449.51	\$2,082.09
61595			TRANSTEMPORAL APP. TO POSTERIOR	\$1,811.18	\$1,539.50
61596			TRANSCOCHLEAR APP.POSTERIOR CR	\$2,056.62	\$1,748.13
61597			TRANSCONDYLAR LATERAL TO POST.	\$2,240.68	\$1,904.58
61598			TRANSPETROSAL POSTERIOR CRANIA	\$2,012.93	\$1,710.99
61600			RESECT.NEOPLASTIC ETC.CRANIAL	\$1,600.42	\$1,360.3
61601			RESECTION NEOPL.INTRADURAL W/W	\$1,772.83	\$1,506.9 <sup>4</sup>
61605			RESECT.NEOPLA.ETC.INFRATEMPORA	\$1,757.32	\$1,493.72
61606	1		RES.NEOPLASTIC ETC.INTRADURAL	\$2,345.30	\$1,993.5
61607			RES.NEOPLAS.EXTRADURALPARASELL	\$2,157.42	\$1,833.8
61608			RES.NOWPLASTIC INTRADURAL PARA	\$2,550.07	\$2,167.5
61611	1	1	TRANSECTION CAROTID ARTERY PET	\$399.81	\$339.84
61613	1	1	OBLITERATION CAROTID ANEURYSM	\$2,432.16	\$2,067.34
61615	1	1	RESEC.NEOPLA.BASE POSTERIOR CR	\$1,924.94	\$1,636.20

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 61616 **RES.NEOPL.POSTERIOR CRANIAL IN** \$2,586.03 \$2,198.13 61618 \$1,000.95 SECOND.REPAIR DURA CSF LEAK W \$850.81 61619 SEOND.REPAIR DURA CSF LEAK W G \$1,186.78 \$1,008.76 61623 ENDOVASC TEMP BALLOON ARTERY O \$484.37 \$411.71 61624 TRANSCATH OCCLUSION/EMBOLIZATI \$928.18 \$788.95 61626 TRANSCATH OCCLU.EMBOL..HEAD OR \$749.11 \$636.75 61680 SURG ... MALFORM: SUPRATENTORIAL: \$1.796.47 \$1.527.00 61682 SURG..MALFORM.SUPRATENTORIAL:C \$3.507.47 \$2.981.35 61684 SURG..MALFORM:INFRATENTORIAL,S \$2,308.62 \$1,962.32 SURG .. MALFORM: INFRATENTORIAL, C 61686 \$3,708.88 \$3,152.55 61690 SURG..MALFORM:DURAL,SIMPLE \$1,698.64 \$1,443.84 \$2,967.34 \$2,522.24 61692 SURG..MALFORM:DURAL,COMPLEX 61697 SURG COMPLEX INTRACRANIAL ANEU \$2,925.86 \$2,486,98 61698 SURG COMPL INTRACRAN ANEUR VER \$2,805.53 \$2,384.70 INNER SKULL VESSEL SURGERY 61700 \$2,923.75 \$2,485.19 61702 INNER SKULL VESSEL SURGERY \$2.731.81 \$2.322.04 61703 CLAMP NECK ARTERY \$1.026.84 \$872.81 61705 REVISE CIRCULATION TO HEAD \$2.059.01 \$1.750.16 61708 REVISE CIRCULATION TO HEAD \$1.703.74 \$1.448.18 61710 **REVISE CIRCULATION TO HEAD** \$1,534.10 \$1,303.98 61711 FUSION OF SKULL ARTERIES \$2,098.00 \$1,783.30 61720 INCISE SKULL/BRAIN SURGERY \$950.62 \$808.02 61735 INCISE SKULL/BRAIN SURGERY \$1,139.22 \$968.33 61750 STEREOTACTIC PROC/INTRACRAN. L \$1,074.48 \$913.31 61751 STEREOTACTIC BIOPSY W/CAT SCAN \$1,058.54 \$899.76 61760 STER. IMPL. DEPTH ELECTRODES \$1,159.07 \$985.21 61770 STEREO.LOC./BURR HOLES:INSERT \$1,198.40 \$1,018.64 61790 TREAT TRIGEMINAL NERVE \$626.86 \$532.83 61791 CREATE LESION-NEUROLYTIC AGENT \$864.66 \$734.96 61850 IMPLANT NEUROELECTRODES \$746.74 \$634.73 61860 IMPLANT NEUROELECTRODES \$1,214.89 \$1,032.65 61863 TWIST DRILL BURR HOLE CRANIOTO \$1.159.78 \$985.81 61864 TWIST DRILL BURR HOLE CRAN EA \$294.68 \$250.48 61867 TWIST DRILL BURR HOLE CRAN 1ST \$1,762.07 \$1,497.76 \$441.00 61868 TWIST DRILL BURR HOLE CRAN EA \$518.82 61870 IMPLANT NEUROELECTRODES \$915.76 \$778.40

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA =NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 61880 **REVISE/REMOVE NEUROELECTRODE** \$402.94 \$342.50 61885 \$350.25 IMPLANT NEURORECEIVER \$412.06 61886 INCIS/PLACE CRAN NEUROSTIM PUL \$526.58 \$447.60 61888 REVISE/REMOVE NEURORECEIVER \$324.09 \$275.47 62000 ELEVATION DEPRESSED SKULL FX:S \$522.29 \$614.46 62005 ELEVATE DEPRESSED SKULL FX:COM \$923.78 \$785.22 62010 ELEVATE DEPRESSED SKULL FX:REP \$998.58 \$1.174.80 62100 REPAIR BRAIN FLUID LEAKAGE \$1.273.09 \$1.082.12 62115 REDUC CRANIOMEGALIC SKULL:WO B \$1,241.84 \$1,055.56 62117 REDUCE CRANIOMEGALIC SKULL:W/W \$1,496.01 \$1,271.61 62120 REPAIR ENCEPHACELE, SKULL VAULT \$1,453.95 \$1,235.86 62121 \$1,329.67 CRANIOTOMY W REP ENCEPHALOCELE \$1,130.22 62140 CRANIOPLASTY/SKULL DEFECT:UP T \$811.58 \$689.85 62141 REPAIR OF SKULL DEFECT \$889.18 \$755.80 REMOVE BONE FLAP/PROSTH.PLATE-62142 \$658.62 \$559.83 62143 REPLACE BONE FLAP/PROSTH PLATE \$784.59 \$666.90 62145 **REPAIR OF SKULL & BRAIN** \$1.097.10 \$932.53 62146 CRANIOPLASTY W AUTOGFT: UP TO \$943.33 \$801.83 62147 CRANIOPLASTY W AUTOGFT: LARGER \$1.122.14 \$953.82 62148 INCIS/RETREV SUBCU CRAN BONE G \$106.58 \$90.59 62160 INTRACRAN NEUROEND PLACE VENTR \$169.49 \$144.06 62161 INTRACRAN NEUROEND W/DISSECT A \$1,195.52 \$1,016.19 62162 INTRACRAN NEUROEND W/EXCIS COL \$1,476.09 \$1,254.67 INTRACRAN NEUROEND W/RET FOREI \$945.06 \$803.30 62163 62164 INTRACRAN NEUROEND W/EXCIS BRN \$1,535.00 \$1,304.75 62165 INTRACRAN NEUROEND W/EXCIS PIT \$1,238.51 \$1,052.74 62180 ESTABLISH BRAIN CAVITY SHUNT \$1,229.58 \$1,045.15 62190 ESTABLISH BRAIN CAVITY SHUNT \$637.94 \$542.25 62192 ESTABLISH BRAIN CAVITY SHUNT \$734.72 \$624.51 62194 REPLACE/IRRIGATE CATHETER \$268.66 \$228.36 62200 VENTRICULOCISTERNOSTOMY, THIRD \$1,084.01 \$921.41 62201 VENTRICULOCISTERNOSTOMY, 3RD VE \$898.81 \$763.99 62220 ESTABLISH BRAIN CAVITY SHUNT \$780.38 \$663.33 62223 ESTABLISH BRAIN CAVITY SHUNT \$778.90 \$662.06 62225 REPLACE/IRRIGATE CATHETER \$350.86 \$298.23 62230 REPLACE/REVISE BRAIN SHUNT \$632.82 \$537.90

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
NA =	1400	4400	NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
62252	то		REPROGRAM OF PROGRAMMABLE CSF	\$79.46	\$67.54
62252	TC		REPROGRAM OF PROGRAMMABLE CSF	NA Att 50	\$37.91
62252	26		REPROGRAM OF PROGRAMMABLE CSF	\$41.56	\$35.33
62256				\$418.28	\$355.54
62258			REPLACE BRAIN CAVITY SHUNT	\$865.69	\$735.83
62263			PERCUT LYSIS EPIDURAL ADHESION	\$633.83	\$538.76
62264	26		PERC LYSIS EPIDUR ADHES MULT S	\$195.90	\$166.52
62268			PERC.ASPIRATE-SPINAL CORD OR S	\$265.45	\$225.63
62269			BX SPINAL CORD, PERCUTANEOUS NE	\$269.84	\$229.36
62270			SPINAL FLUID TAP, DIAGNOSTIC	\$139.87	\$118.89
62272			REDUCE SPINAL FLUID PRESSURE	\$170.81	\$145.19
62273			TREAT LUMBAR SPINE LESION	\$164.10	\$139.48
62280			TREAT SPINAL CORD LESION	\$327.80	\$278.63
62281			INJ NEUROLYTIC SUB.EPID.CERV/T	\$251.15	\$213.48
62282			TREAT SPINAL CANAL LESION	\$307.51	\$261.38
62284			INJECTION FOR MYELOGRAM/CAT,SP	\$201.30	\$171.11
62287			ASP PROC, PERCU, NUC PUL INTVERT	\$461.26	\$392.07
62290			INJECT FOR SPINE DISK X-RAY	\$344.22	\$292.58
62291			INJECT FOR SPINE DISK X-RAY	\$301.54	\$256.31
62292			INJECTION INTO DISK LESION	\$424.41	\$360.75
62294			INJECTION INTO SPINAL ARTERY	\$600.02	\$510.01
62350			IMPL INTRATHECAL/EPID CATH W/O	\$381.02	\$323.87
62351			IMPL INTRATHECAL/EPID CATH W/L	\$624.21	\$530.58
62355			REMOVE PREV IMPL INTRATHEC/EPI	\$279.62	\$237.68
62360			IMPL DEVICE INTRATHEC/EPID DRU	\$184.14	\$156.52
62361			IMPLANT DEV/INTRATH/EPID INFUS	\$328.00	\$278.80
62362			IMPL DEV INTRATH/EPID INFUS/PR	\$397.96	\$338.27
62365			REMOVAL SUBCU RESERVOIR INTRA/	\$308.44	\$262.17
62367			ELECT ANAL PROGRAM PUMP W/O RE	\$36.76	\$31.25
62368			ELEC ANAL PROG IMPL PUMP W/REP	\$48.90	\$41.56
63001	1	1	RELIEVE SPINAL CORD PRESSURE	\$934.19	\$794.06
63003	1	1	RELIEVE SPINAL CORD PRESSURE	\$949.00	\$806.65
63005			RELIEVE SPINAL CORD PRESSURE	\$908.95	\$772.61
63011		1	RELIEVE SPINAL CORD PRESSURE	\$839.18	\$713.30
63012		1	LAMINECTOMY WITH REM. OF ABN.	\$933.34	\$793.34
63015			RELIEVE SPINAL CORD PRESSURE	\$1.154.77	\$981.55

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =	1400	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
63016			RELIEVE SPINAL CORD PRESSURE	\$1.141.96	\$970.67
63017			RELIEVE SPINAL CORD PRESSURE	\$964.01	\$970.07
63020			NECK SPINE DISK SURGERY	\$906.21	\$770.28
63020	50		LAMINOTOMY:ONE INTERSPACE,CERV	\$1,812.42	\$1,540.55
63030	50		LOW BACK DISK SURGERY	\$753.66	\$640.61
63030	50		LAMINOTOMY:ONE INERSP,LUMBAR:B	\$1,507.33	\$1,281.23
63035	50		ADDED SPINAL DISK SURGERY	\$176.86	\$150.33
63040			NECK SPINE DISK SURGERY	\$1,122.78	\$954.37
63042			LOW BACK DISK SURGERY	\$1,062.59	\$903.20
63043			LAMINOTOMY W/DECOMP NERVE ROOT	\$232.33	\$197.48
63044				\$247.42	\$210.31
63045			LAMINECTOMYSING.SEG.:CERVI	\$990.68	\$842.08
63046	1		LAMINECTOMYSING.SEG.:THORA	\$950.10	\$807.58
63047			LAMINECTOMYSING.SEG.:LUMBA	\$893.18	\$759.21
63048			LAMINECTOMY:EACH ADD SEG.CER.L	\$180.64	\$153.54
63050			LAMINOPLASTY, CERVICAL, WITH D	\$1,196.32	\$1,016.87
63051			LAMINOPLASTY, CERVICAL, WITH D	\$1,362.63	\$1,158.24
63055			DECOMPRESS SP CRD.EQUINA/NRV R	\$1,296.68	\$1,102.18
63056			DECOMPRESS SP CRD, EQUINA/NRV R	\$1,210.46	\$1,028.89
63057			DECOMPRESSEACH ADD SEG,THOR	\$291.57	\$247.83
63064			DECOMPRESS SPN CRD.THORAC.SING	\$1,435.36	\$1,220.06
63066			DECOMPRESSTHORACIC:EACH ADD	\$179.76	\$152.80
63075			DISKECTOMY, DECOMPRESS SPN CRD,	\$1,160.30	\$986.25
63076			DISKECTOMY:EACH ADD INTERSP	\$225.96	\$192.07
63077			DISKECTOMYTHORACIC,SING INT	\$1,229.70	\$1,045.24
63078			DISKECTOMY:THOR,EACH ADD INT	\$178.82	\$152.00
63081			VERT CORPECTOMY:CERVICAL,SIN	\$1,399.72	\$1,189.76
63082			VERT CORPECTOMY:CERVICAL,EACH	\$243.62	\$207.07
63085			VERT CORPECTOMY,THORACIC,SIN	\$1,508.34	\$1,282.09
63086			VERT CORPECT:THOR.,EACH ADD	\$172.22	\$146.38
63087			VERT CORP.LOW THOR,LUMB:SING S	\$1,967.99	\$1,672.79
63088			VERT CORP,THOR/LUMB:EADH ADD S	\$234.75	\$199.54
63090			VERT CORP:LOW THOR/LUMB/SAC:SI	\$1,558.92	\$1,325.08
63101			VERTEBRAL CORPECTOMY THORACIC	\$1,833.95	\$1,558.86
63102			VERTEBRAL CORPECTOMY LUMBAR SI	\$1,833.95	\$1,558.86
63103			VERTEBRAL CORPECT EA ADDIT SEG	\$257.93	\$219.24

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
63170			LAMINECTOMY/MYELOTOMY, THOR/THO	\$1,172.86	\$996.93
63172			LAMINECTOMYTO SUBARACHNOID	\$1,051.64	\$893.89
63173			LAMINECTOMY:TO PERITONEAL S	\$1,297.58	\$1,102.94
63180			REVISE SPINAL CORD LIGAMENTS	\$1,066.82	\$906.80
63182			REVISE SPINAL CORD LIGAMENTS	\$1,176.15	\$999.73
63185			INCISE SPINAL COLUMN/NERVES	\$832.40	\$707.54
63190			INCISE SPINAL COLUMN/NERVES	\$991.11	\$842.45
63191			LAMINECTOMY/SEC.SPINE ASS.NERV	\$1,096.94	\$932.40
63191	50		LAMINECTOMY/SECT.SPINE ASS.NER	\$2,193.89	\$1,864.80
63194			INCISE SPINAL COLUMN & CORD	\$1,100.33	\$935.28
63195			INCISE SPINAL COLUMN & CORD	\$1,114.02	\$946.92
63196			INCISE SPINAL COLUMN & CORD	\$1,329.42	\$1,130.00
63197			INCISE SPINAL COLUMN & CORD	\$1,239.95	\$1,053.96
63198			INCISE SPINAL COLUMN & CORD	\$1,277.65	\$1,086.00
63199			INCISE SPINAL COLUMN & CORD	\$1,401.60	\$1,191.36
63200			LAMINECTOMY.RELEASE TETHERL	\$1.135.91	\$965.53
63250			REVISE SPINAL CORD VESSELS	\$2,230.63	\$1,896.04
63251			REVISE SPINAL CORD VESSELS	\$2.376.42	\$2,019.96
63252			LAMINECTOMY.MALFORM.SP.CRD:THO	\$2.370.68	\$2,015.08
63265			LAMINECTOMY, LESION: CERVICAL	\$1,275.25	\$1,083.96
63266			LAMINECTOMY, LESION: THORACIC	\$1,315.80	\$1,118.43
63267			LAMINECTOMY, LESION: LUMBAR	\$1,072.15	\$911.33
63268			LAMINECTOMY.LESION:SACRAL	\$1,046.02	\$889.12
63270			LAMINECTOMY, LESION: CERVICAL	\$1,573.23	\$1,337.25
63271			LAMINECTOMY.LESION:THORACI	\$1,583.12	\$1,345.65
63272			LAMINECTOMY.LESION:LUMBAR	\$1,481.09	\$1,258.92
63273			LAMINECTOMY, LESION: SACRA	\$1,423.66	\$1,210.11
63275			LAMINECTOMY.BX/EXC:CERVICAL	\$1,386.81	\$1,178.79
63276			LAMINECTOMY.BX/EXC:THORACIC-	\$1.377.37	\$1,170.76
63277			LAMINECTOMY, BX/EXC:LUMBAR-EX	\$1,231.30	\$1,046.60
63278	1	1	LAMINECTOMY, BX/EXC:SACRAL-EX	\$1,204.78	\$1,024.06
63280	1	1	LAMINECTOMY, BX/EXC:CERVICAL-	\$1,664.36	\$1,414.71
63281	1	1	LAMINECTOMY.BX/EXC:THORACIC-	\$1,647.17	\$1,400.09
63282		1	LAMINECTOMY.BX/EXC:LUMBAR-IN	\$1,553.75	\$1,320.69
63283		1	LAMINECTOMY.BX/EXCSACRAL-IN	\$1,472.31	\$1,251.47
63285	1	1	LAMINECTOMY, BX/EXCCERVICAL-	\$2,085.78	\$1,772.92

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
63286			LAMINECTOMY, BX/EXC: THORACIC-	\$2,073.61	\$1,762.5
63287			LAMINECTOMY, BX/EXC: THORACOLU	\$2,130.08	\$1,810.5
63290			LAMINECTOMYEXTRA/INTRADURAL	\$2,146.43	\$1,824.4
63295			OSTEOPLASTIC RECONSTRUCTION OF	\$269.34	\$228.94
63300			VERT CORP,SING SEG:CERVICAL-EX	\$1,433.52	\$1,218.49
63301			SEE 63300:EXTRADUR,THOR-TRANST	\$1,559.40	\$1,325.49
63302			SEE 63300:EXTRADUR,THOR-THORAC	\$1,580.34	\$1,343.29
63303			SEE 63303,EXTRA,LUM/SAC,TRANS/	\$1,675.98	\$1,424.59
63304			SEE 63300:INTRADURAL,CERVICAL	\$1,733.85	\$1,473.77
63305			SEE 63300:INTRA,THOR-TRANSTHOR	\$1,793.42	\$1,524.41
63306			SEE 63300:INTRA,THOR-THORACOLU	\$1,868.24	\$1,588.00
63307			SEE 63300:LUM/SAC-TRANX/RETRO	\$1,701.83	\$1,446.56
63308			SEE 63300:EACH ADD SEGMENT	\$292.30	\$248.45
63600			REMOVE SPINAL CORD LESION	\$671.08	\$570.42
63610			STIMULATION OF SPINAL CORD	\$419.83	\$356.86
63655			IMPLANT NEUROELECTRODES	\$630.86	\$536.23
63685			IMPLANT NEURORECEIVER	\$375.55	\$319.22
63700			REPAIR MENINGOCELE,LESS THAN 5	\$976.37	\$829.9 <sup>2</sup>
63702			REPAIR MENINGOCELE,> 5CM DIAME	\$1,080.18	\$918.1
63704			REPAIR OF SPINAL HERNIATION	\$1,242.95	\$1,056.5 <sup>-</sup>
63706			REPAIR OF SPINAL HERNIATION	\$1,406.65	\$1,195.65
63707			REPAIR DURAL/CSF LEAK,NO LAMIN	\$691.38	\$587.67
63709			REP DURAL/CSF LEAKW/ LAMINE	\$862.93	\$733.49
63710			GRAFT REPAIR OF SPINE DEFECT	\$851.95	\$724.16
63740			INSTALL SPINAL SHUNT	\$694.72	\$590.51
63741			CREAT SHUNT,LUMB,SUBAR-PER,PL	\$471.02	\$400.36
63744			REVISION OF SPINAL SHUNT	\$490.36	\$416.8 <sup>,</sup>
63746			REMOVAL OF SPINAL SHUNT	\$376.38	\$319.93
64400			INJECTION FOR NERVE BLOCK	\$101.62	\$86.38
64402			INJECTION FOR NERVE BLOCK	\$96.80	\$82.28
64405			INJECTION FOR NERVE BLOCK	\$86.67	\$73.67
64408			INJECTION FOR NERVE BLOCK	\$101.14	\$85.9
64410	1	1	INJECTION FOR NERVE BLOCK	\$132.10	\$112.2
64413			INJECTION FOR NERVE BLOCK	\$109.39	\$92.98
64415			INJECTION FOR NERVE BLOCK	\$123.66	\$105.11
64416	1		INJECT ANESTH AGENT BRACH PLEX	\$80.17	\$68.14

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	- '	-		SPECIALIST	NONSPECIALIST
64417			INJECTION FOR NERVE BLOCK	\$136.09	\$115.68
64418			INJECTION FOR NERVE BLOCK	\$99.70	\$84.75
64420			INJECTION FOR NERVE BLOCK	\$116.41	\$98.95
64421			INJECTION FOR NERVE BLOCK	\$158.57	\$134.78
64425			INJECTION FOR NERVE BLOCK	\$115.15	\$97.88
64430			INJECTION FOR NERVE BLOCK	\$134.61	\$114.42
64435			INJECTION FOR NERVE BLOCK	\$136.40	\$115.94
64435	UD		INJECTION FOR NERVE BLOCK	\$136.40	\$115.94
64445			INJECTION FOR NERVE BLOCK	\$140.67	\$119.57
64446	1		INJ ANESTH AGENT SCIATIC NERVE	\$80.17	\$68.14
64447			INJ ANESTH AGENT FEMORAL NERVE	\$64.67	\$54.97
64448			INJ ANESTH AGENT FEM NERVE CON	\$72.39	\$61.53
64449			INJECT ANESTH AGENT LUMBAR PLE	\$86.06	\$73.15
64450			INJECTION FOR NERVE BLOCK	\$81.22	\$69.04
64479			INJ ANES AG/STER TRANS EPID CE	\$247.53	\$210.40
64480			INJ ANES/STER TRANS EPID CERV/	\$118.85	\$101.02
64483			INJ ANES/STER TRANS EPID CERV/	\$230.67	\$196.07
64484			INJ ANES AG/STER TRANS EPID LU	\$96.17	\$81.74
64505			INJECTION FOR NERVE BLOCK	\$88.02	\$74.82
64510	1		INJECTION FOR NERVE BLOCK	\$134.26	\$114.12
64517	1		INJECT ANESTH AGENT SUP HYPOGA	\$165.43	\$140.62
64517	26		INJECT ANESTH AGENT SUP HYPOGA	\$102.33	\$86.98
64520	1		INJECTION FOR NERVE BLOCK	\$199.31	\$169.41
64530			INJECTION FOR NERVE BLOCK	\$199.68	\$169.73
64553			IMPLANT NEUROELECTRODES	\$174.70	\$148.50
64555			IMPLANT NEUROELECTRODES	\$182.90	\$155.46
64561			PERCUT IMPLANT NEUROSTIM ELECT	\$781.97	\$664.67
64575			IMPLANT NEUROELECTRODES	\$246.15	\$209.23
64580			IMPLANT NEUROELECTRODES	\$261.36	\$222.16
64581			INCISION FOR IMPLANT NEUROSTIM	\$640.10	\$544.08
64585	1	1	REVISE/REMOVE NEUROELECTRODE	\$260.05	\$221.04
64590	1	1	IMPLANT NEURORECEIVER	\$281.87	\$239.59
64595	1		REVISE/REMOVE NEURORECEIVER	\$257.42	\$218.81
64600	1	I	INJECTION TX FACIAL NERVES (5	\$425.33	\$361.53
64605	1		INJECTION TREATMENT NERVES IN	\$525.39	\$446.58
64610			DESTRUC NERVE IN HEAD/RAD MONI	\$574.30	\$488.16

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELO	ONGS		
NA = NOT APPLICABLE							
		MOD		MAXIMUM FEE	MAXIMUM FEE		
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE		
PRACTITIONER				SPECIALIST	NONSPECIALIST		
64612			DESTR BY NEUROLYTIC AGENT.> NE	\$139.72	\$118.76		
64620			INJ TREATMENT INTERCOSTAL NERV	\$212.99	\$181.04		
64630			DESTROY PUDENTAL NERVE	\$194.31	\$165.17		
64640			DESTRUCTION OF OTHER PERIPHERA	\$139.99	\$118.99		
64650			CHEMODENERVATION OF ECCRINE GL	\$53.42	\$45.41		
64653			CHEMODENERVATION OF ECCRINE GL	\$61.40	\$52.19		
64680			DESTRUCTION OF NERVE, CELIAC PL	\$316.48	\$269.01		
64681			DESTRUCT BY NEURO AGENT SUP HY	\$373.49	\$317.47		
64681	26		DESTRUCT BY NEURO AGENT SUP HY	\$190.42	\$161.86		
64702			REVISE FINGER/TOE NERVE	\$282.73	\$240.32		
64704			REVISE HAND/FOOT NERVE	\$274.82	\$233.60		
64708			REVISE ARM/LEG NERVE	\$386.74	\$328.73		
64712			REVISION OF SCIATIC NERVE	\$441.38	\$375.18		
64713			REVISION OF ARM NERVE(S)	\$600.72	\$510.61		
64714			REVISE LOW BACK NERVE(S)	\$503.95	\$428.36		
64716			REVISION OF CRANIAL NERVE	\$421.02	\$357.86		
64718			REVISE ULNAR NERVE AT ELBOW	\$423.97	\$360.37		
64719			REVISE ULNAR NERVE AT WRIST	\$329.45	\$280.03		
64721			REVISE MEDIAN NERVE AT WRIST	\$339.40	\$288.49		
64722			RELIEVE PRESSURE ON NERVE(S)	\$265.94	\$226.05		
64726			RELEASE FOOT/TOE NERVE	\$242.78	\$206.37		
64727			INTERNAL NERVE REVISION	\$163.07	\$138.61		
64732			INCISION OF BROW NERVE	\$287.13	\$244.06		
64734			INCISION OF CHEEK NERVE	\$319.26	\$271.37		
64736			INCISION OF CHIN NERVE	\$297.21	\$252.63		
64738			INCISION OF JAW NERVE	\$369.47	\$314.05		
64740			INCISION OF TONGUE NERVE	\$370.84	\$315.21		
64742			INCISION OF FACIAL NERVE	\$377.70	\$321.04		
64744			INCISE NERVE, BACK OF HEAD	\$327.84	\$278.66		
64746			INCISE DIAPHRAGM NERVE	\$364.39	\$309.73		
64755	1		INCISION VAGI/PROXIMAL STOMACH	\$672.56	\$571.68		
64760			INCISION OF VAGUS NERVE	\$361.05	\$306.89		
64761	50		TRANSECTION/AVULSION OF PUDEND	\$675.54	\$574.21		
64763			INCISE HIP/THIGH NERVE	\$423.30	\$359.81		
64763	50	1	TRANSECT/AVULSION OBTURATOR NE	\$846.61	\$719.62		
64766		1	INCISE HIP/THIGH NERVE	\$483.56	\$411.03		

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS									
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE				
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE				
PRACTITIONER				SPECIALIST	NONSPECIALIST				
64766	50		TRANSECT/AVULSION OBTURATOR NE	\$967.12	\$822.05				
64771			INCISE CRANIAL NERVE, EXTRADURA	\$457.35	\$388.75				
64772			INCISION OF SPINAL NERVE	\$436.23	\$370.80				
64774			REMOVE SKIN NERVE LESION	\$315.27	\$267.98				
64776			REMOVE DIGIT NERVE LESION	\$309.19	\$262.81				
64778			EXCISE NEUROMA: EACH ADD DIGIT	\$153.11	\$130.14				
64782			REMOVE LIMB NERVE LESION	\$350.30	\$297.75				
64783			EXCISE NEUROMA,HAND/FOOT,@ ADD	\$194.78	\$165.57				
64784			REMOVE NERVE LESION	\$575.17	\$488.89				
64786			REMOVE SCIATIC NERVE LESION	\$899.45	\$764.53				
64787			INSERT CAP ON NERVE END	\$225.03	\$191.28				
64788			REMOVE SKIN NERVE LESION	\$284.72	\$242.01				
64790			REMOVAL OF NERVE LESION	\$663.90	\$564.32				
64792			REMOVAL OF NERVE LESION	\$844.57	\$717.88				
64795			BIOPSY OF NERVE	\$163.45	\$138.93				
64802			REMOVE SYMPATHETIC NERVES	\$501.46	\$426.24				
64802	50		SYMPATHECTOMY.CERVICAL:BILATER	\$1,002.91	\$852.48				
64804			SYMPATHECTOMY.CERVIOTHORACIC	\$769.02	\$653.67				
64804	50		SYMPATHECTOMY,CERVIOTHORACIC:B	\$1,538.05	\$1,307.34				
64809			REMOVE SYMPATHETIC NERVES	\$671.98	\$571.18				
64809	50		SYMPATHECTOMY, THORACOLUMBAR: BI	\$1,343.95	\$1,142.36				
64818			REMOVE SYMPATHETIC NERVES	\$544.11	\$462.50				
64818	50		SYMPATHECTOMY,LUMBAR:BILATERAL	\$1,088.22	\$924.99				
64820			SYMPATHECTOMY DIGID ARTERY-EAC	\$613.47	\$521.45				
64821			SYMPATHECTOMY: RADIAL ARTERY	\$562.65	\$478.25				
64822			SYMPATHECTOMY: ULNAR ARTERY	\$560.69	\$476.58				
64823			SYMPATHECTOMY: SUPERFIC PALMAR	\$650.10	\$552.58				
64831			REPAIR OF DIGIT NERVE	\$580.32	\$493.27				
64832			SUTURE DIGIT NERVE:@ ADD DIGIT	\$303.48	\$257.96				
64834			REPAIR OF HAND OR FOOT NERVE	\$608.23	\$517.00				
64835	1	1	REPAIR OF MEDIAN MOTOR THENAR	\$657.91	\$559.23				
64836	1	1	SUTURE 1 NERVE, HAND/FOOT:ULNAR	\$655.12	\$556.85				
64837	1	1	REPAIR ADDITIONAL NERVE	\$336.17	\$285.74				
64840	1	1	SUTURE OF POSTERIOR TIBIAL NER	\$732.06	\$622.25				
64856	1	1	REPAIR/TRANSPOSE NERVE	\$810.74	\$689.13				
64857	1		REPAIR ARM/LEG NERVE	\$850.48	\$722.91				

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS									
NA = NOT APPLICABLE									
CPT/HCPCS/CDT	MOD	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE				
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST				
64858			REPAIR SCIATIC NERVE	\$985.44	\$837.62				
64859			SUTURE @ ADD MAJOR PERIPHERAL	\$228.79	\$194.47				
64861			REPAIR OF ARM NERVES	\$1,128.14	\$958.92				
64862			REPAIR OF LOW BACK NERVES	\$1,146.67	\$974.67				
64864			REPAIR OF FACIAL NERVE	\$731.60	\$621.86				
64865			REPAIR OF FACIAL NERVE	\$985.57	\$837.73				
64866			FUSION OF FACIAL/OTHER NERVE	\$1,005.10	\$854.33				
64868			FUSION OF FACIAL/OTHER NERVE	\$874.31	\$743.17				
64885			NERVE GFT HEAD/NECK:TO 4CM(INC	\$996.02	\$846.62				
64886			NERVE GFT>4 CM LENGTH(INCL	\$1.177.27	\$1.000.68				
64890			NERVE GRAFT. HAND OR FOOT	\$885.93	\$753.04				
64891			NERVE GRAFT, HAND OR FOOT	\$815.66	\$693.31				
64892			NERVE GRAFT. ARM OR LEG	\$837.09	\$711.52				
64893			NERVE GRAFT, ARM OR LEG	\$905.18	\$769.41				
64895			NERVE GRAFT, HAND OR FOOT	\$1,011.98	\$860.19				
64896			NERVE GRAFT, HAND OR FOOT	\$1,113.72	\$946.66				
64897			NERVE GRAFT, ARM OR LEG	\$1,014.45	\$862.28				
64898			NERVE GRAFT, ARM OR LEG	\$1,098.39	\$933.63				
64901			NERVE GRAFT, @ ADD NERVE:SING.	\$542.08	\$460.77				
64902			NERVE GRAFT,@ ADD NERE, MULTI	\$622.06	\$528.75				
64905			NERVE PEDICLE TRANSFER	\$790.41	\$671.85				
64907			NERVE PEDICLE TRANSFER	\$1,113.82	\$946.74				
64910			NERVE REPAIR: WITH SYNTHETIC C	\$546.35	\$464.40				
64911			NERVE REPAIR: WITH AUTOGENOUS	\$662.50	\$563.12				
65091			EVISCERATION EYE	\$497.36	\$422.76				
65093			EVISCERATION EYE WITH IMPLANT	\$523.46	\$444.94				
65101			REMOVAL OF EYE	\$556.30	\$472.86				
65103			REMOVE EYE/INSERT IMPLANT	\$581.09	\$493.92				
65105			REMOVE EYE/ATTACH IMPLANT	\$636.42	\$540.96				
65110			REMOVAL OF EYE	\$929.50	\$790.08				
65112			REMOVE EYE, REVISE SOCKET	\$1,104.60	\$938.91				
65114			REMOVE EYE, REVISE SOCKET	\$1,139.51	\$968.59				
65130			INSERT OCULAR IMPLANT	\$547.88	\$465.70				
65135			INSERT OCULAR IMPLANT	\$558.96	\$475.12				
65140			ATTACH OCULAR IMPLANT	\$600.95	\$510.81				
65150			REVISE OCULAR IMPLANT	\$477.85	\$406.17				

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =	1	1	NOT APPLICABLE		
007//0000/007	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
65155	-		REINSERT OCULAR IMPLANT	\$644.84	\$548.11
65175	-			\$495.78	\$421.42
65205			REMOVE FOREIGN BODY FROM EYE	\$45.05	\$38.29
65210			REMOVE FOREIGN BODY FROM EYE	\$55.22	\$46.94
65220			REMOVE FOREIGN BODY FROM EYE	\$45.64	\$38.79
65222			REMOVE FOREIGN BODY FROM EYE	\$60.78	\$51.67
65235			REMOVE FOREIGN BODY FROM EYE	\$479.31	\$407.42
65260			REMOVE FOREIGN BODY FROM EYE	\$691.16	\$587.49
65265			REMOVE FOREIGN BODY FROM EYE	\$777.09	\$660.52
65270			REPAIR OF EYE WOUND	\$240.50	\$204.43
65272			REPAIR OF EYE WOUND	\$388.33	\$330.08
65273			REPAIR OF EYE WOUND	\$265.84	\$225.96
65275			REPAIR OF CORNEA LACERATION NO	\$390.96	\$332.32
65280			REPAIR OF EYE WOUND	\$465.15	\$395.38
65285			REPAIR OF EYE WOUND	\$739.64	\$628.69
65286			REPAIR LACERATION: APPLIC TISSU	\$560.83	\$476.71
65290			REPAIR OF EYE SOCKET WOUND	\$341.05	\$289.89
65400			REMOVAL OF EYE LESION	\$483.44	\$410.92
65410			BIOPSY OF CORNEA	\$120.47	\$102.40
65420			REMOVAL OF EYE LESION	\$439.00	\$373.15
65426			REMOVAL OF EYE LESION	\$519.12	\$441.25
65430			CORNEAL SMEAR	\$92.31	\$78.47
65435			CURETTE/TREAT CORNEA	\$64.20	\$54.57
65436			CURETTE/TREAT CORNEA	\$277.47	\$235.85
65450			DESTROY CORNEAL LESION	\$246.54	\$209.56
65600			REVISION OF CORNEA	\$282.52	\$240.14
65710			CORNEAL TRANSPLANT	\$788.88	\$670.55
65730			CORNEAL TRANSPLANT	\$879.43	\$747.52
65750			CORNEAL TRANSPLANT	\$902.63	\$767.24
65755			KERATOPLASTY(CORN TSPLT):PENET	\$896.14	\$761.72
65772	1	1	CORNEAL RELAX INCISION, CORR SU	\$329.82	\$280.35
65775	1	1	CORN WDGE RESECT, CORR SURG. AS	\$393.57	\$334.53
65780	1	1	OCULAR SURFACE RECONSTRUCTION	\$686.58	\$583.60
65781	1	1	LIMBAL STEM CELL ALLOGRAFT	\$1,035.91	\$880.53
65782	1	1	LIMBAL CONJUNCTIVAL AUTOGRAFT	\$894.46	\$760.29
65800	1	1	PARACENTESIS ANTERIOR CHAMBER	\$124.12	\$105.50

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 65810 PARACENTHESIS EYE.. REMOVE VIT \$320.55 \$272.47 65815 \$430.97 DRAINAGE OF EYE \$507.02 65820 RELIEVE INNER EYE PRESSURE \$576.62 \$490.12 65850 TRABECULOTOMY AB EXTERNO \$634.38 \$539.22 65855 LASER TRABECULOPLASTY-1/MORE \$257.30 \$218.71 65860 SERV. ADH. ANT. SEGM.: LASER T \$254.65 \$216.45 65865 INCISE INNER EYE ADHESIONS \$376.37 \$319.91 65870 INCISE INNER EYE ADHESIONS \$425.24 \$361.45 INCISE INNER EYE ADHESIONS \$446.97 \$379.92 65875 INCISE INNER EYE ADHESIONS \$402.38 65880 \$473.38 65900 REMOVE EYE LESION \$709.68 \$603.23 65920 REMOVE IMPLANT FROM EYE \$555.26 \$471.97 65930 REMOVE BLOOD CLOT FROM EYE \$478.26 \$406.52 66020 INJECTION, ANTERIOR CHAMBER: AIR \$158.82 \$135.00 INJECTION TTREATMENT OF EYE \$142.06 66030 \$120.75 66130 REMOVE EYE LESION \$581.45 \$494.23 66150 INCISION OF EYE \$595.63 \$506.29 66155 INCISION OF EYE \$592.14 \$503.32 66160 INCISION OF EYE \$682.43 \$580.07 66170 INCISION OF EYE \$817.52 \$694.89 66172 FISTUL.SCLERA.TRABECULECTOMY P \$1,013.82 \$861.74 66180 AQUEOUS SHT/EXTOCUL RESERVOIR \$846.46 \$719.49 66185 **REVISION AQUEOUS SHUNT TO EXTO** \$519.94 \$441.95 66225 REPAIR/GRAFT EYE LESION \$662.20 \$562.87 FOLLOW-UP SURGERY OF EYE 66250 \$595.24 \$505.95 66500 INCISION OF IRIS \$280.06 \$238.05 66505 INCISION OF IRIS \$304.23 \$258.60 66600 REMOVE IRIS AND LESION \$566.39 \$481.43 66605 REMOVAL OF IRIS \$767.48 \$652.36 66625 REMOVAL OF IRIS \$330.38 \$280.83 66630 \$338.31 REMOVAL OF IRIS \$398.02 66635 REMOVAL OF IRIS \$401.88 \$341.60 66680 **REPAIR IRIS & CILIARY BODY** \$359.14 \$305.27 66682 SUTURE OF IRIS, CILIARY BODY \$430.13 \$365.61 CILIARY BODY DESTR .: DIATHERMY 66700 \$336.37 \$285.91 66710 CILIARY BODY DESTR .: CYCLOPHOTO \$333.36 \$283.36

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =	1100	1.000	NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
66711			CILIARY BODY DESTRUCTION: CYCL CILIARY BODY DESTR.:CRYOTHERAP	\$437.73	\$372.07
66720			CILIARY BODY DESTR.:CRYOTHERAP	\$355.62	\$302.27
66740				\$330.64	\$281.04
66761				\$314.14	\$267.02
66762				\$343.66	\$292.11
66770				\$378.10	\$321.39
66820				\$326.09	\$277.17
66821			DISCISSION SECONDARY: LASER	\$216.65	\$184.15
66825			REP. INTR. LENS PROSTH. REQ.IN	\$580.11	\$493.10
66830			REMOVAL OF LENS LESION	\$506.06	\$430.15
66840				\$494.73	\$420.52
66850			REMOVAL OF LENS MATERIAL	\$560.90	\$476.77
66852	<u> </u>		REMOV LENS MAT: PARS PIANA APP	\$604.89	\$514.15
66920			EXTRACTION OF LENS	\$541.17	\$459.99
66930			EXTRACTION OF LENS	\$612.57	\$520.68
66940			EXTRACTION OF LENS	\$553.26	\$470.27
66982			EXTRACAPS CATARACT REMOV COMPL	\$780.37	\$663.31
66984			EXTRA CATARACT REMOVAL W/LENS	\$586.77	\$498.75
66985			INSERT LENS PROSTHESIS	\$529.03	\$449.68
66986			EXCHANGE OF INTRAOCULAR LENS	\$717.50	\$609.87
66990			USE OF OPHTHMALMIC ENDOSCOPE	\$73.22	\$62.24
67010			PARTIAL REMOVAL OF EYE FLUID	\$411.17	\$349.49
67015			RELEASE OF EYE FLUID	\$448.03	\$380.83
67025			REPLACE EYE FLUID	\$539.82	\$458.84
67027			IMPLANT INTRAVITREAL DRUG DELI	\$630.48	\$535.91
67028			INTRAVITREAL INJ,PHARMCOLOGIC	\$105.54	\$89.71
67030			INCISE INNER EYE STRANDS	\$358.96	\$305.12
67031			SEVERING VIT. STRANDA-LASER	\$277.44	\$235.82
67036			VIRECTOMY MECHANICAL	\$702.88	\$597.45
67039			VITRECTOMY,MECH,PPAPP:W FCL EN	\$894.03	\$759.93
67040			VITRECTOMY:W/ENDOLASER PANRE	\$1,034.43	\$879.27
67041			VITRECTOMY, MECHANICAL, PARS P	\$913.52	\$776.49
67042			VITRECTOMY, MECHANICAL, PARS P	\$1,043.94	\$887.3
67043			VITRECTOMY, MECHANICAL, PARS P	\$1,097.20	\$932.62
67101			REPAIR DETACHED RETINA	\$345.99	\$294.09
67105	1		PHOTOCOAGULATION/DETACHED RET	\$311.82	\$265.05

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NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
67107			REPAIR DETACHED RETINA	\$874.54	\$743.36
67108				\$1,178.07	\$1,001.36
67110			REPAIR RETI DETA,1/MORE SESS:W	\$639.33	\$543.43
67113			REPAIR OF COMPLEX RETINAL DETA	\$1,205.78	\$1,024.91
67115			RELEASE.ENCIRCLING MATERIAL(PO	\$337.54	\$286.91
67120			REMOVE EYE IMPLANT MATERIAL	\$489.10	\$415.73
67121			REMOVE IMPLANT, POSTERIOR, INTRA	\$642.47	\$546.10
67141			TREAT RETINAL DETACH, CRYOTHER/	\$370.93	\$315.29
67145			TREAT RETINAL DETACH, PHOTOCOAG	\$372.19	\$316.36
67208			DEST.LOC.RETINAL LESION,CRYO.D	\$429.59	\$365.15
67210			DEST.LOC.RETINAL LESION,PHOTOC	\$515.14	\$437.87
67218			TREAT RETINAL LESION:IMPLANT R	\$1,025.70	\$871.84
67220			DESTRUCTION LOCAL LESION OF CH	\$559.17	\$475.29
67225			DESTRUCTION LOCALIZED LESION C	\$23.94	\$20.35
67227			DESTR0Y RETINOPATHY:CRYOTHER/D	\$305.66	\$259.81
67228			DESTROY RETINOPATHY:PHOTOCOAGU	\$357.20	\$303.62
67229			TREATMENT OF EXTENSIVE OR PROG	\$795.84	\$676.46
67229	50		TREATMENT OF EXTENSIVE OR PROG	\$1,591.68	\$1,352.93
67250			REINFORCE EYE WALL:WO GRAFT	\$599.51	\$509.59
67255			REINFORCE/GRAFT EYE WALL	\$630.64	\$536.04
67311			REVISE EYE MUSCLE:ONE HORIZONT	\$425.79	\$361.92
67312			REVISE TWO EYE MUSCLES	\$512.10	\$435.28
67314			STRABISMUS SURG,REC/RES:1 VERT	\$471.88	\$401.10
67316			STRABISMUS SURG,REC/RES:2/MORE	\$574.73	\$488.52
67318			STRABISMUS SURG, ANY PROC, SUP O	\$495.79	\$421.42
67343			RELEASE EXT SCAR TIS WO DETACH	\$464.55	\$394.87
67345			CHEMODENERVATION OF EXTRAOCULA	\$186.48	\$158.51
67346			BIOPSY OF EXTRAOCULAR MUSCLE	\$148.14	\$125.92
67400			ORBITOTOMY:FOR EXPLOR,W/WO B	\$707.86	\$601.68
67405			ORBITOTOMY:WITH DRAINAGE ONL	\$595.90	\$506.51
67412	1		ORBITOTOMY:W REMOVAL OF LES	\$686.08	\$583.17
67413	1		ORBITOTOMY:W REMOVAL FOREIG	\$697.05	\$592.49
67414	1		ORBITOTOMY WO BONE FLAP	\$779.98	\$662.98
67415		1	TRANSCONJUNCTIVAL OR ASPIRATIO	\$84.10	\$71.48
67420	1	1	EXPLORE/TREAT EYE SOCKET	\$1,258.98	\$1,070.13
67430	1	1	EXPLORE/TREAT EYE SOCKET	\$954.66	\$811.46

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		51100
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	мод 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	'	2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
67440			EXPLORE/DRAIN EYE SOCKET	SPECIALIST \$919.09	\$781.22
67445			ORBITOTOMY WO BONEFLAP-LATERAL	\$955.17	\$811.89
67450			EXPLORE/BIOPSY EYE SOCKET	\$946.36	\$804.41
67515			INJECT/TREAT EYE SOCKET	\$40.19	\$34.16
67550			ORBITAL IMPLANT:INSERTION	\$727.21	\$618.13
67560			ORBITAL IMPLANT:REMOVAL OR REV	\$739.01	\$628.16
67570			OPTIC NERVE DECOMPRESSION	\$910.92	\$774.28
67700			DRAINAGE OF EYELID ABSCESS	\$910.92	\$212.21
67710			INCISION OF EYELID	\$216.59	\$184.10
67715			CANTHOTOMY(SEPARATE PROCEDURE)	\$210.59	\$189.73
67800			EXCISION CHALAZION, SINGLE	\$100.66	\$85.56
67801			EXCISE CHALAZION; SINGLE	\$100.00	\$109.60
67805			EXCISION OF CHALAZION:MULTIPLE	\$159.28	\$135.39
67808			EXCISE CHALAZION:UNDER GEN ANE	\$253.69	\$215.63
67810			BIOPSY OF EYELID	\$161.88	\$137.60
67820			REVISE EYELASHES	\$34.54	\$29.36
67825			REVISE EYELASHES	\$104.74	\$89.03
67830			CORRECT TRICHIASIS:INCISE LID	\$244.41	\$207.75
67835			CORRECT TRICHIASIS:INCISE LID	\$340.84	\$289.71
67840			REMOVE EYELID LESION EXC CHALA	\$253.71	\$215.66
67850			TREAT EYELID LESION	\$170.18	\$144.65
67875			TEMPORARY CLOSURE EYELIDS BY S	\$157.05	\$133.49
67880			REVISION OF EYELID	\$350.38	\$297.82
67882			REVISION OF EYELID	\$426.91	\$362.88
67900			REPAIR BROW PTOSIS	\$513.44	\$436.42
67901			REPAIR BLEPHAROPTOSIS:W SUTU	\$433.49	\$368.46
67901	50		REPAIR EYELID DEFECT	\$866.98	\$736.93
67902			REPAIR BLEPHAROPTOSIS:W FASC	\$499.27	\$424.38
67902	50		REPAIR EYELID DEFECT	\$998.54	\$848.76
67903			REPAIR BLEPHAROPTOSIS:INTERN	\$540.33	\$459.28
67904			REPAIR BLEPHAROPTOSIS:EXTER	\$537.46	\$456.84
67906			REPAIR BLEPHAROPTOSIS:W FAS	\$410.82	\$349.20
67908			REPAIR BLEPHAROPTOSIS:RESEC	\$395.77	\$336.40
67909			REDUCTION OVERCORRECTION PTOSI	\$452.69	\$384.78
67911			REVISE EYELID DEFECT	\$337.98	\$287.28
67912			CORRECT LAGOPHTHAL W/IMPL UP E	\$831.46	\$706.74

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
67914			REPAIR ECTROPIAN: SUTURE	\$337.42	\$286.81
67915			REPAIR EYELID DEFECT	\$308.83	\$262.51
67916			REPAIR ECTROPIAN:BLEPHAROPLAST	\$449.64	\$382.19
67917			REPAIR ECTROPIAN:BLEPHAROPLAST	\$488.36	\$415.11
67921			REPAIR ENTROPIAN: SUTURE	\$322.89	\$274.45
67922			REPAIR EYELID DEFECT	\$302.37	\$257.01
67923			REPAIR ENTROPIAN:BLEPHAROPLAST	\$470.62	\$400.03
67924			REPAIR ENTROPIAN:BLEPHAROPLAST	\$495.26	\$420.97
67930			REPAIR EYELID WOUND	\$313.84	\$266.76
67935			SUTURE RECENT WOUND EYELIDFU	\$497.60	\$422.96
67938			REMOVE EYELID FOREIGN BODY	\$227.02	\$192.97
67950			CANTHOPLASTY(RECONSTRUCTION CA	\$488.14	\$414.92
67961			REVISION OF EYELID	\$484.84	\$412.11
67966			REVISION OF EYELID	\$529.11	\$449.75
67971			RECONSTRUCTION OF EYELID	\$572.55	\$486.67
67973			RECONSTRUCTION OF EYELID	\$745.33	\$633.53
67974			RECONSTRUCTION OF EYELID	\$741.66	\$630.41
67975			RECONSTRUCTION OF EYELID	\$539.60	\$458.66
68020			INCISE/DRAIN EYELID LINING	\$92.93	\$78.99
68040			TREATMENT OF EYELID LESIONS	\$52.14	\$44.32
68100			BIOPSY OF EYELID LINING	\$155.35	\$132.05
68110			REMOVE EYELID LINING LESION	\$198.06	\$168.35
68115			REMOVE EYELID LINING LESION	\$281.04	\$238.88
68130			REMOVE EYELID LINING LESION	\$459.17	\$390.29
68135			REMOVE EYELID LINING LESION	\$122.58	\$104.20
68200			TREAT EYELID BY INJECTION	\$34.41	\$29.25
68320			REVISE/GRAFT EYELID LINING	\$561.16	\$476.99
68325			REVISE/GRAFT EYELID LINING	\$467.95	\$397.76
68326			REVISE/GRAFT EYELID LINING	\$454.25	\$386.11
68328			REVISE/GRAFT EYELID LINING	\$522.28	\$443.94
68330			REVISE EYELID LINING	\$479.76	\$407.80
68335			REVISE/GRAFT EYELID LINING	\$454.79	\$386.57
68340			SEPARATE EYELID ADHESIONS	\$439.68	\$373.73
68360			REVISE EYELID LINING	\$417.80	\$355.13
68362			REVISE EYELID LINING	\$460.21	\$391.18
68371		1	HARVEST CONJUNCT ALLOGRAFT LIV	\$328.42	\$279.15

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		5100
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
	1	2	PROCEDURE CODE DESCRIPTION		
PRACTITIONER 68400			INCISE/DRAIN TEAR GLAND	SPECIALIST \$256.64	NONSPECIALIST
68420			INCISE/DRAIN TEAR GLAND	\$286.66	\$218.14 \$243.66
68440			INCISE/DRAIN FEAR SAC	\$280.00	\$86.79
68500			REMOVAL OF TEAR GLAND	\$102.10	\$590.90
68505			PARTIAL REMOVAL TEAR GLAND	\$723.86	\$590.90
68510			BIOPSY OF TEAR GLAND	\$401.60	\$341.36
68520			REMOVAL OF TEAR SAC	\$401.80	\$341.30
68525			BIOPSY OF TEAR SAC	\$215.13	\$182.86
68530			CLEARANCE OF TEAR DUCT	\$398.58	\$338.80
68540			REMOVE TEAR GLAND LESION	\$669.48	\$569.06
68550			REMOVE TEAR GLAND LESION	\$828.34	\$704.09
68700			REPAIR TEAR DUCTS	\$421.38	\$358.18
68705			REVISE TEAR DUCT OPENING	\$209.90	\$178.42
68720			CREATE TEAR SAC DRAIN	\$563.33	\$478.83
68745			CREATE TEAR DUCT DRAIN	\$555.26	\$471.97
68750			CREATE TEAR DUCT DRAIN	\$567.46	\$482.34
68760			CLOSE TEAR DUCT OPENING	\$177.80	\$151.13
68761			CLOSE LACR. PUNCT., PLUG, EACH	\$122.13	\$103.81
68770			CLOSE TEAR SYSTEM FISTULA	\$340.22	\$289.18
68801			DILATION LACRIMAL PUNCTUM W/WO	\$93.69	\$79.64
68801	50		DILATION LACRIMAL PUNCTUM W/WO	\$194.70	\$165.50
68810			PROBING NASOLACRIMAL DUCT W/WO	\$163.46	\$138.94
68810	50		PROBING NASOLACRIMAL DUCT W/WO	\$375.07	\$318.81
68811			PROBING NASOLAC DUCT W/WO IRRI	\$142.01	\$120.71
68811	50		PROBING NASOLAC DUCT W/WO IRRI	\$213.02	\$181.06
68815			PROBING NASOLAC DUCT W INSERT	\$386.43	\$328.47
68815	50		PROBING NASOLAC DUCT W INSERT	\$772.86	\$656.93
68816			PROBING OF NASOLACRIMAL DUCT,	\$174.85	\$148.62
68816	50		PROBING OF NASOLACRIMAL DUCT B	\$349.70	\$297.24
68840			EXPLORE/IRRIGATE TEAR DUCTS	\$95.58	\$81.24
68850			INJECTION FOR TEAR SAC X-RAY	\$56.34	\$47.89
69000			DRAIN EXTERNAL EAR LESION	\$147.44	\$125.32
69005			DRAIN EXTERNAL EAR LESION	\$171.48	\$145.76
69020			DRAIN OUTER EAR CANAL LESION	\$186.04	\$158.13
69100			BIOPSY OF EXTERNAL EAR	\$84.51	\$71.84
69105			BIOPSY EXTERNAL EAR CANAL	\$108.67	\$92.37

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
69110			PARTIAL REMOVAL EXTERNAL EAR	\$346.65	\$294.65
69120			REMOVAL OF EXTERNAL EAR	\$349.30	\$296.91
69140			REMOVE EAR CANAL LESION(S)	\$722.78	\$614.36
69145			REMOVE EAR CANAL LESION(S)	\$285.82	\$242.94
69150			EXTENSIVE EAR CANAL SURGERY	\$916.00	\$778.60
69155			EXTENSIVE EAR/NECK SURGERY	\$1,378.37	\$1,171.61
69200			CLEAR OUTER EAR CANAL	\$85.96	\$73.07
69200	SA		CLEAR OUTER EAR CANAL	NA	\$69.41
69205			CLEAR OUTER EAR CANAL	\$87.03	\$73.98
69210			REMOVE IMPACTED CERUMEN,UNILAT	\$42.14	\$35.82
69210	SA		REMOVE IMPACTED CERUMEN 1-2 EA	NA	\$34.02
69220			DEBRIDEMENT, MASTOIDECTOMY CAV/	\$84.47	\$71.80
69220	50		DEBRIDEMENT, MASTOID CAVITY, SIM	\$217.42	\$184.81
69222			DEBRID,MASTOID,CAV,COMPLEX/W A	\$178.77	\$151.95
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W A	\$357.54	\$303.91
69300			REVISE EXTERNAL EAR	\$365.54	\$310.71
69300	50		OTOPLASTY, PROTRUD EAR/W/WO/SZ	\$731.09	\$621.42
69310			RECONSTRUCT EXTERNAL EAR CANAL	\$919.65	\$781.70
69320			REBUILD OUTER EAR CANAL	\$1,318.74	\$1,120.93
69420			INCISION OF EARDRUM	\$152.50	\$129.63
69421			MYRINGOTOMYREQUIRING GEN A	\$132.75	\$112.84
69424			VENT TUBE REMOVAL:UNILATERAL	\$103.24	\$87.75
69424	50		VENT TUBE REMOVAL:BILATERAL	\$206.48	\$175.51
69433			OFFICE TYMPANOSTOMY, UNILAT	\$157.07	\$133.51
69433	50		TYMPANOSTOMY LOCAL/TOPICAL ANE	\$314.14	\$267.02
69436			TYMPANOSTOMY:UNILATERAL	\$145.62	\$123.77
69440			EXPLORATION OF MIDDLE EAR	\$555.60	\$472.26
69450			TYMPANOLYSIS, TRANSCANAL	\$428.27	\$364.03
69501			MASTOIDECTOMY	\$614.38	\$522.22
69502			MASTOIDECTOMY	\$814.56	\$692.38
69505			REMOVE MASTOID STRUCTURES	\$1,025.99	\$872.09
69511			EXTENSIVE MASTOID SURGERY	\$1,053.42	\$895.41
69530			EXTENSIVE MASTOID SURGERY	\$1,387.15	\$1,179.08
69535	1		REMOVE PART OF TEMPORAL BONE	\$2,314.69	\$1,967.48
69540			REMOVE EAR LESION	\$168.12	\$142.90
69550			REMOVE EAR LESION	\$878.64	\$746.84

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
69552			REMOVE EAR LESION	\$1,364.59	\$1,159.90
69554			REMOVE EAR LESION	\$2,164.86	\$1,840.13
69601			MASTOID SURGERY REVISION	\$880.80	\$748.68
69602			MASTOID SURGERY REVISION	\$911.43	\$774.72
69603			MASTOID SURGERY REVISION	\$1,100.90	\$935.77
69604			MASTOID SURGERY REVISION	\$942.14	\$800.82
69605			MASTOID SURGERY REVISION	\$1,340.77	\$1,139.65
69610			REPAIR OF EAR DRUM	\$339.35	\$288.45
69610	50		TYMPAN MEMBRANE PATCH W/TISSUE	\$678.70	\$576.90
69620			REPAIR OF EARDRUM	\$578.37	\$491.61
69631			REPAIR EARDRUM STRUCTURES	\$716.06	\$608.65
69632			REBUILD EARDRUM STRUCTURES	\$891.26	\$757.57
69633			REBUILD EARDRUM STRUCTURES - T	\$854.99	\$726.74
69635			REPAIR EARDRUM STRUCTURES	\$1,022.36	\$869.01
69636			REBUILD EARDRUM STRUCTURES	\$1,173.74	\$997.68
69637			REBUILD EARDRUM STRUCTURES - T	\$1,167.25	\$992.16
69641			REVISE MIDDLE EAR & MASTOID	\$866.59	\$736.60
69642			REVISE MIDDLE EAR & MASTOID	\$1,125.69	\$956.83
69643			REVISE MIDDLE EAR & MASTOID	\$1,024.53	\$870.85
69644			REVISE MIDDLE EAR & MASTOID	\$1,270.21	\$1,079.68
69645			REVISE MIDDLE EAR & MASTOID	\$1,237.79	\$1,052.12
69646			REVISE MIDDLE EAR & MASTOID	\$1,317.33	\$1,119.73
69650			RELEASE MIDDLE EAR BONE	\$665.38	\$565.58
69660			REVISE MIDDLE EAR BONE	\$784.30	\$666.65
69661			REVISE MIDDLE EAR BONE W/DRILL	\$1,034.62	\$879.43
69662			REVISION STAPEDECTOMY/OTOMY	\$992.32	\$843.47
69666			REPAIR OVAL WINDOW FISTULA	\$670.56	\$569.98
69667			REPAIR ROUND WINDOW FISTULA	\$671.22	\$570.53
69670			REMOVE MASTOID AIR CELLS	\$789.06	\$670.70
69676			TYMPANIC NEURECTOMY: UNILATERA	\$690.34	\$586.79
69676	50		TYMPANIC NEVRETOMY:BILATERAL	\$1,380.67	\$1,173.57
69700			CLOSE MASTOID FISTULA	\$594.18	\$505.06
69714			OSSEOINTEG IMPLANT WO/MASTOIDE	\$906.26	\$770.32
69715			OSSEOINTEG IMPLANT W/MASTOIDEC	\$1,131.07	\$961.41
69717			REPLACE OSSEOINTEG IMPL W/MAST	\$991.87	\$843.09
69718			REPLACE OSSEOINTEG IMP/ W/MAST	\$1,199.17	\$1,019.29

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	ONGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
69720			RELEASE FACIAL NERVE	\$982.26	\$834.92
69725			RELEASE FACIAL NERVE	\$1,558.23	\$1,324.50
69740			REPAIR FACIAL NERVE	\$997.82	\$848.14
69745			REPAIR FACIAL NERVE	\$1,069.67	\$909.22
69801			INCISE INNER EAR	\$202.81	\$172.39
69805			EXPLORE INNER EAR	\$873.47	\$742.45
69806			EXPLORE INNER EAR	\$794.95	\$675.71
69905			REMOVE INNER EAR	\$762.99	\$648.54
69910			REMOVE INNER EAR & MASTOID	\$867.35	\$737.25
69915			INCISE INNER EAR NERVE	\$1,280.35	\$1,088.30
69930			COCHLEAR DEVICE IMPLANTATION	\$1,072.50	\$911.62
69950			INCISE INNER EAR NERVE	\$1,519.67	\$1,291.72
69955			RELEASE FACIAL NERVE	\$1,654.31	\$1,406.17
69960			RELEASE INNER EAR CANAL	\$1,600.05	\$1,360.04
69970			REMOVE INNER EAR LESION	\$1,811.26	\$1,539.57
69990			USE OF OPERATING MICROSCOPE	\$196.73	\$167.22
73092			X-RAY EXAM OF ARM, INFANT	\$20.00	\$13.79
73592			X-RAY EXAM OF LEG, INFANT	\$20.00	\$13.79
80500			CLINICAL PATH CONSULT:LIMITED	NA	\$19.12
80502			CLINICAL PATH CONSULT:COMPREHE	NA	\$61.5
81002	U9		ROUTINE URINE ANALYSIS	NA	NA
81025	U9		URINE PREG TEST:VISUAL COLOR C	NA	NA
84166	26		PROTEIN: ELECTROPHORETIC FRACT	NA	\$16.74
84181	26		PROTEIN:WEST.BLOT INT.&REP.BLO	NA	\$16.74
84182	26		PROTEIN:WEST.BLOT IMM.PROBE BA	NA	\$17.72
85060			BLOOD SMEAR, PERIPHERAL, INTER	NA	\$20.93
85097			BONE MARROW SMEAR INTERPRET	NA	\$77.62
85097	26		BONE MARROW SMEAR INTERPR.ONLY	NA	\$44.82
85390	26		FIBRINOLYSINS SCREEN	NA	\$16.4 <sup>,</sup>
85396			COAGULATION/FIBRINOLYSIS ASSAY	NA	\$18.3 <sup>-</sup>
85576	26		PLATELET:AGGREGATION (IN VITRO	NA	\$17.42
36077			BLOOD BANK PHYSICIAN SERVICES:	NA	\$43.84
36078			BLOOD BANK PHYSICIAN SERVICES:	NA	\$46.22
36079			BLOOD BANK PHYSICIAN SERVICES:	NA	\$45.8
86255	26		FLUORESCENT ANTIBODY: SCREEN	NA	\$17.08
86256	26		FLUORESCENT ANTIBODY: TITER	NA	\$17.0

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
86320	26		SERUM IMMUNOELECTROPHORESIS	NA	\$17.08
86325	26		OTHER IMMUNOELECTROPHORESIS	NA	\$16.41
86327	26		IMMUNOELECTROPHORESIS: CROSSED	NA	\$19.98
86334	26		IMMUNOFIXATION ELECTROPHORESIS	NA	\$17.08
86335	26		IMMUNOFIXATION ELECTROPHORESIS	NA	\$16.74
86490			COCCIDIOIDOMYCOSIS SKIN TEST	NA	\$7.25
86510			HISTOPLASMOSIS SKIN TEST	\$6.82	\$5.80
86580	U9		TB PATCH OR INTRADERMAL TEST	NA	NA
87084	U9		PRESUM PATHOG CUL SCR:W/COLONY	NA	NA
87164	26		DARK FIELD EXAMINATION	NA	\$16.06
87880	QW	U9	STREP GROUP A	NA	NA
88104			CYTOPATHOLOGY	NA	\$47.73
88104	TC		CYTOPATHOLOGY	NA	\$21.29
88104	26		CYTOPATHOLOGY FLUIDS WASHINGS	NA	\$26.44
88106			CYTOPATHOLOGY	NA	\$64.69
88106	TC		CYTOPATHOLOGY	NA	\$38.25
88106	26		CYTOPATH FLUIDS WASH-BRUS FILT	NA	\$19.73
88108			CYTOPATHOLOGY, FLUIDS, WASHING	NA	\$59.94
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	NA	\$33.50
88108	26		CYTPPATH FL CONC TECH SMEAR IN	NA	\$22.55
88112			CYTOPATH/LIQUID BASE SLIDE PRE	NA	\$70.87
88112	TC		CYTOPATH/LIQUID BASE SLIDE PRE	NA	\$40.67
88112	26		CYTOPATH/LIQUID BASE SLIDE PRE	NA	\$29.18
88125			FORENSIC CYTOPATHOLOGY	NA	\$17.97
88125	TC		FORENSIC CYTOPATHOLOGY	NA	\$5.72
88125	26		FORENSIC CYTOPATHOLOGY	NA	\$12.25
88141			CYTOPATH CER-VAG ANY REPORTING	NA	\$18.96
88141	FP		CYTOPATH CER-VAG ANY REPORTING	NA	\$18.96
88160			CYTOPATHOLOGY	NA	\$45.15
88160	TC		CYTOPATHOLOGY	NA	\$21.62
88160	26		CYTOPATHOLOGY	NA	\$23.53
88161			CYTOPATH:PREP,SCREEN,INTER	NA	\$48.88
88161	TC		CYTOPATH:PREP,SCREEN,INTER	NA	\$25.35
88161	26		CYTOPATH ANY SOURCE PREP SC IN	NA	\$23.53
88162			CYTOPATH:EXT.STUDY,+5 SLIDES	NA	\$60.11
88162	26		CYTOPATH:EXT.STUDY,+5 SLIDES	NA	\$36.11

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
88172			IMMEDIATE EVAL/ASPIRATE,SPEC A	NA	\$44.92
88172	TC		IMMIDIATE EVAL/ASPIRATE,SPEC A	NA	\$16.54
88172	26		IMMIDIATE EVAL/ASPIRATE,SPEC A	NA	\$28.38
88173			FINE NEEDLE ASPIRATE:INTERP/	NA	\$118.62
88173	TC		FINE NEEDLE ASPIRATE:INTERP/	NA	\$53.18
88173	26		FINE NEEDLE ASPIRATE:INTERP/	NA	\$65.45
88182			FLOW CYTOMETRY EACH CELL SURFA	NA	\$93.58
88182	TC		FLOW CYTOMETRY EACH CELL SURFA	NA	\$57.16
88182	26		FLOW CYTOMETRY EACH CELL SURFA	NA	\$35.49
88187			FLOW CYTOMETRY, INTERPRETATION	NA	\$38.83
88188			FLOW CYTOMETRY, INTERPRETATION	NA	\$65.91
88189			FLOW CYTOMETRY, INTERPRETATION	NA	\$87.93
88291			CYTO MOLECULAR REPORT	NA	\$22.80
88302			SURGICAL PATHOLOGY, COMPLETE	\$32.88	\$28.25
88302	26		SURG PATH GR MICRO EXAM NORM T	NA	\$6.44
88304			SURGICAL PATHOLOGY, COMPLETE	\$42.96	\$37.13
88304	UD		SURGICAL PATHOLOGY, INDUCED AB	NA	\$50.74
88305			SURGICAL PATHOLOGY, COMPLETE	NA	\$72.24
88305	FP		COLPOSCOPY PATHOLOGY	NA	\$90.58
88305	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$32.61
88305	26		SURG PATH WITHOUT COMPLEX DISS	NA	\$35.80
88307			SURGICAL PATHOLOGY, COMPLETE	NA	\$161.02
88307	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$85.90
88307	26		SURG PATH REQ COMPLEX DISSECTI	NA	\$75.12
88309			SURGICAL PATHOLOGY, COMPLETE	NA	\$225.50
88309	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$118.14
88309	26		SURG PATH COMP PROB W WO EXT D	NA	\$107.37
88311			SURGICAL PATHOLOGY: DECALCIFIC	NA	\$15.98
88311	TC		SURGICAL PATHOLOGY: DECALCIFIC	NA	\$4.70
88311	26		SURGICAL PATHOLOGY: DECALCIFIC	NA	\$11.28
88312		Ī	SPECIAL STAINS	NA	\$69.53
88312	TC	Ī	SPECIAL STAINS	NA	\$44.06
88312	26		SPECIAL STAIN GR 1 FOR MICRO E	NA	\$25.47
88313			SPECIAL STAINS	NA	\$50.58
88313	TC		SPECIAL STAINS	NA	\$39.31
88313	26		SPECIAL STAIN GR 2 FOR MICRO E	NA	\$11.28

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		01003
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
88314			GROSS & MICROSCOPIC EXAM 3 SPE	NA	\$82.54
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	NA	\$58.39
88314	26		GROSS MICRO HISTOCHEM STAIN W	NA	\$21.26
88319			DETERMINATIVE HISTOCHEMISTRY T	NA	\$97.95
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	NA	\$68.05
88319	26		DETERMINATIVE HISTOCHEMISTRY T	NA	\$24.82
88321			MICROSLIDE CONSULTATION	NA	\$69.38
88323			MICROSLIDE CONSULTATION	NA	\$105.14
88323	TC		MICROSLIDE CONSULTATION	NA	\$28.78
88323	26		MICROSLIDE CONSULTATION	NA	\$63.50
88325			COMPREHENSIVE REVIEW OF DATA	NA	\$172.01
88329			CONSULTATION DURING SURGERY	NA	\$43.83
88331			CONSULTATION DURING SURGERY	NA	\$77.31
88331	TC		CONSULTATION DURING SURGERY	NA	\$21.20
88331	26		CONSULT DURING SURG W FROZEN S	NA	\$35.43
88332			CONSULTATION DURING SURGERY	NA	\$35.44
88332	TC		CONSULTATION DURING SURGERY	NA	\$7.71
88332	26		CONSULTATION DURING SURGERY	NA	\$27.73
88333			PATHOLOGY CONSULTATION DURING	NA	\$76.94
88333	26		PATHOLOGY CONSULTATION DURING	NA	\$57.10
88342			IMMUNOCYTOCHEMISTRY (INCLUDING	NA	\$77.89
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	NA	\$37.91
88342	26		IMMUNOCYTOCHEM EACH ANTIBODY I	NA	\$37.11
88346			IMMUNOFLUORESCENT ST EA DIRECT	NA	\$81.94
88346	TC		IMMUNOFLUORESCENT ST EA DIRECT	NA	\$41.64
88346	26		IMMUNOFLUORESCENT ST EA DIRECT	NA	\$37.73
88348	26		ELECTRON MICRO DIAGNOSTIC	NA	\$71.23
88349	26		ELECTRON MICRO SCANNING	NA	\$36.11
88355			MORPHOMETRIC ANALYSIS:SKELETAL	\$136.87	\$116.34
88355	TC		MORPHOMETRIC ANALYSIS:SKELETAL	NA	\$52.99
88355	26		MORPHOMETRIC ANALY SKELETAL MU	NA	\$84.79
88356			SKELETAL MUSCLE NERVE:MORPHOME	NA	\$221.52
88356	TC	Ī	SKELETAL MUSCLE NERVE:MORPHOME	NA	\$93.81
88356	26	1	MORPHOMETRIC ANALYSIS NERVE	NA	\$127.41
88358		1	MORPHOMETRIC ANALYSIS TUMOR	NA	\$63.55
88358	26	i	MORPHOMETRIC ANALYSIS TUMOR	NA	\$43.66

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
88360			MORPHOMETRIC ANALYSIS, TUMOR I	NA	\$95.83
88360	26		MORPHOMETRIC ANALYSIS, TUMOR I	NA	\$44.28
88361			TUMOR HER-2/NEU QUANT/OR SEMIQ	NA	\$139.62
88362			NERVE TEASING PREPARATIONS	NA	\$219.69
88362	TC		NERVE TEASING PREPARATIONS	NA	\$103.68
88362	26		NERVE TEASING PREPARATIONS	NA	\$102.49
88365			TISSUE IN SITU HYBRIDIZATION I	NA	\$111.68
88365	TC		TISSUE IN SITU HYBRIDIZATION I	NA	\$55.55
88365	26		TISSUE IN SITU HYBRIDIZATION I	NA	\$45.72
88367			MORPHOMETRIC ANALYSIS, IN SITU	NA	\$115.82
88367	26		MORPHOMETRIC ANALYSIS, IN SITU	NA	\$35.91
88368	26		MORPHOMETRIC ANALYSIS, INSITU	NA	\$43.15
88371	26		PROTEIN ANAL.TISSUE,INT.& REPO	NA	\$16.41
88372	26		PROTEIN ANAL.TISSUE:IMM. PROBE	NA	\$16.99
88385	26		ARRAY-BASED EVALUATION OF MULT	NA	\$64.67
89049			CAFFEINE HALOTHANE CONTRACTURE	NA	\$166.82
89220			SPUTUM OBTAINING SPEC AEROSOL	NA	\$15.18
90465	HU		IMMUNIZATION ADMINISTRATION UN	NA	\$16.18
90467	HU		IMMUNIZATION ADMINISTRATION UN	NA	\$11.44
90468	HU		IMMUNIZATION ADMINISTRATION UN	NA	\$8.77
90471			IMMUNIZATION ADMINIS SING/COMB	NA	\$16.18
90471	FP		IMMUNIZATION ADMINIS SING/COMB	NA	\$16.18
90471	HU		IMMUNIZATION ADMINIS SING/COMB	NA	\$16.18
90471	U9		IMMUNIZATION ADMINIS SING/COMB	NA	NA
90472			IMMUNIZ ADMIN 2 OR MORE SING/C	NA	\$11.50
90472	U9		IMMUNIZ ADMIN EACH ADDITIONAL	NA	NA
90473			IMMUNIZATION ADMIN INTRANASAL/	NA	\$14.55
90473	HU		IMMUNIZATION ADMIN INTRANASAL/	NA	\$14.55
90474			IMMUNIZATION ADMIN INTRANASAL/	NA	\$8.43
90474	HU		IMMUNIZATION ADMIN INTRANASAL/	NA	\$8.43
90633			VACCINE FOR HEPATITIS A (2 DOS	NA	\$38.24
90633	U9		HEPATITIS A VACC PED/ADOL DOSA	NA	NA
90634			HEPATIITS A VACC PED/ADOL DOSA	NA	NA
90644			VACCINE FOR MENINGOCOCCAL AND	NA	NA
90647	U9		HEMOPHILUS INFLUENZA B VACC 3	NA	NA
90648	U9		HEMOPHILUS INFLUENZA B VACC 4	NA	NA

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =					
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
90649	U9		HUMAN PAPILLOMA VIRUS (HPV) VA	NA	NA
90655			VACCINE FOR INFLUENZA FOR ADMI	NA	\$19.33
90656	U9		INFLUENZA VIRUS VACCINE, SPLIT	NA	NA
90657			VACCINE FOR INFLUENZA FOR ADMI	NA	\$9.41
90658	U9		INFLUENZA VIRUS VACC 3 YRS & O	NA	NA
90660	U9		INFLUENZA VIRUS VACC-LIVE INTR	NA	NA
90669	U9		PNEUMOCOCCAL CONJUGATE VACC PO	NA	NA
90680			ROTAVIRUS VACC-TETRAVALENT LIV	NA	\$88.64
90681			ROTAVIRUS VACCINE, ORAL (ROTAR	NA	\$130.44
90685			VACCINE FOR INFLUENZA FOR ADMI	NA	\$22.05
90687			VACCINE FOR INFLUENZA FOR ADMI	NA	\$15.72
90696			VACCINE FOR DIPHTHERIA, TETANU	NA	\$61.75
90698			VACCINE FOR DIPHTHERIA, TETANU	NA	\$92.70
90700			VACCINE FOR DIPHTHERIA, TETANU	NA	\$30.73
90700	U9		IMMUN DIPTH/TETANUS/ACCELULAR/	NA	NA
90702			VACCINE FOR DIPHTHERIA AND TET	NA	\$31.56
90702	U9		IMMUNIZATION DIPHTHERIA/TETANU	NA	NA
90703	U9		TETANUS TOXOID FOR TRAUMA	NA	NA
90704	U9		IMMUNIZATION - MUMPS	NA	NA
90705	U9		IMMUNIZATION MEASLES	NA	NA
90706	U9		IMMUNIZATION RUBELLA	NA	NA
90707	U9		IMMUN MEASLES-MUMPS-RUBELLA	NA	NA
90710			VACCINE FOR MEASLES, MUMPS, RU	NA	\$160.95
90710	U9		MEASLES/MUMPS/RUBELLA/VARICELL	NA	NA
90713	U9		IMMUNIZATION POLIO, INJECTION	NA	NA
90714	U9		TETANUS/DIPTHERIA TOXOID AGE 7	NA	NA
90715	U9		TETANUS/DIPHTH/ACCELLULAR PERT	NA	NA
90716	U9		IMMUN VARICELLA/CHICKENPOX VAC	NA	NA
90718	U9		IMMUNIZATION TD ABSORBED 7 YRS	NA	NA
90723			VACCINE FOR DIPHTHERIA. TETANU	NA	\$90.90
90723	U9		DTP/HEPATITIS B/POLIOVIRUS VAC	NA	NA
90732	U9		IMMUNIZ, PNEUMOCOCCAL VACC, POLY	NA	NA
90733	U9		IMM. MENINGOCOCCAL POLYSACCHAR	NA	NA
90734	U9		MENINGO CONJU VACC SEROGROUP A	NA	NA
90743			VACCINE FOR HEPATITIS B (2 DOS	NA	\$74.28
90743	U9		HEPATITIS B VACCINE ADOL 2 DOS	NA	NA

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	DNGS
NA =		-	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
90744			VACCINE FOR HEPATITIS B (3 DOS	NA	\$29.62
90744	U9		IMMUNIZATION, HEP B PED/ADOL 3	NA	NA
90748	U9		IMMUN ACT, HEP B/HIB VACCINE	NA	NA
90772	FP		THERAPEUTIC, PROPHYLACTIC/DIAG	\$16.18	\$16.18
90774	SB		THERAP/PROPH/DIAG INJ, IV PUSH	NA	\$35.68
90775	SB		THERAP/PROPH/DIAG INJ EACH ADD	NA	\$16.58
90791			PSYCHIATRIC DIAGNOSTIC EVALUAT	\$130.00	\$110.50
90791	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	\$104.98
90791	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	\$78.48
90791	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	\$130.00	\$130.00
90791	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	\$97.18	\$82.61
90792			PSYCHIATRIC DIAGNOSTIC EVALUAT	\$130.00	\$110.50
90792	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	\$104.98
90792	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	\$78.48
90792	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	\$130.00	\$130.00
90792	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	\$100.10	\$85.08
90806	UD		INDIVIDUAL PSYCHOTHERAPY 45-50	\$83.74	\$71.18
90832			PSYCHOTHERAPY, 30 MINUTES W/PA	\$55.77	\$47.40
90832	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	\$45.03
90832	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	\$32.66
90832	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	\$55.77	\$55.77
90832	26		PSYCHOTHERAPY, 30 MINUTES W/PA	\$40.45	\$34.38
90833			PSYCHOTHERAPY, 30 MINUTES W/PA	\$43.13	\$36.66
90833	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	\$34.83
90833	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	\$27.61
90833	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	\$43.13	\$43.13
90833	26		PSYCHOTHERAPY, 30 MINUTES W/PA	\$34.19	\$29.06
90834			PSYCHOTHERAPY . 45 MINUTES W/P	\$83.74	\$71.18
90834	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	\$67.62
90834	SA	26	PSYCHOTHERAPY, 45 MINUTES W/PA	NA	\$48.97
90834	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	\$83.74	\$83.74
90834	UD		PSYCHOTHERAPY, 45 MINUTES W/PA	\$83.74	\$71.18
90834	26		PSYCHOTHERAPY, 45 MINUTES W/PA	\$60.64	\$51.54
90836		1	PSYCHOTHERAPY, 45 MINUTES W/PA	\$69.97	\$59.47
90836	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	\$56.50
90836	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	\$69.97	\$69.97

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	A THE PROCEDURE CODE BEL	JNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
90847			SPECIAL FAMILY THERAPY	\$99.18	\$84.30
90847	SA		SPECIAL FAMILY THERAPY	NA	\$80.08
90847	SA	22	SPECIAL FAMILY THERAPY	NA	\$100.11
90847	UC		SPECIAL FAMILY THERAPY	\$99.18	\$99.18
90847	UC	22	SPECIAL FAMILY THERAPY	\$123.97	\$123.97
90847	22		SPECIAL FAMILY THERAPY	\$123.97	\$105.37
90853			GROUP MEDICAL PSYCHOTHERAPY	\$26.30	\$22.36
90853	SA		PSYCHOTHERAPY, GROUP(MAX 8 PAT	NA	\$21.69
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	\$26.86	\$26.86
90870			ELECTROCONVULSIVE THERAPY	\$126.45	\$107.48
90887			CONSULTATION WITH FAMILY	\$69.84	\$59.36
90887	SA		CONSULTATION WITH FAMILY	NA	\$56.40
90887	UC		CONSULTATION WITH FAMILY	\$69.84	\$69.84
90935			HEMODIALYSIS PROC W SINGLE PHY	\$62.49	\$53.11
90937			HEMODIALYSIS PROC REQ EVALUATI	\$101.70	\$86.44
90945			DIALYSIS PROC OTHER THAN HEMOD	\$65.06	\$55.30
90947			DIALYSIS PROC NOT HEMODIALYSIS	\$103.95	\$88.36
90951			ESRD RELAT SERV 4 OR MORE VS/M	\$705.66	\$599.81
90952			ESRD RELATED SERV W/2-3 VS/MON	\$468.23	\$398.00
90953			ESRD RELAT SERV W/1 VS/MONTH <	\$334.93	\$284.69
90954			ESRD RELAT SERV W/4 VS/MONTH 2	\$478.18	\$406.45
90955			ESRD RELAT SERV W/2-3 VS/MON 2	\$398.34	\$338.59
90956			ESRD RELAT SERV W/1 VS/MONTH 2	\$318.58	\$270.80
90957			ESRD RELAT SERV W/4 VS/MON 12-	\$420.08	\$357.07
90958			ESRD RELAT SERV W/2-3 VS/MON 1	\$349.82	\$297.35
90959			ESRD RELAT SERV W/1 VS/MON 12-	\$279.65	\$237.70
90960			ESRD RELAT SERV W/4 VS/MON 20	\$263.34	\$223.84
90961			ESRD RELAT SERV W/2-3 VS/MON 2	\$219.29	\$186.39
90962			ESRD RELAT SERV W/1 VS/MON 20	\$175.24	\$148.95
90963			ESRD RELAT SERV HOME <2 YRS OL	\$552.87	\$469.94
90964			ESRD RELAT SERV HOME/MONTH 2-1	\$398.34	\$338.59
90965			ESRD RELAT SERV HOME/MONTH 12-	\$349.82	\$297.35
90966			ESRD RELAT SERV HOME/MONTH 20	\$219.29	\$186.39
90967			ESRD RELAT SERV HOME/DAY <2 YR	\$18.28	\$15.54
90968			ESRD RELAT SERV HOME/DAY 2-11	\$11.64	\$9.89
90969			ESRD RELAT SERV HOME/DAY 12-19	\$13.24	\$11.25

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		2002
NA =	-		NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
90970			ESRD RELAT SERV HOME/DAY 20 YR	\$7.44	\$6.32
91010			ESOPHAGEAL MOTILITY STUDY	\$188.28	\$160.04
91010	TC		ESOPHAGEAL MOTILITY STUDY	NA	\$123.24
91010	26		ESOPHAGEAL MOTILITY STUDY	\$56.22	\$47.79
91020			ESOPHAGOGASTRIC MANOMETRIC STU	\$203.06	\$193.42
91020	TC		ESOPHAGOGASTRIC MANOMETRIC STU	NA	\$138.83
91020	26		ESOPHAGOGASTRIC MANOMETRIC STU	\$64.22	\$54.59
91022			DUODENAL MOTILITY (MANOMETRIC)	\$178.78	\$151.96
91022	TC		DUODENAL MOTILITY (MANOMETRIC)	NA	\$102.14
91022	26		DUODENAL MOTILITY (MANOMETRIC)	\$64.90	\$55.17
91030			ACID PERFUSION FOR ESOPHAGITIS	\$113.33	\$107.20
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	NA	\$72.51
91030	26		ACID PERFUSION FOR ESOPHAGITIS	\$40.81	\$34.69
91034			ESOPHAGUS, GASTROESOPHAGEAL RE	\$201.69	\$171.44
91034	TC		ESOPHAGUS GASTROESOPHAGEAL REF	NA	\$151.42
91034	26		ESOPHAGUS GASTROESOPHAGEAL REF	\$43.98	\$37.38
91035			ESOPHAGUS, GASTROESOPHAGEAL RE	\$421.23	\$410.58
91035	TC		ESOPHAGUS GASTROESOPHAGEAL REF	NA	\$350.19
91035	26		ESOPHAGUS GASTROESOPHAGEAL REF	\$71.05	\$60.39
91037			ESOPHAGEAL FUNCTION TEST, GAST	\$133.95	\$127.36
91037	TC		ESOPHAGEAL FUNCTION TEST, GASTR	NA	\$89.98
91037	26		ESOPHAGEAL FUNCTION TEST, GASTR	\$43.98	\$37.38
91038			ESOPHAGEAL FUNCTION TEST, GAST	\$113.98	\$106.51
91038	TC		ESOPHAGEAL FUNCTION TEST, GAST	NA	\$64.19
91038	26		ESOPHAGEAL FUNCTION TEST, GASTR	\$49.78	\$42.32
91040			ESOPHAGEAL BALLOON DISTENSION	\$356.69	\$303.19
91040	TC		ESOPHAGEAL BALLOON DISTENTION	NA	\$306.20
91040	26		ESOPHAGEAL BALLOON DISTENSION	\$43.98	\$37.38
91110			GI TRACT IMAGING INTRALUMINAL	\$874.34	\$850.16
91110	TC		GI TRACT IMAGING INTRALUMINAL	NA	\$713.15
91110	26		GI TRACT IMAGING INTRALUMINAL	\$132.35	\$112.50
91111			GASTROINTESTINAL TRACT IMAGING	\$663.76	\$657.01
91111	тс		GASTROINTESTINAL TRACT IMAGING	\$618.79	\$618.79
91111	26		GASTROINTESTINAL TRACT IMAGING	\$44.97	\$38.22
91120			RECTAL SENSATION, TONE, AND CO	\$407.44	\$400.80
91120	тс	1	RECTAL SENSATION TONE, AND COM	NA	\$363.17

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	UNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
	/	2	PROCEDURE CODE DESCRIPTION	· · ·	-
PRACTITIONER	26			SPECIALIST	NONSPECIALIST
91120 91122	20		RECTAL SENSATION TONE AND COMP ANORECTAL MANOMETRY	\$44.27 \$235.53	\$37.63 \$223.51
91122	тс			\$255.55 NA	\$154.64
-	26				
91122	20		ANORECTAL MANOMETRY EYE EXAM: INTERMEDIATE: NEW PT	\$80.16	\$68.14
92002			EYE EXAM: INTERMEDIATE: NEW PT	\$61.33	\$61.33
92004	22			\$111.66	\$111.66
92004	22		EYE EXAM: COMPREHENSIVE: NEW P EYE EXAM: INTERMEDIATE: ESTABL	\$139.58 \$56.72	\$139.58
92012				+	\$56.72
92014	00			\$83.50	\$83.50
92014	22		EYE EXAM: COMPREHENSIVE: ESTAB	\$104.38	\$104.38
92015			DETERMINATION OF REFRACTIVE ST	\$38.50	\$38.50
92018				\$117.42	\$99.80
92019				\$61.30	\$52.11
92020				\$23.53	\$20.00
92025				\$25.34	\$23.21
92025	TC		COMPUTERIZED CORNEAL TOPOGRAPH	NA	\$11.17
92025	26			\$14.17	\$12.04
92060			SENSORIMOTOR EXAM	\$47.47	\$42.63
92060	TC		SENSORIMOTOR EXAM	\$15.22	\$15.22
92060	26		SENSORIMOTOR EXAM	\$32.25	\$27.41
92065			ORTHOPTIC/PLEOPTIC TRAINING	\$30.27	\$25.73
92081			VISUAL FIELD EXAM, UNI/BILATER	\$35.77	\$30.40
92082			VISUAL FIELD EXAM, INTERMEDIAT	\$50.43	\$42.87
92083			VISUAL FIELD EXAM/EXTENS UNILA	\$64.91	\$55.18
92100			SERIAL TONOGRAPHY W/EVALUATION	\$75.48	\$64.16
92136			OPTHALMIC BIOMETRY	\$74.17	\$63.04
92136	TC		OPHTHALMIC BIOMETRY	\$41.85	\$49.90
92136	26		OPHTHALMIC BIOMETRY	\$25.51	\$21.69
92226			OPHTHALMOSCOPY: SUBSEQUENT	\$17.86	\$15.18
92235			OPHTHALMOSCOPY W/ANGIOGRAPHY	\$91.05	\$77.39
92235	TC		OPHTHALMOSCOPY W/ANGIOGRAPHY	NA	\$47.96
92235	26		OPHTHALMOSCOPY W/ANGIOGRAPHY	\$38.76	\$32.95
92240			INDOCYANINE-GREEN ANGIOGRAPHY	\$221.07	\$187.91
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	\$159.79	\$159.79
92240	26		INDOCYANINE-GREEN ANGIOGRAPHY	\$48.24	\$41.00
92250			OPHTHALMOSCOPY W/FUNDUS PHOTO	\$53.49	\$45.47

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	NGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
92250	тс		OPHTHALMOSCOPY W/FUNDUS PHOTO	NA	\$31.08
92250	26		OPHTHALMOSCOPY W/FUNDUS PHOTO	\$20.66	\$17.56
92260			OPHTHALMOSCOPY W/DYNAMOMETRY	\$15.44	\$15.00
92265			OCULOELECTROMYOGRAPHY	\$77.94	\$72.49
92265	TC		OCULOELECTROMYOGRAPHY	NA	\$40.67
92265	26		OCULOELECTROMYOGRAPHY	\$36.30	\$30.85
92270			ELECTRO-OCULOGRAPHY	\$78.99	\$73.34
92270	TC		ELECTRO-OCULOGRAPHY	NA	\$41.30
92270	26		ELECTRO-OCULOGRAPHY	\$37.70	\$32.04
92286			SPECULAR ENDOTHELIAL MICROSCOP	\$40.38	\$34.32
92286	TC		SPECULAR ENDOTHELIAL MICROSCOP	NA	\$18.01
92286	26		SPECULAR ENDOTHELIAL MICROSCOP	\$22.78	\$19.36
92326			REPLACEMENT OF CONTACT LENS	\$39.86	\$33.88
92502			OTOLARYNGOLOGIC EXAM UNDER ANE	\$86.88	\$73.85
92504			BINOCULAR MICROSCOPY	\$22.95	\$19.51
92507			SPEECH LANGUAGE HEARING THERAP	\$54.69	\$46.48
92511			NASOPHARYNGOSCOPY	\$116.36	\$98.91
92512			NASAL FUNCTION STUDIES	\$56.66	\$48.16
92516			FACIAL NERVE FUNCTION TEST	\$54.60	\$46.41
92520			LARYNGEAL FUNCTION STUDIES	\$41.90	\$35.62
92526			TX SWALLOW DYSFUNC FOR FEEDING	\$73.62	\$62.58
92541			SPONTANEOUS NYSTAGMUS W/RECORD	\$23.92	\$20.33
92541	TC		SPONTANEOUS NYSTAGMUS W/RECORD	NA	\$1.60
92541	26		SPONTANEOUS NYSTAGMUS W/RECORD	\$19.69	\$16.73
92542			POSITIONAL NYSTAGMUS W/RECORDI	\$28.06	\$23.85
92542	TC		POSITIONAL NYSTAGMUS W/RECORDI	NA	\$1.60
92542	26		POSITIONAL NYSTAGMUS W/RECORDI	\$16.16	\$13.74
92544			OPTOKINETIC NYSTAGMUS W/RECORD	\$16.73	\$14.22
92544	TC		OPTOKINETIC NYSTAGMUS W/RECORD	NA	\$1.60
92544	26		OPTOKINETIC NYSTAGMUS W/RECORD	\$12.58	\$10.70
92545			OSCILLATING TRACKING W/RECORDI	\$16.31	\$13.86
92545	TC		OSCILLATING TRACKING W/RECORDI	NA	\$1.60
92545	26		OSCILLATING TRACKING W/RECORDI	\$11.30	\$9.60
92547			ADDED USE OF VERTICAL ELECTROD	\$4.49	\$3.81
92548			COMPUTERIZED DYNAMIC POSTUROGR	\$96.91	\$93.13
92548	TC		COMPUTERIZED DYNAMIC POSTUROGR	\$71.69	\$71.69

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =			NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE ALLOWANCE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	
PRACTITIONER				SPECIALIST	NONSPECIALIST
92548	26			\$25.22	\$21.44
92552	<u> </u>			\$16.10	\$13.69
92552	SA			NA	\$13.00
92552	U9		PURE TONE AUDIOMETRY: AIR ONLY	NA	NA
92553			PURE TONE AUDIOMETRY: AIR AND	\$24.16	\$20.54
92553	SA		PURE TONE AUDIOMETRY: AIR AND	NA	\$19.51
92555			SPEECH AUDIOMETRY, THRESHOLD ON	\$14.07	\$11.96
92557			BASIC COMPREHENSIVE AUDIOMETRY	\$38.87	\$33.04
92561			BEKESY AUDIOMETRY: DIAGNOSTIC	\$26.20	\$22.27
92562			LOUDNESS BALANCE TEST	\$15.09	\$12.82
92563			TONE DECAY HEARING TEST	\$14.07	\$11.96
92564			SHORT INCREMENT SENSITIVITY IN	\$17.42	\$14.81
92565			STENGER TEST, PURE TONE	\$14.75	\$12.54
92567			TYMPANOMETRY	\$15.01	\$12.76
92567	SA		TYMPANOMETRY	NA	\$13.02
92568			ACOUSTIC REFLEX TESTING	\$14.07	\$11.96
92568	SA		ACOUSTIC REFLEX TESTING CNP/CN	NA	\$11.36
92569			ACOUSTIC REFLEX DECAY TEST	\$15.09	\$12.82
92577			STENGER TEST, SPEECH	\$14.93	\$12.69
92582			CONDITIONING PLAY AUDIOMETRY	\$26.54	\$22.56
92583			SELECT PICTURE AUDIOMETRY	\$32.55	\$27.67
92585			BRAINSTEM EVOKED RESPONSE RECO	\$91.06	\$87.68
92585	TC		BRAINSTEM EVOKED RESPONSE RECO	NA	\$67.23
92585	26		BRAINSTEM EVOKED RESPONSE RECO	\$23.82	\$20.25
92586	22	26	AUDITORY EVOKED POTENTIALS LIM	NA	NA
92587			EVOKED OTOACOUSTIC EMISSIONS/L	\$22.12	\$18.80
92587	TC		EVOKED OTOACOUSTIC EMISSIONS/L	NA	\$3.21
92587	26		EVOKED OTOACOUSTIC EMISSIONS/L	\$6.44	\$5.47
92588			EVOKED OTOACOUS EMISSIONS/COMP	\$33.73	\$28.67
92588	TC		EVOKED OTOAVOUS EMISSIONS/COMP	NA	\$4.40
92588	26		EVOKED OTOACOUS EMISSIONS/COMP	\$17.10	\$14.54
92597			EVALUATION FOR VOICE/AUG COMMU	\$73.64	\$62.59
92601	1		DIAG ANALYSIS COCHLEAR IMPL <7	\$121.14	\$102.97
92602	1		DX ANAL COCH IMPL <7 YRS SUBSE	\$83.14	\$70.67
92603			DIAG ANAL COCH IMPL 7+> YRS W/	\$75.01	\$63.76
92604			DIAG ANAL COCH IMPL 7+> YRS SU	\$47.86	\$40.68

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 92607 EVAL RX SPEECH-GEN AUG COMMUN \$106.30 \$90.36 92608 EVAL RX SPEECH-GEN AUG/ALT COM \$20.14 \$17.12 92609 THER SERV SPEECH-GENERATING DE \$55.12 \$46.85 92610 EVAL ORAL/PHARYNGEAL SWALLOWIN \$88.55 \$75.27 92611 MOTION FLUOROSC EVAL SWALLOW F \$90.20 \$76.67 92612 FLEX FIBEROPTIC ENDO EVAL SWAL \$134.63 \$114.44 92612 FLEX FIBEROPTIC ENDO EVAL SWAL \$54.17 26 \$63.73 92614 FLEX FIBER ENDO EVAL LARYNG SE \$126.50 \$107.52 92614 26 FLEX FIBER ENDO EVAL LARYNG SE \$63.73 \$54.17 FLEX ENDO EVAL SWALLOW/LARYN S \$176.57 92616 \$150.08 92616 26 FLEX ENDO EVAL SWALLOW/LARYN S \$94.81 \$80.59 92620 EVALUATION OF CENTRAL AUDITORY \$34.38 \$40.45 92621 EVALUATION OF CENTRAL AUDITORY \$10.25 \$8.71 92625 ASSESSMENT OF TINNITUS (INCLUD \$39.77 \$33.80 EVALUATION OF AUDITORY REHABIL \$76.41 92626 \$64.95 92627 EVALUATION OF AUDITORY REHABIL \$19.25 \$16.36 92640 DIAGNOSTIC ANALYSIS WITH PROGR \$47.87 \$40.69 92950 CARDIOPULMONARY RESUSCITATION \$270.94 \$230.30 92950 SA CARDIOPULMONARY RESUSCITATION NA \$218.78 ELECTRICAL CARDIOVERSION \$165.74 \$140.88 92960 92961 CARDIOVERSION ELECTIVE INTERNA \$224.60 \$190.91 92970 CARDIOASSIST-METHOD CIRC.ASSIS \$151.67 \$128.92 92971 CARDIOASSIST-METHOD ... EXTERNAL \$86.58 \$73.59 92973 PERCU TRANSLUM CORONARY THROMB \$154.27 \$131.13 92974 TRANSCATHETER PLACEMENT RAD DE \$141.10 \$119.93 92975 THROMBOLYSIS, CORONARY: \$339.36 \$288.46 92977 THROMBOLYSIS, CORONARY: \$59.35 \$50.45 92978 INTRAVASC ULTRASOUND(COR VESS) \$244.90 \$232.48 92978 TC INTRAVASC ULTRASOUND(COR VESS) \$162.12 \$162.12 92978 26 INTRAVASC ULTRASOUND(COR VESS) \$82.78 \$70.36 92979 INTRAVASC ULTRASOUND EACH ADD \$148.17 \$138.22 92979 TC INTRAVASC ULTRASOUND EACH ADD \$81.86 \$81.86 92979 26 INTRAVASC ULTRASOUND EACH ADD \$66.30 \$56.36 92986 PERCU.BALLOON VALVULOPLASTY:AO \$1,135.31 \$965.02 PERCUT BALLOON VALVULOPLASTY M 92987 \$1,179.36 \$1,002.46 92990 PERCU.BALLOON VALVULOPLASTY:PU \$915.92 \$778.53

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	I THE PROCEDURE CODE BELL	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
92993			ATRIAL BLADE METHOD SEPTOSTOMY	\$1,598.18	\$1,358.45
92997	1		PERC TRANSLUM PULM ART BALLOON	\$554.49	\$471.31
92998			PERC TRANSLUM PULM ART BALLOON	\$272.65	\$231.75
93000	1		ROUTINE ECG W/AT LEAST 12 LEAD	\$17.74	\$15.08
93005	1		ECGTRACING ONLY,WO I&R	\$9.16	\$7.79
93010			ECG: INTERPRETATION AND REPORT	\$7.70	\$6.55
93015			CARDIOVASCULAR STRESS TEST	\$74.49	\$63.32
93016			CARDIAC STRESS TEST PHY.SUPERV	\$20.58	\$17.50
93017			CARDIOVASCULAR STRESS TEST: TR	\$36.85	\$31.32
93024			ERGONOVINE PROVOCATION TEST	\$93.80	\$85.78
93024	TC		ERGONOVINE PROVOCATION TEST	NA	\$40.36
93024	26		ERGONOVINE PROVOCATION TEST	\$53.44	\$45.42
93025			MICROVOLT T-WAVES ALTERNANS VE	\$159.84	\$135.86
93040			RHYTHM ECG:1-3 LEADS W/INTERPR	\$12.43	\$10.57
93042			RHYTHM ECG: INTERPRET+REPORT O	\$7.05	\$5.99
93224			ECG MONITOR/24 HRPHY REV&IN	\$94.49	\$80.32
93225			ECG MONIT 24HRMONITORING	\$28.01	\$23.81
93226			ECG MONIT 24HRSCAN ANAL W RE	\$39.54	\$33.61
93235	SA		ECG 24 HR. REPORT, CNP/CNS R	NA	\$91.73
93268			ECG,PT DEMAND:PRE-SYMPTOM MEM	\$217.14	\$184.57
93270			PATIENT DEMAND RECORDING SNGLE	\$9.92	\$8.43
93271			PATIENT DEMAND MONITOR SINGLE/	\$181.41	\$154.20
93272			PAITENT DEMAND INTERP SINGLE/M	\$23.48	\$19.96
93278			SIGNAL-AVERAGED ECG,W/WO ECG	\$32.48	\$27.61
93278	TC		SIGNAL-AVERAGED ECG,W/WO ECG	NA	\$19.54
93303			TRANSTHORACIC ECHOCARDIOGRAPHY	\$196.65	\$187.87
93303	TC		TRANSTHORACIC ECHOCARDIOGRAPHY	\$138.08	\$138.08
93303	26		TRANSTHORACIC ECHOCARDIOGRAPHY	\$58.58	\$49.79
93304			TRANSTHORACIC ECHOCARD FU/LIMI	\$103.79	\$98.73
93304	TC		TRANSTHORACIC ECHOCARD FU/LIMI	\$69.99	\$69.99
93304	26		TRANSTHORACIC ECHOCARD FU/LIMI	\$33.81	\$28.74
93307	1		ECHOCARDIOGRAPHY: REAL-TIME SC	\$144.07	\$122.46
93307	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	\$95.85	\$97.32
93307	TC	22	ECHOCARDIOGRAPHY: 2 D&M MODE	\$172.60	\$172.60
93307	22		ECHOCARDIOGRAPHY: 2 D&M MODE	\$224.91	\$217.06
93307	22	26	ECHOCARDIOGRAPHY: 2 D&M MODE	\$52.31	\$44.46

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE FROCEDORE CODE BEL	JNGS
NA =	400	400	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
93307	26		ECHOCARDIOGRAPHY: REAL-TIME SC	\$41.85	\$35.57
93308	20		ECHOCARDIOGRAPHY: REAL-TIME SC	\$94.13	\$90.5°
93308	тс		ECHOCARDIOGRAPHY: REAL-TIME SC	NA	\$69.99
93308	26		ECHOCARDIOGRAPHY: REAL-TIME SC	\$24.14	\$20.52
93312	20		ECHOCARDIOGRAPHY REAL TIME W I	\$235.86	\$221.06
93312	тс		ECHOCARDIOGRAPHY REAL TIME W I	\$137.14	\$137.14
93312	26		ECHOCARDIOGRAPHY: REAL-TIME SC	\$98.73	\$83.92
93313	20		ECHOCARDIOGRAPHY/TRANSESOPH PR	\$11.67	\$9.92
93314			ECHOCARD/IMAGE ACQUISITION INT	\$193.78	\$185.30
93314	тс		ECHOCARD/IMAGE ACQUISITION INT	\$137.14	\$137.14
93314	26		ECHOCARD/IMAGE ACQUISITION INT	\$56.66	\$48.16
93315	20		TRANSESOPHAGEAL ECHOCARDIOGRAP	\$253.77	\$233.18
93315	тс		TRANSESOPHAGEAL ECHOCARDIOGRAP	\$127.07	\$127.07
93315	26		TRANSESOPHAGEAL ECHOCARDIOGRAP	\$124.83	\$106.11
93316			PROBE PLACEMENT/TRANSESOPH ECH	\$27.61	\$23.47
93317			TRANSESOPHAGEAL ECHOCARD INTER	\$209.96	\$197.59
93317	тс		TRANSESOPHAGEAL ECHOCARD INTER	\$127.07	\$127.07
93317	26		TRANSESOPHAGEAL ECHOCARD INTER	\$82.96	\$70.52
93318			TRANSESOPHAGEAL ECHOCARD MONIT	\$89.98	\$76.49
93318	26		TRANSESOPHAGEAL ECHOCARD MONIT	\$89.98	\$76.49
93320	-		DOPPLER ECHOCARDIOGRAPHY	\$56.71	\$48.20
93320	тс		DOPPLER ECHOCARDIOGRAPHY	\$38.07	\$33.30
93320	26		DOPPLER ECHOCARDIOGRAPHY	\$17.40	\$14.79
93321	-		DOPPLER ECGFOLLOWUP/LIMITED	\$28.65	\$24.35
93321	тс		DOPPLER ECG FOLLOW UP/LIMITED	NA	\$21.15
93321	26		DOPPLER ECG FOLLOW UP/LIMITED	\$7.07	\$6.0
93325			DOPPLER COLOR FLOW VELOC MAPPI	\$27.07	\$23.01
93325	TC		DOPPLER COLOR FLOW VELOC MAPPI	NA	\$23.84
93325	26		DOPPLER COLOR FLOW VELOC MAPPI	\$3.22	\$2.74
93350			2D ECHO W/WO M MODE, INTERP&RE	\$131.50	\$121.35
93350	TC	1	2D ECHO W/WO M MODE, TRACING	NA	\$63.88
93350	26		2D ECHO W/WO M MODE, INTERP &	\$67.62	\$57.47
93524	26		TRANSSEPTAL & RETROGRADE LT CA	\$341.50	\$290.27
93530	-	1	RT HEART CATH FOR CONGEN CARD	\$813.83	\$782.66
93530	TC	l	RT HEART CATH FOR CONGEN CARD	NA	\$606.02
93530	26	I	RT HEART CATH FOR CONGEN CARD	\$207.82	\$176.64

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

NA = CPT/HCPCS/CDT					
CPT/HCPCS/CDT		1100	NOT APPLICABLE		
	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	'	~		SPECIALIST	NONSPECIALIST
93531			RT HRT &RETROGR LT HRT CATH/CO	\$2,135.34	\$2,074.94
93531	тс		RT HRT &RETROGR LT HRT CATH/CO	NA	\$2,074.94
93531	26		RT HRT &RETROGR LT HRT CATH/CO	\$402.63	\$342.24
93532	20		RT HRT & TRANSSEPTAL LT HRT CA	\$480.78	\$408.66
93532	26		RT HRT & TRANSSEPTAL LT HRT CA	\$480.78	\$408.66
93533	20		RT HRT & TRANSSEP LT HRT CATH	\$320.41	\$400.00
93533	26		RT HRT & TRANSSEP LT HRT CATH	\$320.41	\$272.35
93561	20		INDICATOR DILUTION STUDIES	\$39.77	\$33.80
93561	26		INDICATOR DILUTION STUDIES	\$12.53	\$33.80
93571	20		INTRAVASCULAR DOPPLER VELOC IN	\$12.53	\$10.63
93571	тс		INTRAVASCULAR DOPPLER VELOC IN	\$243.00 NA	\$231.62
	26		INTRAVASCULAR DOPPLER VELOC IN	\$79.73	\$162.12
93571 93572	20		INTRAVASCOLAR DOPPLER VELOC IN	\$63.68	\$54.13
93572	26		INTRAVASC DOPPLER VELOC EA ADD	\$63.68	\$54.13
	20		PERC TRANSCATH CLOS CONG INT C	\$856.17	\$727.74
93580					Ť
93581			PERC TRANS CLOS CONG VENT SEP	\$1,141.28	\$970.09
93600			BUNDLE OF HIS RECORDING	\$170.25	\$144.71
93602				\$120.11	\$102.09
93603				\$120.50	\$102.43
93609			INTRAVENT.ATRIAL MAP TACHYCARD	\$288.06	\$244.85
93610				\$176.36	\$149.91
93612				\$167.69	\$142.54
93613			INTRACARD ELECTOPHYS 3-DIMENS	\$306.42	\$260.46
93615			ESOPHAGEAL RECORDING OF ATRIAL	\$39.21	\$33.33
93618				\$341.66	\$290.41
93619			EPS W RA/RV/HIS W PACING & REC	\$630.19	\$535.66
93619	26		EPS W RA/RV/HIS W PACING & REC	\$354.42	\$301.26
93623			PROGRAM STIM&PACING W IN INFUS	\$133.68	\$113.63
93623	26		PROGRAM STIM&PACING W IV INFUS	\$133.68	\$113.63
93624				\$307.50	\$261.38
93640			ELECTROPHYSIO EVAL CARD-DEFIBR	\$321.87	\$273.59
93641			EPS TEST CARDIO-DEFIB PULS GEN	\$494.33	\$420.18
93641	TC		EPS TEST CARDIO-DEFIB PULS GEN	\$171.63	\$145.89
93641	26		EPS TEST CARDIO-DEFIB PULS GEN	\$278.00	\$236.30
93642	l i	1	EPS EVAL OF COR-DEFIB INDUCED	\$354.26	\$301.12

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
93642	26		EPS EVAL OF COR-DEFIB INDUCED	\$234.06	\$198.95
93660	1		AUTONOMIC NERVOUS SYS.EVAL.CAR	\$144.22	\$122.59
93662			INTRACARDIAC ECHOCARDIOGRAPHY	\$128.86	\$109.53
93662	26		INTRACARDIAC ECHOCARDIOGRAPHY	\$128.86	\$109.53
93701	1		BIOIMPEDANCE, THORACIC, ELECTR	\$26.44	\$22.47
93701	TC		BIOIMPEDANCE, THORACIC, ELECTR	\$21.05	\$21.05
93701	26		BIOIMPEDANCE, THORACIC, ELECTR	\$8.05	\$7.00
93724			ELECTRONIC ANALYSIS ANTITACHY	\$279.16	\$237.29
93724	TC		ELECTRONIC ANALYSIS ANTITACHY	NA	\$31.81
93724	26		ELECTRONIC ANALYSIS ANTITACHY	\$223.88	\$190.30
93731	26		ELEC ANAL DUAL CHAMBER INT PAC	\$20.30	\$17.25
93732	TC		REPROGRAM/ANAL DUAL-CHAMBER PA	NA	\$18.48
93732	26		REPROGRAM/ANAL DUAL-CHAMBER PA	\$41.85	\$35.57
93733	TC		TELEPHONIC ANAL. DUAL-CHAM PAC	NA	\$26.54
93734	26		ELEC ANAL SINGLE-CHAMBER PACEM	\$17.40	\$14.79
93735	TC		REPROGRAM/ANAL SING-CHAMB. PAC	NA	\$16.10
93735	26		REPROGRAM/ANAL SING-CHAMB. PAC	\$33.49	\$28.46
93736	TC		TELEPHONIC ANAL.SING CHAM PACE	\$23.14	\$23.14
93741	TC		ELECT ANAL CARDIO-DEFIB WO/REP	NA	\$23.91
93741	26		ELECT ANAL CARDIO-DEFIB WO/REP	\$36.70	\$31.19
93743	TC		ELECT ANAL CARD-DEFIB DUAL CHA	NA	\$25.94
93743	26		ELECT ANAL CARD-DEFIB DUAL CHA	\$47.02	\$39.97
93745			INITIAL SET-UP AND PROGRAMMING	\$65.46	\$59.22
93745	TC		INITIAL SET-UP & PROGRAMMING B	NA	\$23.83
93745	26		INITIAL SET-UP & PROGRAMMING B	\$22.63	\$19.24
93798			PHY SERV OP CARD.REHAB:W ECG C	\$24.75	\$21.04
93880			DUPLEX SCAN EXTRACRAN.ART:COMP	\$166.92	\$141.88
93880	TC		DUPLEX SCAN EXTRACRAN.ART:COMP	\$126.29	\$107.35
93880	26		DUPLEX SCAN EXTRACRAN.ART:COMP	\$26.94	\$22.90
93882	1	Ī	DUPLEX SCAN EXTRACRAN.ART:7/U	\$137.75	\$117.09
93882	TC	Ī	DUPLEX SCAN EXTRACRAN.ART:7/U	\$112.59	\$97.89
93882	26	Ī	DUPLEX SCAN EXTRACRAN.ART:7/U	\$18.58	\$15.79
93886	1	Ī	TRANSCRANIAL DOPPLERCOMPLE	\$174.68	\$148.48
93886	TC	1	TRANSCRANIAL DOPPLERCOMPLE	\$126.67	\$107.67
93886	26	1	TRANSCRANIAL DOPPLERCOMPLE	\$44.05	\$37.44
93888	İ –	İ	TRANSCRAN.DOPPLER STUDY7/U.	\$103.45	\$87.93

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	TO			SPECIALIST	NONSPECIALIST
93888	TC		TRANSCRAN.DOPPLER STUDY7/U.	\$70.90	\$70.90
93888	26		TRANSCRAN.DOPPLER STUDY7/U.	\$26.41	\$22.45
93890	TO		TRANSCRANIAL DOPPLER STUDY	\$159.97	\$135.97
93890	TC		TRANSCRANIAL DOPPLER STUDY	NA	\$108.46
93890	26		TRANSCRANIAL DOPPLER STUDY	\$46.96	\$39.92
93892	TO		TRANSCRANIAL DOPPLER STUDY OF	\$167.84	\$142.66
93892	TC		TRANSCRANIAL DOPPLER STUDY OF	NA	\$103.51
93892	26		TRANSCRANIAL DOPPLER STUDY OF	\$53.74	\$45.68
93893			TRANSCRANIAL DOPPLER STUDY OF	\$167.76	\$142.60
93893	TC		TRANSCRANIAL DOPPLER STUDY OF	NA	\$103.51
93893	26		TRANSCRANIAL DOPPLER STUDY OF	\$53.74	\$45.68
93922			PHYSIO STUDIES U/L EXTREMITY A	\$92.71	\$78.80
93922	TC		PHYSIO STUDIES U/L EXTREMITY A	NA	\$79.90
93922	26		PHYSIO STUDIES U/L EXTREMITY A	\$11.21	\$9.53
93923			U/L EXT STUDIES MULTIPLE LEVEL	\$143.36	\$121.86
93923	TC		U/L EXT STUDIES MULTIPLE LEVEL	NA	\$120.98
93923	26		U/L EXT STUDIES MULTIPLE LEVEL	\$20.50	\$17.42
93924			LOWER EXT ARTERIES STUDY AT RE	\$177.41	\$150.80
93924	TC		LOWER EXT ARTERIES STUDY AT RE	NA	\$152.51
93925			DUPLEX SCAN LOWER EXTREM.ART	\$200.89	\$170.76
93925	TC		DUPLEX SCAN LOWER EXTREM.ART	\$171.26	\$171.26
93925	26		DUPLEX SCAN LOWER EXTREM.ART	\$26.30	\$22.36
93926			DUPLEX SCAN7/U OR LIMITED S	\$128.75	\$109.44
93926	TC		DUPLEX SCAN7/U OR LIMITED S	\$108.44	\$108.44
93926	26		DUPLEX SCAN7/U OR LIMITED S	\$17.92	\$15.23
93930			DUPLEX SCAN UPPER EXT:COMPLE	\$166.86	\$141.83
93930	TC		DUPLEX SCAN UPPER EXT:COMPLE	\$126.29	\$107.35
93930	26		DUPLEX SCAN UPPER EXT:COMPLE	\$21.15	\$17.98
93931			DUPLEX SCAN UPPER EXT7/U OR	\$124.49	\$105.82
93931	TC		DUPLEX SCAN UPPER EXT7/U OR	\$108.44	\$108.44
93931	26		DUPLEX SCAN UPPER EXT7/U OR	\$14.08	\$11.97
93970			DUPLEX SCAN EXT.VEINSCOMP.B	\$206.61	\$175.62
93970	TC		DUPLEX SCAN EXT.VEINSCOMP.B	\$171.29	\$171.29
93970	26		DUPLEX SCAN EXT.VEINSCOMP.B	\$31.07	\$26.41
93971			DUPLEX SCAN EXT.VEINS7/U LI	\$127.31	\$108.21
93971	TC		DUPLEX SCAN EXT.VEINS7/U LI	\$106.83	\$91.35

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL(	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
93971	26		DUPLEX SCAN EXT.VEINS7/U LI	\$20.20	\$17.17
93975			DUPLEX SCAN ART.INFLOW/VENOUS	\$234.17	\$199.04
93975	TC		DUPLEX SCAN ART.INFLOW/VENOUS	\$171.26	\$171.26
93975	26		DUPLEX SCAN ART.INFLOW/VENOUS	\$58.49	\$49.72
93976			DUPLEX SCANPELVIC7/U LIM	\$160.31	\$136.26
93976	TC		DUPLEX SCANPELVIC7/U LIM	\$119.90	\$142.52
93976	26		DUPLEX SCANPELVIC7/U LIM	\$40.38	\$34.32
93978	1		DUPLEX SCAN AORTACOMPLETE	\$166.73	\$141.72
93978	TC		DUPLEX SCAN AORTACOMPLETE	\$126.62	\$107.63
93978	26		DUPLEX SCAN AORTACOMPLETE	\$29.78	\$25.32
93979			DUPLEX SCAN AORTA7/ULIMIT	\$128.58	\$109.29
93979	TC		DUPLEX SCAN AORTA7/ULIMIT	\$103.75	\$89.72
93979	26		DUPLEX SCAN AORTA7/ULIMIT	\$19.89	\$16.90
93980			DUPLEX SCAN FOR PENILE VESSELS	\$131.11	\$111.44
93980	TC		DUPLEX SCAN FOR PENILE VESSELS	NA	\$66.85
93980	26		DUPLEX SCAN FOR PENILE VESSELS	\$55.80	\$47.43
93981			PENILE DUPLEX SCAN FOLLOW UP	\$79.75	\$67.79
93981	TC		PENILE DUPLEX SCAN FOLLOW UP	NA	\$57.18
93981	26		PENILE DUPLEX SCAN FOLLOW UP	\$19.26	\$16.37
93990			DUPLEX SCAN HEMODIALYSIS ACCES	\$121.26	\$103.07
93990	TC		DUPLEX SCAN HEMODIALYSIS ACCES	\$103.10	\$108.08
93990	26		DUPLEX SCAN HEMODIALYSIS ACCES	\$11.84	\$10.06
94010			SPIROMETRY WITH GRAPH, VITAL C	\$28.99	\$28.99
94010	TC		SPIROMETRY WITH GRAPH, VITAL C	\$21.62	\$21.62
94011			MEASUREMENT AND GRAPHIC RECORD	\$44.33	\$37.68
94012			MEASUREMENT AND GRAPHIC RECORD	\$72.27	\$61.43
94013			MEASUREMENT OF REMAINING AIR O	\$17.36	\$14.75
94014			PATIENT INIT SPIROMETRY FOR 30	\$43.11	\$36.65
94015			PT INIT SPIROMETRIC REC TC ONL	NA	\$20.31
94016	1	Ī	PT SPIROM REC MD I&R ONLY	\$22.80	\$19.38
94060	1	Ī	BRONCHOSPASM EVALUATION	\$48.17	\$47.02
94060	SA		BRONCHOSPASM EVALUATION	NA	\$46.02
94060	SA	TC	BRONCHOSPASM EVALUATION	NA	\$35.02
94060	TC	Ī	BRONCHOSPASM EVALUTION	\$35.02	\$35.02
94070	26		BRONCHOSPASM EVALUATION: PROLO	\$25.97	\$22.07
94200			MAXIMUM BREATHING CAPACITY	\$19.29	\$18.57

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

<i>MOD</i> = NA =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC NOT APPLICABLE		ONGS
CPT/HCPCS/CDT	MOD	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	-	-		SPECIALIST	NONSPECIALIST
94200	тс		MAXIMUM BREATHING CAPACITY	\$14.50	\$14.50
94200	26		MAXIMUM BREATHING CAPACITY	\$4.79	\$4.07
94250			EXPIRED GAS COLLECTION	\$25.78	\$25.07
94250	тс		EXPIRED GAS COLLECTION	\$20.99	\$20.99
94375			RESPIRATORY FLOW VOLUME LOOP	\$31.04	\$29.08
94375	тс		RESPIRATORY FLOW VOLUME LOOP	\$17.90	\$17.90
94375	26		RESPIRATORY FLOW VOLUME LOOP	\$13.15	\$11.18
94400			CO2 BREATHING RESPONSE CURVE	\$43.80	\$41.20
94400	тс		CO2 BREATHING RESPONSE CURVE	NA	\$26.20
94452			HIGH ALTITUDE SIMULATION TEST	\$45.58	\$43.57
94452	тс		HIGH ALTITUDE SIMULATION TEST	NA	\$32.14
94452	26		HIGH ALTITUDE SIMULATION TEST	\$13.45	\$11.43
94453			HIGH ALTITUDE SIMULATION TEST	\$65.06	\$62.46
94453	TC		HIGH ALTITUDE SIMULATION TEST	NA	\$47.74
94453	26		HIGH ALTITUDE SIMULATION TEST	\$17.31	\$14.72
94610			INTRAPULMONARY SURFACTANT ADMI	\$52.34	\$44.49
94621			PULMONARY STRESS TESTING COMPL	\$124.60	\$115.36
94621	TC		PULMONARY STRESS TESTING COMPL	NA	\$63.00
94621	26		PULMONARY STRESS TESTING COMPL	\$61.60	\$52.36
94644			CONTINUOUS INHALATION TREATMEN	\$31.85	\$27.07
94645			CONTINUOUS INHALATION TREATMEN	\$12.14	\$10.32
94664	1		AEROSOL/VAPOR INHALATIONS	\$11.70	\$9.94
94664	U9		AEROSOL/VAPOR INHALATIONS	NA	NA
94680			OXYGEN UPTAKE: DIRECT: SIMPLE	\$59.36	\$50.46
94680	TC		OXYGEN UPTAKE: DIRECT: SIMPLE	NA	\$46.46
94680	26		OXYGEN UPTAKE: DIRECT: SIMPLE	\$11.23	\$9.55
94681			OXYGEN UPTAKE W/CO2 OUTPUT	\$48.38	\$41.12
94681	TC		OXYGEN UPTAKE W/C02 OUTPUT	\$10.41	\$50.18
94690			OXYGEN UPTAKE: REST: INDIRECT	\$54.96	\$46.72
94690	TC		OXYGEN UPTAKE: REST: INDIRECT	NA	\$51.94
94690	26	Ī	OXYGEN UPTAKE: RESET: INDIRECT	\$3.18	\$2.71
94750	1	Ī	PULMONARY COMPLIANCE STUDY	\$54.21	\$52.72
94750	TC	Ī	PULMONARY COMPLIANCE STUDY	NA	\$44.26
94750	26		PULMONARY COMPLIANCE STUDY	\$9.94	\$8.45
94761	U9	Ī	NONINVAS EAR/PULSE OXIMETRY MU	NA	NA
94762		1	SEE 94760:CONT.OVERNIGHT MONIT	\$17.22	\$14.64

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	· '	-		SPECIALIST	NONSPECIALIST
94770			EXPIRED CARBON DIOXIDE ANALYSI	\$7.50	\$6.38
94770	тс		EXPIRED CARBON DIOXIDE ANALYSI	NA	\$10.62
94770	26		EXPIRED CARBON DIOXIDE ANALYSI	\$6.39	\$5.43
94772	20		CIRCADIAN RESP PATTERNINFAN	\$234.49	\$221.13
94772	тс		CIRCADION RESP PATTERN INFAN	\$145.41	\$145.41
94772	26		CIRCADIAN RESP PATTERN INFANT	\$89.08	\$75.72
94774			PEDIATRIC HOME MONITORING OF B	\$120.00	\$115.00
94775			ATTACHMENT AND DISCONNECTION O	\$85.00	\$85.00
94777			PEDIATRIC HOME MONITORING OF B	\$35.00	\$30.00
94780			CAR SEAT OR BED AIRWAY TESTING	\$26.82	\$22.80
94781			CAR SEAT OR BED AIRWAY TESTING	\$10.54	\$8.96
95012			NITRIC OXIDE EXPIRED GAS DETER	\$16.60	\$14.11
95044			PATCH OR APPLICATION TEST (S)	\$6.03	\$5.13
95060	1		OPHTHALMIC MUCOUS MEMBRANE TES	\$12.46	\$10.59
95065			NASAL MUCOUS MEMBRANE TEST	\$7.08	\$6.02
95070			INHALATION BRONCH CHALLENGE TE	\$33.06	\$28.10
95071			BRONCHIAL INHALATIONS W/ANTIGE	\$38.34	\$32.59
95115			ALLER.INJ.W/OUT EXTRACT PROV O	\$9.54	\$8.11
95117			ALLER.INJ.W/OUT EXTRACT PROV-+	\$11.08	\$9.42
95144			IMMUNO TX,SUPERVISION & PROVIS	NA	\$8.64
95165			PROF.SUP.&PROV.OF AGNS FOR IMM	\$8.64	\$7.34
95180			RAPID DESENSITIZATION PROC,EAC	\$133.95	\$113.86
95250			GLUCOSE MONITORING UP TO 72 HO	\$139.73	\$118.77
95251			AMBULATORY CONTINUOUS GLUCOSE	\$23.48	\$19.96
95782			POLYSOMNOGRAPHY: YOUNGER THAN	\$489.22	\$415.83
95782	TC		POLYSOMNOGRAPHY: YOUNGER THAN	NA	\$424.39
95782	26		POLYSOMNOGRAPHY: YOUNGER THAN	\$64.84	\$55.11
95783			POLYSOMNOGRAPHY: YOUNGER THAN	\$519.97	\$441.97
95783	TC		POLYSOMNOGRAPHY: YOUNGER THAN	NA	\$449.52
95783	26		POLYSOMNOGRAPHY: YOUNGER THAN	\$70.45	\$59.88
95805			MSLT,REC,ANAL&INTERP OF PSYCH	\$451.55	\$383.82
95805	TC		SLEEP LATENCY TESTING	\$391.34	\$403.47
95805	26		MSLT,REC,ANAL&INTERP OF PSYCH	\$60.14	\$51.12
95807			SLEEP STUDY 3 OR MORE BY TECHN	\$161.99	\$392.69
95807	TC		SLEEP STUDY 3 OR MORE BY TECHN	NA	\$397.45
95808			POLYSOMNOGRAPHY 1-3 PARAMETERS	\$548.86	\$531.04

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =			NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	TO			SPECIALIST	NONSPECIALIST
95808	TC		POLYSOMNOGRAPHY 1-3 PARAMETERS	NA Maga za	\$430.02
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS	\$89.72	\$76.26
95810			POLYSOMNOGRAPHY 4+ PARAMETERS	\$657.33	\$558.73
95810	TC		POLYSOMNOGRAPHY 4+ PARAMETERS	NA	\$533.86
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS	\$123.48	\$104.96
95811			POLYSOMNOGRAPHY 4 OR MORE PARA	\$689.23	\$585.85
95811	TC		POLYSOMNOGRAPHY 4 OR MORE PARA	NA	\$561.10
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARA	\$128.14	\$108.92
95812			EEG EXTENDED MONITORING UP TO	\$176.22	\$168.55
95812	TC		EEF EXTENDED MONITORING UP TO	NA	\$125.04
95812	26		EEG EXTENDED MONITORING UP TO	\$51.19	\$43.51
95813			EEG EXTENDED MONITORING >1 HOU	\$231.26	\$219.09
95813	TC		EEG EXTENDED MONITORING >1 HOU	\$150.14	\$150.14
95813	26		EEG EDTENDED MONITORING >1 HOU	\$81.11	\$68.95
95816			EEG,INCL RECOR AWAKE&D,SAME FA	\$165.07	\$157.35
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	\$113.55	\$113.55
95816	26		EEG,INCL RECOR AWAKE&D,SAME FA	\$51.53	\$43.80
95819			EEG-STD/PORT: SAME FACILITY	\$140.31	\$132.58
95819	TC		EEG-STD/PORT: SAME FACILITY	\$88.78	\$88.78
95819	26		EEG-STD/PORT: SAME FACILITY	\$51.53	\$43.80
95822			EEG: SLEEP ONLY	\$196.15	\$188.42
95822	TC		EEG: SLEEP ONLY	\$144.62	\$144.62
95822	26		EEG: SLEEP ONLY	\$51.53	\$43.80
95824			EEG: CEREBRAL DEATH RECORDING	\$35.10	\$29.83
95824	26		EEG: CEREBRAL DEATH RECORDING	\$35.10	\$29.83
95827			EEG: ALL NIGHT SLEEP RECORDING	\$131.70	\$124.27
95827	TC		EEG: ALL NIGHT SLEEP RECORDING	\$82.16	\$82.16
95827	26		EEG: ALL NIGHT SLEEP RECORDING	\$49.54	\$42.11
95829			ELECTROCORTICOGRAM AT SURGERY(	\$1,265.56	\$1,075.73
95830			MD INSERT SPHENOIDAL ELECTRODE	\$168.96	\$143.62
95831			TEST MUSCLE,MANUAL:EXTREMITY/T	\$24.75	\$21.04
95832			MUSCLE TESTING: MANUAL: HAND	\$20.95	\$17.8
95833	1		TEST MUSCLE.MANUAL:TOT BODY/NO	\$35.13	\$29.86
95834			MUSCLE TESTING: MANUAL: TOTAL	\$41.23	\$35.05
95851			RANGE OF MOTION:@ EXTREMITY.NO	\$41.23	\$35.03
95852	<del> </del>		RANGE OF MOTION: @ EXTREMIT I,NO	\$17.57	\$10.70

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 95857 TENSILON TEST FOR MYASTHENIA G \$37.70 \$33.93 95857 TC \$12.55 TENSILON TEST FOR MYASTHENIA G \$12.55 95857 26 TENSILON TEST FOR MYASTHENIA G \$25.15 \$21.38 95860 ELECTROMYOGRAPH:1 EXTREMITY&PA \$80.60 \$73.68 TC ELECTROMYOGRAPH:1 EXTREMITY&PA \$34.51 \$34.51 95860 95860 26 ELECTROMYOGRAPH:1 EXTREMITY&PA \$46.08 \$39.17 95861 ELECTROMYOGRAPH:2 EXTREMITIES& \$100.37 \$89.29 95861 TC ELECTROMYOGRAPH:2 EXTREMITIES& \$26.54 \$26.54 95861 26 ELECTROMYOGRAPH:2 EXTREMITIES& \$73.83 \$62.76 ELECTROMYOGRAPH:3 EXTREMITIES& \$122.59 \$109.25 95863 95863 TC ELECTROMYOGRAPH:3 EXTREMITIES& \$33.66 \$33.66 95863 26 ELECTROMYOGRAPH:3 EXTREMITIES& \$88.93 \$75.59 95864 ELECTROMYOGRAPH:4 EXTREMITIES& \$159.37 \$145.10 95864 TC ELECTROMYOGRAPH:4 EXTREMITIES& \$64.26 \$64.26 26 95864 ELECTROMYOGRAPH:4 EXTREMITIES& \$95.10 \$80.83 95865 NEEDLE ELECTROMYOGRAPHY: LARYN \$102.08 \$90.36 95865 TC NEEDLE ELECTROMYOGRAPHY: LARYN NA \$23.95 95865 26 NEEDLE ELECTROMYOGRAPHY: LARYN \$78.13 \$66.41 95866 NEEDLE ELECTROMYOGRAPHY: HEMID \$68.26 \$59.68 26 NEEDLE ELECTROMYOGRAPHY, HEMIDI \$60.59 \$51.50 95866 95867 MYOGRAPHY: CRANIAL NERVE: UNIL \$58.60 \$52.94 95867 TC MYOGRAPHY: CRANIAL NERVE: UNIL \$20.86 \$20.86 95867 26 MYOGRAPHY: CRANIAL NERVE: UNIL \$37.74 \$32.08 95868 MYOGRAPHY: CRANIAL NERVE: BILA \$81.31 \$72.90 тс 95868 MYOGRAPHY: CRANIAL NERVE: BILA \$25.22 \$25.22 26 MYOGRAPHY: CRANIAL NERVE: BILA \$47.67 95868 \$56.09 95869 26 ELECTROMYOGRAPHY: SPECIFIC MUS \$17.72 \$15.06 95870 26 ELECTROMYOGRAPHY OTH THAN PARA \$17.72 \$15.06 95872 ELECTROMYOGRAPHY.SING.FIBER.AN \$93.00 \$82.32 95872 TC ELECTROMYOGRAPHY.SING.FIBER.AN \$21.83 \$21.83 95872 26 ELECTROMYOGRAPHY,SING.FIBER,AN \$71.17 \$60.49 95873 ELECTRICAL STIMULATION FOR GUI \$25.10 \$22.67 95873 26 ELECTRICAL STIMULATION FOR GUI \$17.72 \$15.06 95874 NEEDLE ELECTROMYOGRAPHY FOR GU \$25.43 \$22.96 95874 26 NEEDLE ELECTROMYOGRAPHY FOR GU \$18.06 \$15.35 95875 ISCHEMIC LIMB EXERCISE, EMG, ... \$87.22 \$79.39

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =		1400	NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
95875	тс		ISCHEMIC LIMB EXERCISE, EMG,	NA	\$35.02
95875	26		ISCHEMIC LIMB EXERCISE, EMG,	\$52.20	\$33.02
95921	20		TESTING AUT NERV SYS FUNCTION	\$54.32	\$48.19
95921	тс		TESTING AUT NERV SYS FUNCTION	\$13.48	\$13.48
95921	26		TESTING AUT NERV SYS FUNCTION	\$40.83	\$13.40
95922	20		TESTING AUTO NERV SYST FUNCTIO	\$58.88	\$52.07
95922	тс		TESTING AUTO NERV SYST FUNCTIO	\$13.48	\$13.48
95922	26		TESTING AUTO SYST FUNCTION	\$45.40	\$38.59
95923	20		TESTING AUTO NERV SYST FUNCTIO	\$96.34	\$89.91
95923	тс		TESTING AUTO NERV SYST FUNCTIO	\$53.51	\$53.51
95923	26		TESTING AUTO NERV SYST FUNCTIO	\$42.82	\$36.40
95925	20		SOMATOSENSORY TESTING,ONE > NE	\$58.72	\$54.86
95925	26		SOMATOSENSORY TESTING, ONE > NE	\$25.72	\$21.86
95926			SHORT LAT SOMATOSEN STUDY/LOWE	\$64.76	\$60.90
95926	26		SHORT LAT SOMATOSEN STUDY/LOWE	\$25.76	\$21.90
95927			SHORT-LAT SOMATOSEN STUDY/TRUN	\$65.74	\$61.73
95927	26		SHORT-LAT SOMATOSEN STUDY/TRUN	\$26.74	\$22.73
95928			CENTRAL MOTOR EVOKED POTENTIAL	\$152.89	\$142.20
95928	тс		CENTRAL MOTOR EVOKED POTENTIAL	NA	\$81.63
95928	26		CENTRAL MOTOR EVOKED POTENTIAL	\$71.26	\$60.57
95929			CENTRAL MOTOR EVOKED POTENTIAL	\$159.33	\$148.64
95929	тс		CENTRAL MOTOR EVOKED POTENTIAL	NA	\$88.07
95929	26		CENTRAL MOTOR EVOKED POTENTIAL	\$71.26	\$60.57
95930			VISUAL EVOKED POTENTIAL TESTIN	\$73.27	\$62.28
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	\$53.76	\$46.95
95930	26		VISUAL EVOKED POTENTIAL TESTIN	\$16.74	\$14.23
95933			BLINK REFLEX,ELETRODIAGNOSTIC	\$56.21	\$52.01
95933	TC		BLINK REFLEX, ELETRODIAGNOSTIC	NA	\$28.23
95933	26		BLINK REFLEX, ELETRODIAGNOSTIC	\$27.98	\$23.78
95937			NEUROMUSCULAR JUNC.TEST.:@ NER	\$44.20	\$39.39
95937	TC		NEUROMUSCULAR JUNC. TEST: @ NE	NA	\$12.13
95937	26		NEUROMUSCULAR JUNC. TEST: @ NE	\$32.07	\$27.26
95950	1		AMBULATORY 24 HOUR EEG MONITOR	\$196.46	\$185.69
95950	TC		AMBULATORY 24 HOUR EEG MONITOR	\$124.64	\$124.64
95950	26		AMBULATORY 24 HOUR EEG MONITOR	\$71.82	\$61.05
95951	1		MONITORING FOR LOCALIZATION OF	\$1,539.00	\$1,497.91

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
na -	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
95951	тс		MONITORING FOR LOCALIZATION OF	\$1,255.06	\$1,255.06
95951	26		MONITORING FOR LOCALIZATION OF	\$285.70	\$242.85
95953	1		EACH 24 HOUR EEG MONITORING	\$374.29	\$352.36
95953	TC		EACH 24 HOUR EEG MONITORING	\$228.11	\$228.11
95953	26		EACH 24 HOUR EEG MONITORING	\$146.18	\$124.25
95954			PHARM/PHYSICAL ACTIVATION DURI	\$226.58	\$209.10
95954	TC		PHARM/PHYSICAL ACTIVATION DURI	\$109.99	\$109.99
95954	26		PHARM/PHYSICAL ACTIVATION DURI	\$116.59	\$99.10
95955	1		EEG DURING NONINTRACRANIAL SUR	\$117.47	\$99.85
95956			EACH 24 HOUR EEG MONITORING	\$638.95	\$617.02
95956	TC		EACH 24 HOUR EEG MONITORING	\$492.74	\$492.74
95956	26		EACH 24 HOUR EEG MONITORING	\$146.22	\$124.28
95957			DIGITAL ANALYSIS OF EEG	\$155.90	\$141.71
95957	TC		DIGITAL ANALYSIS OF EEG	NA	\$61.22
95957	26		DIGITAL ANALYSIS OF EEG	\$94.70	\$80.49
95958			WADA ACTIVATION TEST FOR HEMIS	\$262.85	\$232.90
95958	TC		WADA ACTIVATION TEST FOR HEMIS	\$63.21	\$63.21
95958	26		WADA ACTIVATION TEST FOR HEMIS	\$199.64	\$169.69
95961			FUNCT CORTICAL MAPPI:INIT HR P	\$199.37	\$176.43
95961	TC		FUNCT CORTICAL MAPPI:INIT HR P	\$46.50	\$46.50
95961	26		FUNCT CORTICAL MAPPI:INIT HR P	\$152.86	\$129.93
95962			FUNCT CORTICAL MAP:EA ADD HR P	\$204.61	\$180.89
95962	TC		FUNCT CORTICAL MAP:EA ADD HR P	NA	\$46.50
95962	26		FUNCT CORTICAL MAP:EA ADD HR P	\$158.10	\$134.39
95965			MEGNETOENCEPHALOGRAPHY RECORD/	\$927.91	\$788.72
95965	26		NEEDLE ELECTROMYOGRAPHY, LARYN	\$382.59	\$325.20
95966			MAGNETOENCEPHALOGRAPHY RECORD/	\$220.00	\$187.00
95967			MAGNETOENCEPHALOGRAPHY RECORD/	\$192.28	\$163.44
95970			ELECT ANAL IMPL NEUROSTIM PULS	\$19.39	\$16.48
95971			ELECT ANAL IMPL NEUROSTIM PULS	\$49.80	\$42.33
95972			ELECT ANAL IMPL NEUROSTIM PULS	\$59.07	\$50.21
95980			ELECTRONIC ANALYSIS OF IMPLANT	\$33.00	\$28.06
95981			ELECTRONIC ANALYSIS OF IMPLANT	\$23.97	\$20.37
95981	26		ELECTRONIC ANALYSIS OF IMPLANT	\$13.00	\$11.06
95982			ELECTRONIC ANALYSIS OF IMPLANT	\$35.78	\$30.41
95982	26		ELECTRONIC ANALYSIS OF IMPLANT	\$25.84	\$21.96

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 95990 REFILL/MAINT IMPL PUMP DRUG DE \$52.66 \$44.76 95991 REFILL/MAINT IMPL PUMP BY PHYS \$64.30 \$75.65 96000 COMP COMPUTER-BASED MOTION ANA \$78.14 \$66.42 96001 COMP COMPUTER-BASED MOTION ANA \$93.33 \$79.33 96002 DYNAMIC SURFACE ELECTROMYOGRAP \$18.64 \$15.84 96003 DYNAMIC FINE WIRE ELECTROMYOGR \$16.36 \$13.91 96004 MD REVIEW/INTERPRETATION 96000 \$102.81 \$87.39 96105 ASSESS APHASIA W/INTERP REP PE \$65.36 \$55.56 96105 UC ASSESS APHASIA W/INTERP REP PE \$65.36 \$65.36 NEUROBEHAVIORAL STATUS EXAM (C 96116 \$92.29 \$78.44 96116 UC NEUROBEHAVIORAL STATUS EXAM(CL \$92.29 \$92.29 \$66.91 96125 STANDARDIZED COGNITIVE PERFORM \$78.72 96125 SA STANDARDIZED COGNITIVE PERFORM \$63.57 NA 96125 26 STANDARDIZED COGNITIVE PERFORM \$65.36 \$55.56 HEALTH & BEHAV ASSESS INIT EA 96150 \$21.18 \$18.00 96150 SA HEALTH & BEHAV ASSESS INIT EA NA \$13.68 96150 UC HEALTH & BEHAV ASSESS INIT EA \$21.18 \$21.18 96151 HEALTH & BEHAV ASSESS EACH 15 \$20.49 \$17.42 96151 SA HEALTH & BEHAV ASSESS EACH 15 NA \$13.23 96151 UC HEALTH & BEHAV ASSESS EACH 15 \$20.49 \$20.49 96152 HEALTH & BEHAV INTERVEN IND EA \$19.41 \$16.50 96152 SA HEALTH & BEHAV INTERVEN IND EA NA \$15.67 96152 UC HEALTH & BEHAV INTERVEN IND EA \$19.41 \$19.41 96153 SA HEALTH & BEHAV INTERVEN EA 15 NA \$3.89 UC \$5.00 96153 HEALTH & BEHAV INTERVEN EA 15 NA 96154 HEALTH & BEHAV INTERVEN FAM EA \$16.20 \$19.06 96154 SA HEALTH & BEHAV INTERVEN FAM EA NA \$15.39 UC 96154 HEALTH & BEHAV INTERVEN FAM EA \$19.06 \$19.06 96155 HEALTH & BEHAV INTERVEN FAM EA \$3.46 \$2.94 96155 SA HEALTH & BEHAV INTERVEN FAM EA NA \$2.94 96155 UC HEALTH & BEHAV INTERVEN FAM EA \$18.74 \$18.74 96156 HLTH BHV ASSMT/REASSESSMENT \$21.18 \$18.00 96156 EP HEALTH BEHAV ASSESS/REASSESSME NA \$200.00 HLTH BHV ASSMT/REASSESSMENT NA 96156 SA \$13.68 UC HLTH BHV ASSMT/REASSESSMENT 96156 \$21.18 \$21.18 96158 HLTH BHV INDV 1ST 30 \$38.82 \$33.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	ONGS
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	-		SPECIALIST	NONSPECIALIST
96158	EP		HEALTH BEHAVIOR INTV INITIAL 3	NA	\$42.50
96158	SA		HLTH BHV IVNTJ INDIV 1ST 30	NA	\$31.34
96158	UC		HLTH BHV IVNTJ INDIV 1ST 30	\$38.82	\$19.41
96159			HLTH BHV IVNTJ INDIV EA ADDL	\$19.41	\$16.50
96159	EP		HEALTH BEHAV INTERV EA ADD 15	NA	\$21.25
96159	SA		HLTH BHV IVNTJ INDIV EA ADDL	NA	\$15.67
96159	UC		HLTH BHV IVNTJ INDIV EA ADDL	\$19.42	\$19.41
96164	EP		HEALTH BEHAV ITVN GRP INITIAL	NA	\$11.20
96164	SA		HLT BHV IVNTJ GRP 1ST 30	NA	\$7.78
96165	EP		HEALTH BEHAV ITVN EA ADD 15 MI	NA	\$5.60
96165	SA		HLTH BHV IVNTJ GRP EA ADDL	NA	\$3.89
96167	0/1		HLTH BHV IVNTJ FAM 1ST 30	\$38.12	\$32.40
96167	EP		HEALTH BEHAV ITVN FAMILY INIT	NA	\$50.00
96167	SA		HLTH BHV IVNTJ FAM 1ST 30	NA	\$30.78
96167	UC		HLTH BHV IVNTJ FAM 1ST 30	\$38.12	\$19.06
96168			HLTH BHV IVNTJ FAM EA ADDL	\$19.06	\$16.20
96168	EP		HLTH BEH ITVN FAM/PT ADD 15MIN	NA	\$25.00
96168	SA		HLTH BHV IVNTJ FAM EA ADDL	NA	\$15.39
96168	UC		HLTH BHV IVNTJ FAM EA ADDL	\$19.06	\$19.06
96170			HLTH BHV IVNTJ FAM WO PT 1ST	\$6.92	\$5.88
96170	EP		HEALTH BEHAVE INTERV W/O PATIE	NA	\$50.00
96170	SA		HLTH BHV IVNTJ FAM WO PT 1ST	NA	\$5.88
96170	UC		HLTH BHV IVNTJ FAM WO PT 1ST	\$37.48	\$18.74
96171	1		HLTH BHV IVNTJ FAM W/O PT EA	\$3.46	\$2.94
96171	EP		HEALTH BEHAV INTV FAM W/O PT 1	NA	\$25.00
96171	SA		HLTH BHV IVNTJ FAM W/0 PT EA	NA	\$2.94
96171	UC		HLTH BHV IVNTJ FAM W/O PT EA	\$18.74	\$18.74
96360			IV INFUSION, HYDRATION, INIT, UP	\$40.44	\$34.37
96360	SA		IV INFUSION, HYDRATION, INIT, UP	NA	\$32.66
96361	1		IV INFUSION, HYDRATION, EACH ADD	\$14.24	\$12.10
96361	SA		IV INFUSION, HYDRATION, EACH ADD	NA	\$11.50
96365	1		INTRAVENOUS INFUSION, FOR THER	\$68.42	\$58.15
96365	SA		INTRAVENOUS INFUSION FOR THERA	NA	\$55.25
96366	1		INTRAVENOUS INFUSION, FOR THER	\$20.29	\$17.25
96366	SA		INTRAVENOUS INFUSION FOR THERA	NA	\$18.15
96367			INTRAVENOUS INFUSION FOR THERA	\$33.06	\$28.10

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	IT THE FROCEDORE CODE BEL	JNGS
NA =	-		NOT APPLICABLE		-
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
96367	SA		INTRAVENOUS INFUSION FOR THERA	NA	\$26.70
96368			INTRAVENOUS INFUSION FOR THERA	\$20.83	\$17.71
96368	SA		INTRAVENOUS INFUSION FOR THERA	NA	\$16.82
96369			SUBCUTANEOUS INFUSION FOR THER	\$142.21	\$120.88
96369	SA		SUBCU INFUSION, INITIAL UP TO 1	NA	\$114.84
96370			SUBCUTANEOUS INFUSION FOR THER	\$13.89	\$11.80
96370	SA		SUBCU INFUSION EACH ADDITIONAL	NA	\$11.21
96371			SUBCUTANEOUS INFUSION FOR THER	\$64.02	\$54.41
96371	SA		SUBCU INFUSION ADDITIONAL PUMP	NA	\$51.69
96372			THERAPEUTIC PROPHY/DIAG INJ, S	\$16.18	\$13.76
96372	SA		THERAPEUTIC, PROPHY/DIAG INJ,	NA	\$13.07
96373			THERAPEUTIC/PROPHY/DIAG INJ,IN	\$16.48	\$14.01
96374			THERAP/PROPHY/DIAG INJ, IV PUS	\$41.55	\$35.32
96374	SA		THERAP/PROPHY/DIAG INJ, IV PUS	NA	\$33.55
96375			THERAPEUTIC/PROPH/DIAG INJ, AD	\$17.67	\$15.02
96375	SA		THERAPEUTIC/PROPHY/DIAG INJ, A	NA	\$14.27
96376			THER/PROPH/DIAG INJ,EACH ADDIT	\$21.28	\$18.09
96376	SA		THER/PROPH/DIAG INJ,EACH ADDIT	NA	\$17.18
96401			CHEMOTHERAPY ADMINISTRATION, S	\$46.63	\$39.64
96401	SA		CHEMOTHERAPY ADMINIS SUBCU OR	NA	\$37.66
96402			CHEMOTHERAPY ADMINISTRATION, S	\$32.71	\$27.80
96402	SA		CHEMO ADMIN SUBCU/IM HORM ANTI	NA	\$30.07
96405			CHEMOTHERAPH INTRALESIONAL 1-7	\$86.00	\$73.10
96406			CHEMOTHERAPY INTRALESIONAL >7	\$124.83	\$109.34
96409			CHEMOTHERAPY ADMINISTRATION: I	\$108.76	\$92.45
96409	SA		CHEMOTHERAPY ADMIN IV PUSH SIN	NA	\$87.82
96411			CHEMOTHERAPY ADMINISTRATION: I	\$62.58	\$53.19
96411	SA		CHEMO ADMIN IV PUSH EACH ADD S	NA	\$50.64
96413			CHEMOTHERAPY ADMINISTRATION, I	\$148.91	\$126.57
96413	SA		CHEMO ADMINIS IV INFUS UP TO 1	NA	\$50.53
96415	1		CHEMOTHERAPY ADMINISTRATION, I	\$30.72	\$26.11
96415	SA	[	CHEMO ADMIN IV INFUSION EACH A	NA	\$24.81
96416	1		CHEMOTHERAPY ADMINISTRATION, I	\$151.87	\$129.09
96416	SA		CHEMO ADMIN INIT PROLONGED INF	NA	\$122.64
96417	1		CHEMOTHERAPY ADMINISTRATION, I	\$68.94	\$58.60
96417	SA	I	CHEMO ADMIN IV INFUS EACH ADD	NA	\$60.45

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		JIGS
NA =			NOT APPLICABLE		
007/10000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
96420			CHEMOTHERAPY INTRA-ARTERIAL:PU	\$98.32	\$83.57
96420	SA		CHEMOTHERAPY INTRA-ARTERIAL, P	NA	\$79.39
96422			CHEMOTHERAPY, INFUSION UP TO	\$171.94	\$146.15
96422	SA		CHEMOTHERAPY, INFUSION UP TO 1	NA	\$138.84
96423			CHEMOTHERAPY1 TO 8 HRS:EA A	\$70.09	\$59.57
96423	SA		CHEMOTHERAPY 1 TO 8 HRS, EACH	NA	\$56.60
96425			CHEMOTHERAPY INFUSION >8HRS PE	\$159.72	\$135.76
96425	SA		CHEMOTHERAPY INFUSION >8HRS PE	NA	\$128.97
96440			CHEMOTHERAPY-PLEURAL CAVITY RE	\$356.46	\$302.99
96450			CHEMOTHERAPY-CNS, REQUIRING LUM	\$191.29	\$162.60
96521			REFILLING AND MAINTENANCE OF P	\$136.31	\$115.87
96521	SA		PORTABLE PUMP REFILLING/MAINTE	NA	\$110.07
96522			REFILLING AND MAINTENANCE OF I	\$98.31	\$83.57
96522	SA		REFILLING/MAINTENANCE IMPLANT	NA	\$79.39
96523			IRRIGATION OF IMPLANTED VENOUS	\$24.97	\$21.22
96523	SA		IRRIGATION OF IMPLANTED VENOUS	NA	\$20.16
96542			CHEMO,INTRAVENTRICULAR 1+AGENT	\$130.66	\$111.06
96567			PHOTODYNAMIC THER BY EXTREN AP	\$67.67	\$57.52
96570			PHOTODYNAMIC THERAPY 1ST 30 MI	\$50.58	\$43.00
96571			PHOTODYNAMIC THERAPY EA ADDIT	\$24.72	\$21.01
96900			ACTINOTHERAPY (ULTRAVIOLET LIG	\$15.52	\$13.19
96910			PHOTOCHEMOTHERAPY: TAR AND ULT	\$34.77	\$29.55
96912			PHOTOCHEMOTHERAPY/PUVA	\$44.22	\$37.59
96913			PHOTOCHEMOTHER/REP 4-8 HRS CAR	\$59.94	\$50.95
96920			LASER TREAT PSORIASIS <250 SQ	\$123.13	\$104.66
96920	26		LASER TREAT PSORIASIS <250 SQ	\$55.95	\$47.56
96921	20		LASER TX PSORIASIS 250-500 SQ	\$126.43	\$107.47
96921	26		LASER TX PSORIASIS 250-500 SQ	\$57.22	\$48.64
96922	20		LASER TX PSORIASIS >500 SQ CM	\$185.98	\$158.09
96922	26		LASER TX PSORIASIS >500 SQU CM	\$88.62	\$75.32
97151	20		BEHAVIOR IDENTIFICATION ASSESS	NA	\$25.00
97152			BEHAVIOR IDENTIFICATION ASSESS	NA	\$25.00
97152	<u> </u>		ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$11.20
97154			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$4.80
97155 97156			ADAPTIVE BEHAVIOR TREATMENT WI FAMILY ADAPTIVE BEHAVIOR TREAT	NA NA	\$21.25 \$25.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	· '	2		SPECIALIST	NONSPECIALIST
97157			FAMILY ADAPTIVE BEHAVIOR TREAT	NA	\$12.40
97158			GROUP ADAPTIVE BEHAVIOR TREATM	NA	φ12.40 \$5.60
97535			SELF CARE/HOME MNGMNT TX DIR E	\$25.72	\$21.86
97597			REMOVAL OF DEVITALIZED TISSUE	\$42.21	\$35.88
97598			REMOVAL OF DEVITALIZED TISSUE	\$26.92	\$22.88
97605			NEGATIVE PRESSURE WOUND THERAP	\$29.52	\$25.09
97606			NEGATIVE PRESSURE WOUND THERAP	\$31.74	\$26.98
97802			MED NUTRITION THER INIT ASSESS	\$27.41	\$23.30
97803			MED NUTRITION THER RE-ASSESS 1	\$23.81	\$20.24
97810			ACUPUNCTURE, ONE OR MORE NEEDL	\$29.98	\$25.48
97811			ACUPUNCTURE, ONE OR MORE NEEDL	\$22.83	\$19.41
97813			ACUPUNCTURE, ONE OR MORE NEEDL	\$31.68	\$26.93
97814			ACUPUNCTURE, ONE OR MORE NEEDL	\$25.55	\$21.72
98925			OSTEOPATHIC MANIPULATIVE RX 1+	\$25.68	\$21.83
98940			CHIROPRACTIC MANIP TX SPINAL 1	\$22.33	\$18.98
98941			CHIROPRACTIC MANIP TX SPINAL 3	\$31.02	\$26.37
98942			CHIROPRACTIC MANIP TX SPINAL 5	\$40.31	\$34.27
99151			MODERATE SEDATION SERVICES BY	\$42.98	\$36.53
99151	26		MODERATE SEDATION SERVICES BY	\$12.53	\$10.65
99155			MODERATE SEDATION SERVICES BY	\$43.18	\$36.70
99183			HYPERBARCI OXYGEN PHYSICIAN AT	\$108.21	\$100.48
99201			E/M OFFICE/OP NEW PATIENT	\$31.74	\$26.98
99201	SA		E/M OFFICE/OP NEW PATIENT	NA	\$25.63
99201	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$22.22
99201	UC		E/M OFFICE/OP NEW PATIENT	\$31.74	\$31.74
99202			E/M OFFICE/OP NEW PATIENT	\$56.10	\$47.69
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	NA	\$39.27
99202	SA		E/M OFFICE/OP NEW PATIENT	NA	\$45.30
99202	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$39.27
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	NA	\$35.27
99202	UC		E/M OFFICE/OP NEW PATIENT	\$56.10	\$56.10
99203			E/M OFFICE/OP NEW PATIENTMIN	\$83.37	\$70.86
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN	NA	\$58.36
99203	SA		E/M OFFICE/OP NEW PATIENTMIN	NA	\$67.32
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/	NA	\$67.32
99203	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$58.36

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =			NOT APPLICABLE		
	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN	NA	\$54.36
99203	UC		E/M OFFICE/OP NEW PATIENTMIN	\$83.37	\$83.37
99203	UD		E/M OFFICE/OP NEW PATIENTMIN	\$83.37	\$70.86
99204			E/M OFFICE/OP NEW PATIENT	\$117.67	\$100.02
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	\$117.67	\$117.67
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL	NA	\$82.37
99204	FP	52	E/M INITIAL FP VISIT IN FP CLI	\$113.67	\$113.67
99204	SA		E/M OFFICE/OP NEW PATIENT	NA	\$95.02
99204	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$82.37
99204	SB	52	E/M INITIAL FP VISIT IN FP CL	NA	\$78.37
99204	UC		E/M OFFICE/OP NEW PATIENT	\$117.67	\$117.67
99205			E/M OFFICE OP NEW PATIENTMIN	\$149.24	\$126.85
99205	FP		E/M OFFICE/OP NEW IN FL CL	NA	\$149.24
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	\$104.47
99205	FP	52	E/M INITIAL FP VISIT IN FP CLI	\$145.24	\$145.24
99205	HU		DYFS PRE PLACEMENT EXAM	NA	\$100.00
99205	HU	SA	DYFS PRE PLACEMENT EXAM BY CNP	NA	\$95.00
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	NA	\$100.47
99205	UC		E/M OFFICE OP NEW PATIENTMIN	\$149.24	\$149.24
99211			E/M ESTAB.PATIENT MINIMAL PROB	\$18.90	\$16.07
99211	SA		E/M ESTAB.PATIENT MINIMAL PROB	NA	\$15.27
99211	SB		E/M ESTABLISHED PATIENT - VS B	NA	\$13.23
99211	UC		E/M ESTAB.PATIENT MINIMAL PROB	\$18.90	\$18.90
99211	U9		E/M ESTAB PATIENT MINIMAL PROB	NA	NA
99212			E/M OFFICE/OP - ESTABLISHED PA	\$33.43	\$28.42
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	\$23.40
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	NA	\$27.00
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	\$23.40
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	NA	\$19.40
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	\$33.43	\$33.43
99212	U9		E/M OFFICE/OP ESTABLISHED PATI	NA	NA
99213			E/M OFFICE/OP ESTAB PATIENT	\$45.48	\$38.66
99213	FP		E/M F/U VIVIT IN FAMILY PLANNI	\$45.48	\$45.48
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$31.84
99213	FP	52	E/M F/U VISIT IN FAMILY PLANNI	\$41.48	\$41.48
99213	SA		E/M OFFICE/OP ESTAB PATIENT	NA	\$36.73

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

<b>MOD =</b> MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS						
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE	
PRACTITIONER		2		SPECIALIST	NONSPECIALIST	
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	NA	\$36.73	
99213	SB	00	E/M ESTABLISHES PT VISIT BY CN	NA	\$31.84	
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$27.84	
99213	UC	02	E/M OFFICE/OP ESTAB PATIENT	\$45.48	\$45.48	
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$45.48	\$38.66	
99213	U9		E/M OFFICE/OP ESTAB PATIENT	NA	NA	
99214	00		E/M OFFICE/OP ESTABLISHED PATI	\$71.20	\$60.52	
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	\$71.20	\$71.20	
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	\$49.84	
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	\$67.20	\$67.20	
99214	SA	02	E/M OFFICE/OP ESTABLISHED PATI	NA	\$57.49	
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	\$49.84	
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	NA	\$45.84	
99214	UC		E/M OFFICE/OP ESTABLISHED PATI	\$71.20	\$71.20	
99214	U9		E/M OFFICE/OP ESTABLISHED PATI	NA	NA	
99215			E/M OFFICE/OP ESTAB PT VISIT	\$103.11	\$87.65	
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	\$103.11	\$103.11	
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLIN	NA	\$72.18	
99215	FP	52	E/M FU VISIT IN FP CLINIC	\$99.11	\$99.11	
99215	SA		E/M OFFICE/OP ESTAB PT VISIT B	NA	\$83.27	
99215	SB		E/M VISIT-ESTABLISHED PT-BY CN	NA	\$72.18	
99215	SB	52	E/M FP VISIT BY CNM IN FP CLIN	NA	\$68.18	
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	\$103.11	\$103.11	
99215	U9		E/M OFFICE/OP ESTAB PT VISIT	NA	NA	
99217			OBSERVATION CARE DAT MANAGEMEN	\$60.22	\$51.19	
99221			E/M INITIAL HOSPITAL CARE	\$57.81	\$49.14	
99221	SA		E/M INITIAL HOSPITAL CARE	NA	\$46.68	
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	\$40.47	
99222			E/M INITIAL HOSPITAL CARE	\$95.73	\$81.37	
99223	1		E/M INITIAL HOSPITAL CARE	\$133.33	\$113.33	
99231	1		E/M SUBSEQUENT HOSPITAL CARE	\$28.93	\$24.59	
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	\$23.36	
99231	SB		E/M SUBSEQUENT HOSPITAL CARE B	NA	\$20.25	
99232		l	E/M SUBSEQUENT HOSPITAL CARE	\$47.25	\$40.16	
99232	SA	1	E/M SUBSEQUENT HOSPITAL CARE	NA	\$38.15	
99232	SB	İ	E/M SUBSEQUENT HOSPITAL CARE C	NA	\$33.07	

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MOD =MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NA = NOT APPLICABLE MOD MOD MAXIMUM FEE MAXIMUM FEE CPT/HCPCS/CDT 1 2 **PROCEDURE CODE DESCRIPTION** ALLOWANCE ALLOWANCE PRACTITIONER SPECIALIST NONSPECIALIST 99233 E/M SUBSEQUENT HOSPITAL CARE \$67.16 \$57.09 99234 IP HOSP CARE/SAME DAY ADMIT/DI \$114.98 \$97.74 99235 IP HOSP CARE/SAME DAY ADMIT/DI \$151.57 \$128.83 99236 IP HOSP CARE/SAME DAY ADMIT/DI \$189.17 \$160.79 99238 HOSPITAL DISCHARGE DAY MANAGEM \$60.27 \$51.23 99238 SA HOSP DISCH DAY MNGMNT BY CNP/C NA \$48.67 99238 SB HOSPITAL DISCHARGE DAY MNGMNT NA \$42.19 99239 HOSP DISCH DAY MNGMNT >30 MINU \$82.17 \$69.84 99242 E/M OFFICE/OP CONSULT NEW/EST \$79.02 \$67.17 99243 E/M OFFICE/OP CONSULT NEW/EST \$89.58 \$105.38 99244 E/M OFFICE/OP CONSULT NEW/EST \$148.39 \$126.13 99244 SM \$148.39 CONSULTATION FOR SECOND OPINIO \$126.13 99244 SN CONSULTATION FOR THIRD OPINION \$148.39 \$126.13 \$162.93 99245 E/M OFFICE/OP CONSULT NEW/EST \$191.69 99253 E/M INITIAL IP/NF CONSULT NEW/ \$83.86 \$71.28 99254 E/M INITIAL IP/NF CONSULT NEW/ \$120.56 \$102.48 99255 E/M INITIAL IP/NF CONSULT NEW/ \$166.22 \$141.28 E.M EMERG DEPT. VISIT NEW/EST 99283 \$52.38 \$44.53 99283 SA E.M EMERG DEPT. VISIT NEW/EST NA \$42.30 99284 E.M EMERG.DEPT. VISIT NEW/EST \$81.74 \$69.48 99284 SA E.M EMERG.DEPT. VISIT NEW/EST NA \$66.00 99285 E/M EMERG.DEPT. VISIT NEW/EST \$127.98 \$108.78 99291 CRITICAL CARE.....FIRST HOUR \$219.90 \$186.91 99292 CRITICAL CARE..EACH ADDITIONAL \$97.02 \$82.47 99304 INITIAL NURSING FACILITY CARE. \$56.05 \$47.64 99304 INITIAL NURSING FACILITY CARE. NA \$45.26 SA 99305 INITIAL NURSING FACILITY CARE. \$74.35 \$63.20 99305 SA INITIAL NURSING FACILITY CARE NA \$60.04 99306 INITIAL NURSING FACILITY CARE. \$88.87 \$75.54 99306 SA INITIAL NURSING FACILITY CARE. NA \$71.77 99307 SUBSEQUENT NURSING FACILITY CA \$29.02 \$24.66 99307 SA SUBSEQUENT NURSING FAC CARE PE NA \$23.43 99308 SUBSEQUENT NURSING FACILITY CA \$48.07 \$40.86 99308 SUBSEQUENT NURSING FAC CARE, PE SA NA \$38.82 SUBSEQUENT NURSING FACILITY CA \$67.70 99309 \$57.55 99309 SA SUBSEQUENT NURSING FAC CARE, PE NA \$54.67

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS		
NA = NOT APPLICABLE							
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE		
PRACTITIONER				SPECIALIST	NONSPECIALIST		
99310			SUBSEQUENT NURSING FACILITY CA	\$84.79	\$72.07		
99310	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$68.47		
99315			NF DISCHARGE DAY MNGMT 30 MIN	\$52.47	\$44.60		
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	NA	\$42.37		
99316	1		NF DISCHARGE DAY MNGMT > 30 MI	\$69.22	\$58.83		
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	NA	\$55.89		
99318			EVALUATION AND MANAGEMENT OF A	\$56.05	\$47.64		
99318	SA		EVALUATION & MANAGEMENT NURS F	NA	\$45.26		
99324			DOMICILIARY OR REST HOME VISIT	\$50.04	\$42.53		
99325			DOMICILIARY OR REST HOME VISIT	\$73.20	\$62.22		
99325	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$59.11		
99326			DOMICILIARY OR REST HOME VISIT	\$105.94	\$90.05		
99326	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$85.55		
99327			DOMICILIARY OR REST HOME VISIT	\$139.34	\$118.44		
99327	SA		DOMICILIARY/REST HOME VISIT NE	NA	\$112.52		
99328			DOMICILIARY OR REST HOME VISIT	\$172.42	\$146.56		
99328	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$139.23		
99334			DOMICILIARY OR REST HOME VISIT	\$38.78	\$32.97		
99334	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$31.32		
99335			DOMICILIARY OR REST HOME VISIT	\$61.29	\$52.09		
99335	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$49.49		
99336			DOMICILIARY OR REST HOME VISIT	\$94.35	\$80.20		
99336	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$76.19		
99337			DOMICILIARY OR REST HOME VISIT	\$138.66	\$117.86		
99337	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$111.97		
99341			E/M HOME VISIT NEW PATIENT	\$49.70	\$42.24		
99341	SA		E/M HOME VISIT NEW PATIENT	NA	\$40.13		
99341	SB		E/M HOME VISIT NEW PATIENT	NA	\$34.79		
99342			E/M HOME VISIT - NEW PATIENT	\$73.20	\$62.22		
99342	SA	[	E/M HOME VISIT - NEW PATIENT	NA	\$59.11		
99342	SB		E/M HOME VISIT - NEW PATIENT	NA	\$51.24		
99343			E/M HOME VISIT NEW PATIENT	\$106.62	\$90.63		
99344			E/M HOME VISIT NEW PATIENT 60	\$139.68	\$118.73		
99344	SA	Ī	E/M HOME VISIT NEW PATIENT 60	NA	\$112.79		
99345	1	Ī	E/M HOME VISIT NEW PATIENT 75	\$172.76	\$146.85		
99345	SA		E/M HOME VISIT NEW PATIENT 75	NA	\$139.50		

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

			FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REF				
<i>MOD</i> = MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS							
NA =	-	-	NOT APPLICABLE				
007/10000/007	_	MOD		MAXIMUM FEE	MAXIMUM FEE		
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE		
PRACTITIONER				SPECIALIST	NONSPECIALIST		
99347			E/M HOME VISIT ESTABLISHED PT	\$38.78	\$35.00		
99348			E/M HOME VISIT ESTABLISHED PT	\$61.29	\$52.09		
99348	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$49.49		
99349			E/M HOME VISIT ESTABLISHED PT	\$94.69	\$80.48		
99349	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$76.46		
99350			E/M HOME VISIT ESTABLISHED PT	\$139.68	\$118.73		
99350	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$112.79		
99354			PROLONGED PHYSICANSERVICE FIRS	\$84.46	\$71.79		
99354	SA		PROLONGED DETENTION SERVICE FI	NA	\$68.20		
99355			PROLONGED PHYSICIAN SERVICE 30	\$83.48	\$70.96		
99355	SA		PROLONGED DETENTION SERVICE 30	NA	\$67.41		
99356			PROLONGED PHYS SERVIC INPATIEN	\$77.18	\$65.60		
99357			PROLONGED PHYS SERVICE INPT AD	\$77.81	\$66.14		
99381			E/M INITIAL PREV.MED.NEW PT.UN	\$80.06	\$68.05		
99381	EP		EPSDT VISIT 0-2 YEARS NEW PATI	\$80.06	\$68.05		
99381	EP	HU	CHEC VISIT UNDER 1 YEAR OF AGE	NA	\$335.00		
99381	EP	SA	EARLY PERIODIC SCREENING EXAMI	NA	\$64.65		
99381	EP	22	EARLY PERIODIC SCREENING EXAMI	\$80.06	\$68.05		
99381	HU	SA	CHEC VISIT UNDER 1 YR OF AGE	NA	\$318.25		
99381	SA		E/M INITIAL EVAL PREV MED UNDE	NA	\$64.65		
99381	SA	22	HEALTHSTART PED PREVENTION	NA	\$64.65		
99381	22		HEALTHSTART PED PREVENT EXAM	\$80.06	\$68.05		
99382			E/M INITIAL EVAL PREV MED. 1 T	\$86.53	\$73.55		
99382	EP		EPSDT VISIT 2 TO 4 YEARS	\$86.53	\$73.55		
99382	EP	HU	CHEC VISIT FOR AGES 1 TO 4 YRS	NA	\$335.00		
99382	EP	SA	EPSDT EXAM NEW PATIENT	NA	\$69.87		
99382	EP	22	EPSDT EXAM 12-24 MONTHS	\$86.53	\$73.55		
99382	HU	SA	CHEC VISIT AGES 1 TO 4	NA	\$318.25		
99382	SA		E/M INITIAL EVAL PREV MED 1 TO	NA	\$69.87		
99382	SA	22	HEALTHSTART PED PREV NEW PT	NA	\$69.87		
99382	SA	52	EPSDT VISIT 2 TO 4 YEARS	NA	\$69.87		
99382	U9		E/M INITIAL EVAL PREV MED 1 -	NA	NA		
99382	22	1	HEALTHSTART PED PREV NEW PT	\$86.53	\$73.55		
99383			E/M INITIAL PREV MED 5-11 YRS	\$85.17	\$72.39		
99383	EP		EPSDT VISIT 5 TO 11 YEARS	\$85.17	\$72.39		
99383	EP	HU	CHEC VISIT FOR AGES 5 TO 11	NA	\$335.00		

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		
NA =	-	-	NOT APPLICABLE		-
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
99383	HU	SA	CHEC VISIT AFES 5-11	NA	\$318.25
99383	SA		E/M INITIAL PREV MED 5-11 YRS	NA	\$68.77
99383	SA	52	EPSDT VISIT NEW PT 5-11 YEARS	NA	\$68.77
99383	U9		E/M INITIAL PREV MED 5 - 11 YE	NA	NA
99384			E/M INITIAL PREV.MEDICINE AGE1	\$92.67	\$78.77
99384	EP		EPSDT VISIT AGE 12-17	\$92.67	\$78.77
99384	EP	HU	CHEC VISIT FOR AGES 12 TO 17	NA	\$335.00
99384	HU	SA	CHEC VISIT AGES 12-17	NA	\$318.25
99384	SA		E/M INITIAL PREV MEDICINE AGE	NA	\$74.83
99384	SA	52	EPSDT VISIT NEW PT 12 TO 17 YE	NA	\$74.83
99384	SB		E/M INITIAL PREV MEDICINE AGE	NA	\$64.87
99384	U9		E/M INITIAL PREV MEDICINE AGE	NA	NA
99385			E/M INITIAL PREV.MED AGES 18-3	\$92.67	\$78.77
99385	EP		EPSDT VISIT 18 TO 20 YEARS	\$92.67	\$78.77
99385	SA		E/M INITIAL PREV MED AGES 18 T	NA	\$74.83
99385	SA	52	EPSDT VISIT NEW PT 18 TO 20 YE	NA	\$74.83
99385	SB		E/M INITIAL PREV MED AGES 18-3	NA	\$64.87
99391			E/M EST.PT. PREV.MEDAGE UNDE	\$64.05	\$54.44
99391	EP		EPSDT VISIT UNDER 1 YEAR OF A	\$64.05	\$54.44
99391	EP	SA	EARLY PERIODIC SCREENING EXAMI	NA	\$51.72
99391	EP	22	EARLY PERIODIC SCREENING EXAMI	\$64.05	\$54.44
99391	SA		E/M EST PT PREV MED UNDER 1 YE	NA	\$51.72
99391	SA	22	HEALTHSTART PED PREVENTION	NA	\$51.72
99391	22		HEALTHSTART PED PREVENT EXAM	\$64.05	\$54.44
99392			E/M EST.PT. PREV.MEDAGES 1 -	\$71.54	\$60.81
99392	EP		EPSDT VISIT 2 TO 4 YEARS	\$71.54	\$60.81
99392	EP	SA	EPSDT EXAM ESTAB PATIENT	NA	\$57.77
99392	EP	22	EPSDT EXAM 12-24 MONTHS	\$71.54	\$60.81
99392	SA		E/M EST PT PREV MED AGES 1-4 Y	NA	\$57.77
99392	SA	22	HEALTHSTART PED PREV ESTAB PT	NA	\$57.77
99392	SA	52	EPSDT VISIT ESTAB PT 2 TO 4 YE	NA	\$57.77
99392	U9		E/M EST PT PREV MED AGES 1-4 Y	NA	NA
99392	22		HEALTHSTART PED PREV ESTAB PT	\$71.54	\$60.81
99393			E/M EST.PT. PREV.MED. AGES 5 T	\$70.86	\$60.23
99393	EP		EPSDT VISIT 5 TO 11 YEARS	\$70.86	\$60.23
99393	SA	İ	E/M EST PT PREV MED AGES 5 TO	NA	\$57.22

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

MOD =         MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS           NA =         NOT APPLICABLE							
NA =							
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE		
PRACTITIONER				SPECIALIST	NONSPECIALIST		
99393	SA	52	EPSDT VISIT ESTAB PT AGE 5 - 1	NA	\$57.22		
99393	U9		E/M EST PT PREV MED AGES 5 TO	NA	NA		
99394			E/M EST.PT. PREV.MED. AGES 12-	\$77.68	\$66.03		
99394	EP		EPSDT VISIT AGE 12-17 YRS	\$77.68	\$66.03		
99394	SA		E/M EST PT PREV MED AGES 12-17	NA	\$62.73		
99394	SA	52	EPSDT VISIT ESTAB PT 12 - 17 Y	NA	\$62.73		
99394	SB		E/M EST.PT.PREV.MED. BY CNM	NA	\$54.38		
99394	U9		E/M EST PT PREV MED AGES 12-17	NA	NA		
99395			E/M EST.PT. PREV.MED. AGES 18-	\$78.36	\$66.61		
99395	EP		EPSDT VISIT 18TO 20 YEARS	\$78.36	\$66.61		
99395	SA		E/M EST PT PREV MED AGES 18-39	NA	\$63.28		
99395	SA	52	EPSDT VISIT ESTAB PT 18-20 YEA	NA	\$63.28		
99395	SB		E/M EST.PT. PREV.MED. BY CNM	NA	\$54.85		
99406			SMOKING/TOBACCO USE CESS COUNS	\$10.42	\$8.85		
99406	26		SMOKING/TOBACCO USE CESS COUNS	\$9.73	\$8.27		
99407			SMOKING/TOBACCO USE CESS COUNS	\$20.45	\$17.38		
99407	26		SMOKING/TOBACCO USE CESS COUNS	\$19.42	\$16.51		
99408			ALCOHOL &/OR SUBSTANCE ABUSE S	\$24.34	\$20.69		
99409			ALCOHOL &/OR SUBSTANCE ABUSE S	\$47.74	\$40.58		
99460			INITIAL HOSP/BIRTHING CENTER C	\$50.61	\$43.02		
99460	SA		INITIAL HOSP/BIRTHING CENTER C	NA	\$40.86		
99461			INITIAL CARE PER DAY/E&M NORMA	\$73.46	\$62.44		
99462			SUBSEQUENT HOSP CARE/DAY NORMA	\$26.98	\$22.94		
99462	SA		SUBSEQUENT HOSP CARE/DAY NORMA	NA	\$21.79		
99463			INITIAL HOSP/BIRTHING CENTER C	\$69.22	\$58.83		
99463	SA		INITIAL HOSP/BIRTHING CENTER C	NA	\$55.89		
99464			ATTENDANCE AT DELIVERY/INIT ST	\$65.14	\$55.37		
99464	SA		ATTENDANCE AT DELIV/STAB NEWBO	NA	\$52.60		
99465			DELIVERY/BIRTHING ROOM RESUSCI	\$127.74	\$108.58		
99465	SA	1	DELIVERY/BIRTHING RM RESUSCITA	NA	\$103.15		
99466		1	CRITICAL CARE INTERFAC TRANSP	\$207.74	\$176.58		
99467		l	CRITICAL CARE INTERFAC TRANSP	\$106.91	\$90.88		
99468		l	INITIAL INPT NEONATAL CRIT CAR	\$800.82	\$680.69		
99469	1	1	SUBSEQ INPATIENT NEONATAL CRIT	\$348.61	\$296.32		
99471	1	1	INITIAL PEDIATRIC CRITICAL CAR	\$699.84	\$594.86		
99472	1		SUBSEQ PED CRITICAL CARE PER D	\$347.70	\$295.54		

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2020

CPT/HCPCS/CDT = W,X,Y,Z PLUS FOUR MOD = NA =	NUME	RICS =	PROCEDURE CODE NUMBER FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS NOT APPLICABLE		
	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
99475			INITIAL INPATIENT HOSPITAL CRI	\$296.67	\$252.17
99476			SUBSEQUENT INPATIENT HOSPITAL	\$183.91	\$156.32
99477			INITIAL HOSPITAL CARE,E&M NEON	\$273.50	\$232.48
99478			SUBSEQUENT INTENSIVE CARE PER	\$123.53	\$105.00
99479			SUBSEQ INTENS CARE LBW INFANT/	\$112.95	\$96.01
99480			SUBSEQUENT INTENSIVE CARE PER	\$108.82	\$92.49
99481			REDUCE TEMPERATURE OF TOTAL BO	NA	NA
99482			REDUCE TEMPERATURE OF HEAD IN	NA	NA