# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		
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				\$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			SPACE MAINTAINER - FIXED - BIL	NA	\$343.00
D1517			SPACE MAINTAINER - FIXED - BIL	NA	\$343.00
D1526			SPACE MAINTAINER - REMOVABLE -	NA	\$380.00

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MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
D7321				\$336.00	\$336.00
D7410			EXCISION OF BENIGN LESION UP T	\$300.00	\$300.00
D7411			EXCISION BENIGN LESION > 1.25	\$452.00	\$452.00
D7412			EXCISION BENIGN LESION, COMPLI	\$596.00	\$596.00
D7413			EXCISION MALIGNANT LESION UP T	\$496.00	\$496.00
D7414			EXCISION MALIGNANT LESION>1.25	\$726.00	\$726.00
D7415			EXCISION MALIGNANT LESION,COMP	\$870.00	\$870.00
D7440			EXCISION OF MALIGNANT TUMOR, U	\$400.00	\$400.00
D7441			EXCISION OF MALIGNANT TUMOR, O	\$700.00	\$700.00
D7450			REMOVAL OF ODONTOGENIC CYST OR	\$380.00	\$380.00
D7451			REMOVAL OF ODONTOGENIC CYST OR	\$487.00	\$487.00
D7460			REMOVAL OF NON-ODONTOGENIC CYS	\$386.00	\$386.00
D7465			DESTRUCT OF LESION BY ELECTROS	\$299.00	\$299.00
D7471			REMOVAL OF EXOSTOSIS PER SITE	\$476.00	\$476.00
D7510			INCISION + DRAINAGE OF ABSCESS	\$175.00	\$175.00
D7520			INCISION + DRAINAGE OF ABSCESS	\$290.00	\$290.00
D7530			REMOVAL OF FOREIGN BODY, SKIN,	\$270.00	\$270.00
D7540			RMVL REACTION PRODUCING FOREIG	\$500.00	\$500.00
D7550			SEQUESTRECTOMY FOR OSTEOMYELIT	\$395.00	\$395.00
D7560			MAXILLARY SINUSOTOMY FOR REM O	\$818.00	\$818.00
D7610			MAXILLA-OPEN REDUCTION (TEETH	\$3,275.00	\$3,275.00
D7620			MAXILLA - CLOSED REDUCTION (TE	\$2,573.00	\$2,573.00
D7630			MANDIBLE - OPEN REDUCTION (TEE	\$3,227.00	\$3,227.00
D7640			MANDIBLE-CLOSED REDUCTION (TEE	\$2,535.00	\$2,535.00
D7650			MALAR AND/OR ZYGOMATIC ARCH -	\$2,928.00	\$2,928.00
D7660			MALAR AND/OR ZYGOMATIC ARCH -	\$2,488.00	\$2,488.00
D7670			ALVEOLUS-CLOSED REDUCTION/STAB	\$1,018.00	\$1,018.00
D7671			ALVEOLUS-OPEN REDUCTION	\$572.00	\$572.00
D7680			FACIAL BONES-COMPLCTD REDUCTN	\$4,915.00	\$4,915.00
D7710			MAXILLA - OPEN REDUCTION - TEE	\$3,450.00	\$3,450.00
D7720			MAXILLA - CLOSED REDUCTION - T	\$2,512.00	\$2,512.00
D7730			MANDIBLE - OPEN REDUCTION - TE	\$3,500.00	\$3,500.00
D7740			MANDIBLE - CLOSED REDUCTION -	\$2,710.00	\$2,710.00
07750			MALAR AND/OR ZYGOMATIC ARCH -	\$3,086.00	\$3,086.00
D7760	1		MALAR AND/OR ZYGOMATIC ARCH -	\$3,416.00	\$3,416.00
D7770	1		ALVEOLUS-STABLZTN OF TEETH OPE	\$2,000.00	\$2,000.00

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MOD = NA =					
CPT/HCPCS/CDT	MOD	MOD 2	NOT APPLICABLE  PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	-	_		SPECIALIST	NONSPECIALIST
D7771			ALVEOLUS CLOSED REDUCTION	\$1,105.00	\$1,105.00
D7780			FACIAL BONES-COMPLCTED REDUCTN	\$5,886.00	\$5,886.00
D7810			OPEN REDUCTION OF DISLOCATION	\$3,195.00	\$3,195.00
D7820			CLOSED REDUCTION OF DISLOCATIO	\$390.00	\$390.00
D7830			MANUPULATION UNDER ANESTHESIA	\$512.00	\$512.00
D7840			CONDYLECTOMY	\$4,133.00	\$4,133.00
D7850			MENISECTOMY	\$4,160.00	\$4,160.00
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
D7961			BUCCAL-LABIAL FRENECTOMY(FRENU	NA	\$125.00
D7962			LINGUAL FRENETOMY (FRENULECTOM	NA	\$125.00
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		1	SIALODOCHOPLASTY	\$1,247.00	\$1,247.00
D7983			CLOSURE OF SALIVARY FISTULA	\$820.00	\$820.00
D7990	Ī	1	EMERGENCY TRACHEOTOMY	\$925.00	\$925.00

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 D7991 \$2,940.00 \$2,940.00 CORONECTOMY 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 COMPREHENS ORTHODONTIC APPLIAN \$493.00 \$493.00 D8080 PRE-ORTHODONTIC TREATMENT VISI \$244.00 D8660 \$244.00 D8670 PERIODIC ORTHODONTIC TREATMENT \$168.00 \$168.00 ORTHODONTIC RETENTION (REMOVAL \$168.00 D8680 \$168.00 D8696 REPAIR OF ORTHODONTIC APPLIANC \$163.00 NA D8697 REPAIR OF ORTHODONTIC APPLIANC NA \$163.00 RECEMENT OR REBOND FIXED RETAI NA D8698 \$169.00 D8699 RECEMENT OR REBOND FIXED RETAI NA \$169.00 D8701 REPAIRE OF FIXED RETAINER - IN NA NA NA NA D8702 REPAIR OF FIXED DETAINER - INC D8703 REPLACEMENT OF LOST OR BROKEN NA \$213.71 D8704 REPLACEMENT OF LOST OR BROKEN \$213.71 NA 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 DEEP SEDATION/GENERAL ANESTHES D9222 \$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 APPLICATION OF DESENSITIZING M D9910 \$45.00 \$45.00 D9911 APPLICATION DESENSIT RESIN PER \$57.00 \$57.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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	\$25.00	\$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
G0102	26		PROSTATE CANCER SCREENING:DIGI	\$7.70	\$6.55
G0104			FLEXIBLE SIGMOIDOSCOPY	\$110.06	\$93.55
G0104	TC		FLEXIBLE SIGMOIDOSCOPY	NA	\$60.38
G0104	26		FLEXIBLE SIGMOIDOSCOPY	\$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	1		RECONSTRUCTION, COMPUTED TOMOG	\$37.04	\$31.48
G0289	1		ARTHROSCOPY, KNEE, SURGICAL, F	\$81.61	\$69.37
G0396	1		ALCOHOL &/OR SUBSTANCE ABUSE A	\$24.92	\$21.18

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	IT THE FROCEDORE CODE BELO	51185
NA =		MOD	NOT APPLICABLE	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
H0035	UC		PARTIAL CARE	NA	\$15.40
P3001			SCREENING PAP SMEAR.UP TO 3.RE	\$16.02	\$13.61
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	\$12.00
T2043	1		CONTINUOUS HOME CARE (REG 01)	NA	\$65.02
T2043	2		CONTINUOUS HOME CARE (REG 02)	NA	\$76.47
T2043	3		CONTINUOUS HOME CARE (REG 03)	NA	\$61.85
T2043	4		CONTINUOUS HOME CARE (REG 04)	NA	\$58.88
T2043	5		CONTINUOUS HOME CARE (REG 05)	NA	\$64.62
T2043	6		CONTINUOUS HOME CARE (REG 06)	NA	\$64.13
T2043	7		CONTINUOUS HOME CARE (REG 07)	NA	\$63.71
T2043	8		CONTINUOUS HOME CARE (REG 08)	NA	\$65.24
T2043	9		CONTINUOUS HOME CARE (REG 09)	NA	\$64.19
T2044	1		RE SPITE CARE (REG01)	NA	\$499.47
T2044	2		RE SPITE CARE (REG02)	NA	\$571.66
T2044	3		RE SPITE CARE (REG03)	NA	\$479.47
T2044	4		RE SPITE CARE (REG04)	NA	\$460.77
T2044	5		RE SPITE CARE (REG05)	NA	\$496.93
T2044	6		RE SPITE CARE (REG06)	NA	\$493.86
T2044	7		RE SPITE CARE (REG07)	NA	\$491.20
T2044	8		RE SPITE CARE (REG08)	NA	\$500.89
T2044	9		RE SPITE CARE (REG09)	NA	\$494.24
W9030			(HEALTHSTART) TOTAL OBSTETRICA	\$1,763.76	\$1,499.20
W9030	SB		(HEALTHSTART) TOTAL OBSTETRLIC	NA	\$1,234.63
W9828			INCENTIVE PAYMENT FOR EPSDT	NA	\$10.00
W9843			MEDICAL ENCOUNTER EPSDT	NA	NA
Y3433			INITIAL VISIT BY CHIROPRACTOR	\$31.74	\$26.98
Y9930			RM/BD SERV NEWBORN IN MH REHAB	NA	\$76.57

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	ONGS
NA =			NOT APPLICABLE		
	1	MOD		MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
Z0310 Z1863			INITIAL COMPREHENSIVE SPEECH/L MDC TECHNOLOGY DEPENDENT CHILD	\$116.29 NA	\$98.84 NA
Z1864				NA	NA
Z3355			GROUP THERAPY IN SA CENTER / P	NA	\$27.43
0071A				NA	\$40.00
0075T	TO		TRANSCATHETER PLACEMENT OF EXT	\$967.62	\$822.47
0075T	TC			\$526.40	\$526.40
0075T	26			\$232.19	\$197.36
0076T			TRANSCATHETER PLACEMENT OF EXT	\$750.28	\$637.74
0076T	TC			\$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		DRAINAGE HEMATOMA SIMPLE	NA	\$92.36
10160			PUNCTURE DRAINAGE OF LESION	\$96.36	\$81.91
10160	SA		PUNCTURE DRAINAGE OF LESION	NA	\$77.8
10180			INCISE/DRAIN COMPLEX POSTOP WO	\$182.91	\$155.48
11000			DEBRIDEMENT INFECT SKIN UP TO	\$40.71	\$34.61
11001			DEBRIDE INFECTED SKIN EACH ADD	\$18.47	\$15.70
11004			DEBRIDEMENT OF SKIN, SUBCUTANE	\$478.43	\$406.67
11005			DEBRIDEMENT OF SKIN, SUBCUTANE	\$652.42	\$554.56
11006			DEBRIDEMENT OF SKIN, SUBCUTANE	\$601.39	\$511.18
11008			REMOVAL OF PROSTHETIC MATERIAL	\$244.98	\$208.23

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 11010 DEBRIDEMENT SKIN & SUBCU W/OPE \$385.71 \$327.86 11011 DEBRIDEMENT SKIN/SUBCU TISSUE/ \$455.55 \$387.22 11012 DEBRIDEMENT SUBCU/SKIN/MUSCLE/ \$663.32 \$563.82 11042 DEBRIDE SKIN.SUBCUTANEOUS TISS \$72.16 \$61.34 11043 DEBRIDE:SKIN,SUBCU TISSUE AND \$169.76 \$199.71 11044 DEBRIDE:SKIN.SUBC TISS.MUSCL & \$260.76 \$221.65 11055 PARING BENIGN HYPERKER LESION \$28.96 \$34.07 11055 SA PARING BENIGN HYPERKER LESION NA \$27.51 11056 PARING 2-4 BENIGN HYPERKERATOT \$43.06 \$36.60 PARING 2-4 BENIGN HYPERKERATOT 11056 SA NA \$34.77 11057 PARING >4 BENIGN HYPERKERATOTI \$53.04 \$45.08 11057 PARING>4 BENIGN HYPERKERATOTIC NA \$42.83 SA 11200 EXCISION UP TO 15 SKIN TAGS \$60.81 \$51.69 11201 EXCISION, SKIN TAGS, EACH ADD10 \$15.19 \$12.91 11300 SHAVING, LESION TO 0.5 CM OR L \$50.60 \$43.01 11301 SHAVING EPID. LESION 0.6 TO IC \$65.72 \$55.86 11302 SHAVING EPID. LESION 1.1 TO 2C \$78.78 \$66.97 11303 SHAVING EPID. LESION 2.1 TO 3C \$94.88 \$80.65 11305 SHAVING EPID. LESION TO 0.5 CM \$52.09 \$44.27 11306 SHAVING EPID. LESION 0.6 TO 1C \$70.69 \$60.08 11307 SHAVING EPID, LESION 1.1 TO 2 \$81.88 \$69.60 11308 SHAVING EPID, LESION 2.1 TO 3 \$97.62 \$82.97 11310 SHAVUNG EPID, LESION TO 0.5CM \$61.92 \$52.63 11311 SHAVING EPID, LESION 0.6 TO 1C \$76.41 \$64.95 11312 SHAVING EPID, LESION 1.1 TO 2C \$87.89 \$74.70 11313 SHAVING EPID, LESION 2.1 TO 3C \$115.58 \$98.25 11400 EXCISE BENIGN LESION TO 0.5 CM \$96.50 \$82.03 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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =	1100	1100	NOT APPLICABLE		
CPT/HCPCS/CDT		MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	~		SPECIALIST	NONSPECIALIST
11424	-	-	EXCISE BENIGN LESION 3.1 TO 4C	\$179.54	\$152.6
11426			EXCISE BENIGN LESION OVER 4.0	\$250.59	\$213.0
11440			EXCISE BENIGN LESION TO 0.5 CM	\$110.86	\$94.2
11441			EXCISE BENIGN LESION 0.6 TO 1C	\$130.02	\$110.5
11442			EXCISE BENIGN LESION 1.1 TO 2C	\$130.02	\$123.78
11443			EXCISE BENIGN LESION 2.1 TO 3C	\$177.97	\$151.2
11444			EXCISE BENIGN LESION 3.1 TO 4C	\$226.20	\$192.2
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	\$243.5
11471			EXCISE/HIDRADENITIS/OTHER CLOS	\$384.22	\$326.5
11600			EXCISE MALIGNANT LESION TO 0.5	\$133.94	\$113.85
11601			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	1	1	EXCISE MALIGNANCY 3.1 TO 4CM	\$196.46	\$166.99
11606			EXCISE MALIGNANT LESION OVER 4	\$256.85	\$218.3
11620			EXCISE MALIGNANT LESION T .5 C	\$128.49	\$109.2
11621			EXCISE MALIGNANCY 0.6 TO 1CM	\$151.14	\$128.4
11622			EXCISE MALIGNANCY 1.1 TO 2CM	\$170.98	\$145.33
11623			EXCISE MALIGNANCY 2.1 TO 3CM	\$201.74	\$171.48
11624			EXCISE MALIGNANCY 3.1 TO 4CM	\$231.95	\$197.16
11626			EXCISE MALIGNANCY OVER 4.0 CM	\$306.34	\$260.3
11640			EXCISE MALIGNANT LESION TO .5	\$136.18	\$115.7
11641			EXCISE MALIGNANCY 0.6 TO 1CM	\$175.82	\$149.44
11642			EXCISE MALIGNANCY 1.1 TO 2CM	\$203.19	\$172.7 <sup>-</sup>
11643			EXCISE MALIGNANCY 2.1 TO 3CM	\$234.95	\$199.7 <sup>-</sup>
11644			EXCISE MALIGNANCY 3.1 TO 4CM	\$297.14	\$252.5
11646			EXCISE MALIGNANCY OVER 4.0 CM	\$401.58	\$341.34
11719			TRIMMING NONDYSTROPHIC NAILS	\$14.45	\$12.28
11719	SA	1	TRIMMING NONDYSTROPHIC NAILS	NA	\$11.67
11720	T	T	DEBRIDEMENT OF NAILS ANY METHO	\$22.83	\$19.41
11721	1	1	DEBRIDEMENT OF NAILS ANY METH	\$34.07	\$28.96

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		01103
NA =			NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
11730			SIMPLE REMOVAL OF NAIL PLATE	\$74.81	\$63.59
11732			EACH ADDITIONAL NAIL PLATE	\$33.09	\$28.13
11740			EVACUATE HEMATOMA UNDER NAIL	\$31.54	\$26.8
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	\$170.0
11765			EWEDGE EXCISION OF SKIN OF NAI	\$84.90	\$72.1
11770			SIMPLE EXCISION PILONIDAL CYST	\$210.67	\$179.0
11771			EXCISE PILONIDAL CYST: EXTENSI	\$395.04	\$335.7
11772			PILONIDAL CYST: COMPLICATED	\$501.78	\$426.5
11900			INTRALESIONAL INJECTION: UP TO	\$39.09	\$33.2
11901			INTRALESIONAL INJECTION: OVER	\$48.58	\$41.2
11960			INSERTION OF TISSUE EXPANDER	\$678.96	\$577.1
11970			REPLACE EXPANDER-PERM. PROSTHE	\$462.55	\$393.1
11971			REMOVE TISS EXP-NO PROSTHETIC	\$386.88	\$328.8
11976			REMOVE WO REINSERT, IMPL.CONTRA	\$120.83	\$102.7
11976	SA		REMOVE WO REINSERT, IMPL.CONTRA	NA	\$97.5
11981			INSERTION, NON-BIODEGRAD DRUG	\$108.02	\$91.8
11982			REMOVAL NON-BIODEGRAD DRUG DEL	\$127.46	\$108.3
11983			REM W/INSERT NON-BIOGRAD DRUG	\$188.82	\$160.5
12001			SIMPLE WOUND REPAIR TO 2.5 CM	\$93.73	\$79.6
12001	SA		SIMPLE WOUND REPAIR TO 2.5 CM	NA	\$75.6
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	\$112.8
12005			SIMPLE WOUND REPAIR 12.6 TO 20	\$169.44	\$144.0
12006			SIMPLE WOUND REPAIR 20.1 TO 30	\$200.99	\$170.8
12007			SIMPLE WOUND REPAIR OVER 30 CM	\$231.15	\$196.4
12011			SIMPLE WOUND REPAIR TO 2.5 CM	\$114.29	\$97.1
2013		1	SIMPLE WOUND REPAIR 2.6 TO 5CM	\$118.98	\$101.1
12014	1	1	SIMPLE WOUND REPAIR 5.1 TO 7.5	\$141.54	\$120.3
2015	1	1	SIMPLE WOUND REPAIR 7.6 TO 12.	\$170.17	\$144.6
12016	1	1	SIMPLE WOUND REPAIR 12.6 TO 20	\$213.65	\$181.6
12017		1	SIMPLE WOUND REPAIR 20.1 TO 30	\$153.18	\$130.20
12018		1	SIMPLE WOUND REPAIR OVER 30 CM	\$173.57	\$147.53

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		5105
NA =	1100	1.000	NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			REANIMATION MUSCLE TRANS FACE	\$737.27	\$626.68
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	1	1	COCCYGECTOMY PRIMARY SUTURE	\$470.72	\$400.11
15922	1	1	COCCYGECTOMY FLAP CLOSURE	\$599.91	\$509.93
15931	1	1	EXCISE SACRAL PRESSURE ULCER	\$522.12	\$443.80
15933	1	1	REMOVAL OF PRESSURE SORE	\$654.30	\$556.15
15934	1		EXCISE.WITH SKIN FLAP CLOSURE	\$726.60	\$617.61
15935			EXCISE, WITTERINTER SECONDE	\$872.88	\$741.95

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MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		51100
NA =			NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
17270			DESTR MALIG LESION, DIA 0.5CM O	\$100.89	\$85.7
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	\$103.07
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	\$467.62
17311	26		MOHS MICROGRAPHIC TECHNIQUE, I	\$290.82	\$247.19
17312			MOHS MICROGRAPHIC TECHNIQUE, I	\$332.88	\$282.95
17312	26		MOHS MICROGRAPHIC TECHNIQUE,IN	\$154.79	\$131.57
17313			MOHS MICROGRAPHIC TECHNIQUE, I	\$502.66	\$427.26
17313	26		MOHS MICROGRAPHIC TECHNIQUE,IN	\$260.68	\$221.58
17314			MOHS MICROGRAPHIC TECHNIQUE, I	\$308.30	\$262.0
17314	26		MOHS MICROGRAPHIC TECHNIQUE,IN	\$143.13	\$121.6
17315			MOHS MICROGRAPHIC TECHNIQUE, I	\$64.62	\$54.93
17315	26		MOHS MICROGRAPHIC TECHNIQUE,IN	\$40.49	\$34.4
17340			CRYOTHERAPY OF SKIN	\$38.06	\$32.3
17360			CHEMICAL EXFOLIATION FOR ACNE	\$95.84	\$81.46
19000			PUNCTURE ASPIRATION BREAST CYS	\$96.43	\$81.97
19001			PUNCTURE ASP BREAST CYST EA AD	\$22.94	\$19.50
19020			MASTOTOMY/DRAIN ABSCESS DEEP	\$341.28	\$290.0
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	1		ABLATION, CRYOSURGICAL, OF FIB	\$1,674.70	\$1,423.4
19105	26	1	ABLATION, CRYOSURGICAL, OF FIB	\$147.68	\$125.5
19110		1	NIPPLE EXP. W/ORW/OUT EXCISION	\$349.58	\$297.1
19112	1		EXCISION OF LACTIFEROUS DUCT F	\$336.17	\$285.7
19120	1		EXCISE ONE/MORE BREAST LESIONS	\$351.40	\$298.69
19120	50		EXCISE ONE/MORE BREAST LESIONS	\$702.80	\$597.38

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	\$307.3
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	\$1,568.3 <sub>4</sub>
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	\$355.2
20920			FASCIA LATA GRAFT: BY STRIPPER	\$330.57	\$280.98
20922			FASCIA LATA GRAFT: BY INCISION	\$485.83	\$412.9
20950			MONITOR INTERSTITIAL FLUID	\$267.73	\$227.5
20955			FIBULA GRAFT W MICROVASCULAR A	\$2,207.99	\$1,876.79
20956	1	1	BONE GRAFT/ILIAC CREST W/MICRO	\$2,288.38	\$1,945.12
20957	t	t	BONE GRAFT METATARSAL W/MICROV	\$2,135.74	\$1,815.38
20962	1	1	BONE GRAFT/MICROVAS ANSAOTHE	\$2,205.92	\$1,875.0
20969	1	1	FREE OSTEOCUTAN FLAP/MICROVAS	\$2,434.07	\$2,068.9
20970	1	1	FREE OSTEOCUTAN FLAP:ILIAC	\$2.417.84	\$2,055.16
20972	<u> </u>	<u> </u>	FREE OSTEOCUTAN FLAPMETATAR	\$2,214.10	\$1,881.98

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	I THE FROCEDORE CODE BELL	JNGS
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			EXC BENIGN TUM/CYST MAXILLA IN	\$891.06	\$757.40
21049			EXC BENIGN TUM/CYST MAX EXTRA-	\$1,058.22	\$899.48
21050			TEMPOROMANDIBULAR ARTHRECTOMY	\$704.58	\$598.89
21060			TEMPOROMANDIBULAR MENISCECTOMY	\$656.34	\$557.89
21070			CORONOIDECTOMY: UNILATERAL	\$538.00	\$457.30
21070	50		CORONOIDECTOMY: BILATERAL	\$1,076.00	\$914.60
21073			MANIPULATION OF TEMPOROMANDIBU	\$232.18	\$197.35
21100			MAXILLOFACIAL FIXATION	\$535.34	\$455.04
21110			INTERDENTAL FIXATION	\$511.02	\$434.37
21116			INJ.FOR TEMPOROMANDIBULAR ARTH	\$160.27	\$136.23
21120			GENIOPLASTY:AUGMENTATION(AUTO,	\$533.23	\$453.25
21121	1	1	GENIOPLASTY:SLIDING OSTEOTOMY,	\$598.94	\$509.10
21122			GENIOPLASTY:SL OSTEO.20RMORE O	\$593.78	\$504.72
21123	1		GENIOPLASTY:SLIDING,AUGME W IN	\$760.98	\$646.84

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MOD =       MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS         NA =       NOT APPLICABLE									
NA =									
CPT/HCPCS/CDT	1 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE				
						PRACTITIONER			
21344 21345	-		OPEN TX CL/DEPR FRONTAL SINUS TREAT NASOMAXILLARY COMPLEX FX	\$1,255.78 \$619.70	\$1,067.42 \$526.75				
21345	-		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				
21436			OPEN TX CRANIOFACIAL FX	\$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				

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MOD =       MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS         NA =       NOT APPLICABLE									
NA =		1.000							
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE				
						PRACTITIONER			
24105			REMOVAL OF ELBOW BURSA	\$281.10	\$238.94				
24110				\$497.75	\$423.09				
24115				\$598.75	\$508.94				
24116			REMOVE HUMERUS LESION W/HOMOGE	\$742.02	\$630.71				
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	\$467.8				
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	\$605.70				
24160			REMOVE ELBOW JOINT IMPLANT	\$520.06	\$442.05				
24164			REMOVE RADIUS HEAD IMPLANT	\$423.50	\$359.98				
24200			REMOVAL OF ARM FOREIGN BODY	\$177.58	\$150.9				
24201			REMOVAL OF ARM FOREIGN BODY DE	\$498.95	\$424.1 <sup>2</sup>				
24220			INJECTION FOR ELBOW X-RAY	\$166.42	\$141.46				
24300			ELBOW MANIPULATION UNDER ANEST	\$331.83	\$282.06				
24301			MUSCLE/TENDON TRANSFER	\$649.07	\$551.7 <sup>4</sup>				
24305			LENGTHEN TENDON, UPPER ARM/ELBO	\$497.51	\$422.8				
24310			TENOTOMY,OPENSINGLE,EACH	\$407.09	\$346.0				
24320			TENOPLASTY W/MUSCLE TRANSFER/E	\$640.46	\$544.3				
24330			FLEXOR-PLASTY ELBOW	\$618.46	\$525.6				
24331			FLESOR-PLASTY ELBOW/EXTENSOR A	\$683.50	\$580.98				
24332	1	1	TENOLYSIS. TRICEPS	\$501.90	\$426.62				
24340		1	TENODESIS FOR RUPTURE OF BICEP	\$526.78	\$447.7				
24341	1		REPAIR TENDON/MUSCLE UPPER ARM	\$558.98	\$475.1				
24342		1	REINSERTION RUPTURED BICEPS TE	\$679.49	\$577.56				
24343	<u> </u>	1	REPAIR LATERAL COLLATERAL LIGA	\$592.57	\$503.68				
24344			RECONSTRUCT LAT COLLAT LIG ELB	\$903.54	\$768.0 <sup>2</sup>				

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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
26025				\$348.56	\$296.28
26030			DRAINAGE OF PALM BURSA MULTIPL	\$409.07	\$347.71
26034			TREAT HAND BONE LESION	\$442.59	\$376.20
26035			DECOMPRESS FINGER/HAND-INJECTI	\$611.45	\$519.73
26037			DEPRESSION FASCIOTOMY, HAND	\$477.37	\$405.76
26040			RELEASE PALM CONTRACTURE: CLOS	\$258.67	\$219.87
26045			RELEASE PALM CONTRACTURE: OPEN	\$394.95	\$335.71
26055			INCISE FINGER TENDON SHEATH	\$585.94	\$498.05
26060			TENOTOMY,SUBCUTAN,SING,EACH DI	\$221.55	\$188.32
26070			EXPLORE/TREAT HAND JOINT	\$244.86	\$208.13
26075			EXPLORE/TREAT METACAPPOPHALANG	\$263.74	\$224.18
26080			ARTHROTOMY,INTERPHALANGEAL,EAC	\$318.11	\$270.40
26100			BIOPSY HAND JOINT LINING	\$272.12	\$231.30
26105			BIOPSY METACARPOPHALANGEAL JOI	\$278.25	\$236.5
26110			ARTHROTOMY,INTERPHALANGEAL JNT	\$264.34	\$224.69
26115			EXCISION BENIGN TUMOR, HAND, SUB	\$536.17	\$455.74
26116			EXCISION BENIGN TUMOR, HAND: DE	\$403.57	\$343.03
26117			RAD TUMOR RESECT,SFT TISS/HAND	\$547.42	\$465.30
26121			FASCIECTOMY,PALMAR /INCL OBTAI	\$509.42	\$433.07
26123			FASCIECTOMY, PARTIAL PALMAR EXC	\$636.90	\$541.3
26125			FASCIECTOMY,RELEASE EA ADDIT D	\$249.22	\$211.84
26130			REMOVE WRIST JOINT LINING	\$380.65	\$323.5
26135			SYNOVECTOMY,REL/RECON, EACH DI	\$471.18	\$400.50
26140			SYNOVECTOMY,EXT.RECON,EACH J	\$427.52	\$363.39
26145			SYNOVECTOMYRADIAL,EACH DIG	\$434.08	\$368.97
26160			REMOVE TENDON SHEATH LESION	\$535.08	\$454.82
26170			EXCISE TENDON, PALM EACH	\$338.81	\$287.9
26180			EXCISION OF TENDON, FINGER, FLEX	\$370.71	\$315.1
26185			SESAMOIDECTOMY THUMB OR FINGER	\$394.84	\$335.6
26200			REMOVE BONE CYST/BENIGN TUMOR	\$382.06	\$324.7
26205			REMOVE BONE CYST/BENIGN TUMOR	\$513.00	\$436.05
26210			REMOVE BONE CYST PROXIMAL MIDD	\$370.40	\$314.84
26215			REMOVE BONE CYST PROXIMAL W/AU	\$467.86	\$397.6
26230	1		PARTIAL REMOVAL OF HAND BONE	\$430.82	\$366.20
26235			PARTIAL REMOVAL PROXIMAL/MIDDL	\$421.23	\$358.05
26236			PARTIAL REMOVAL DISTAL PHALANX	\$372.97	\$317.02

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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
26476			TEND LENGTNEN,EXTSINGLE,EAC	\$558.62	\$474.82
26477				\$562.66	\$478.26
26478			LENGTHEN FLEXOR,HAND/FINGER-EA	\$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			REVISE THUMB TENDON	\$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	\$573.32
26517			FUSION KNUCKLE JOINT, TWO DIGIT	\$779.86	\$662.88
26518			FUSION KNUCKLE JOINT THREE OR	\$780.36	\$663.31
26520			CAPSULECTOMY/OTOMY:EACH	\$663.46	\$563.94
26525			CAPSULECTOMY/OTOMY:EACH	\$667.42	\$567.31
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
26536			ARTHROPLASTY:W/PROSTH.SING.	\$557.83	\$474.10
26540			REPAIR COLLATERAL LIGAMENT	\$635.94	\$540.5
26541			RECONSTRUCT/GRAFT HAND JOINT	\$765.65	\$650.80
26542		1	PRIM REP COLLATERAL LIGAMENT/L	\$653.31	\$555.32
26545		1	RECONSTRUCTION,SING,GRAFT,EACH	\$662.36	\$563.0 <sup>2</sup>
26546	<u> </u>	1	REPAIR NON-UNION METACARPAL/PH	\$835.49	\$710.10
26548		+	REPAIR/RECON,FINGER.INTERPHAL.	\$726.31	\$617.37
26550		+	CONSTRUCT THUMB REPLACEMENT	\$1.341.08	\$1,139.92
26555			POSITIONAL CHANGE OF FINGER	\$1,341.00	\$1,139.92

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
26560			REPAIR WEB FINGER:WITH SKIN FL	\$528.38	\$449.12
26561			REPAIR WEB FINGER:W/SKIN FLAPS	\$807.46	\$686.34
26562			REPAIR WEB FINGER,COMPLEX,INVO	\$1,122.66	\$954.26
26565			CORRECT METACARPAL FLAW	\$650.78	\$553.17
26567			CORRECT FINGER DEFORMITY	\$652.46	\$554.59
26568			OSTEOPLASTY, LENGTHEN METACARP/	\$855.59	\$727.25
26580			REPAIR HAND DEFORMITY	\$1,105.30	\$939.50
26587			RECONSTRUCT SUPERNUMERARY DIGI	\$802.26	\$681.92
26590			REPAIR FINGER DEFORMITY:MACROD	\$1,122.98	\$954.53
26591			REPAIR, INTRINSIC MUSCLES OF H	\$444.31	\$377.67
26593			RELEASE, INTRINSIC MUSCLES OF	\$569.22	\$483.83
26596			EXCISE CONSTRUCTING RING, Z-PL	\$625.13	\$531.30
26600			TREAT CLSD FXW/O MANIP:EACH	\$193.64	\$164.59
26605			TREAT CLSD FX:W/MANIP,EACH	\$259.62	\$220.67
26607			TREAT CLSD FXW/MANIP&FIX,EA	\$408.23	\$347.00
26608			PERCUT.SKEL.FIX.MC.FRACT.EACH	\$407.85	\$346.67
26615			OPEN TX,CLSD/OPEN FXEACH B	\$374.08	\$317.97
26641			TREAT THUMB DISLOCATION W/MANI	\$291.16	\$247.49
26645			TREAT CLSD THUMB FRAC DISLOCAT	\$334.63	\$284.44
26650			TREAT CLSD THUMB FRAC DISLOCAT	\$435.93	\$370.54
26665			OPEN TREAT CLSD/OPEN THUMB FRA	\$491.49	\$417.76
26670			TREAT CLSD HAND DISLOCATION W/	\$272.74	\$231.83
26675			TREAT HAND DISLOCATION W/ANEST	\$355.38	\$302.07
26676			PERC.PINNING,CLOSED CARPOMETAC	\$428.72	\$364.41
26685			OPEN TREAT CLSD/OPEN HAND DISL	\$461.54	\$392.32
26686			OPEN TREAT OPEN/CLSD HAND DISL	\$522.10	\$443.79
26700			TREAT KNUCKLE DISLOCATION:W/OA	\$254.59	\$216.4
26705			TREAT KNUCKLE DISLOCATION W/AN	\$333.15	\$283.1
26706			PERC.PINNING.CLOSED METACARPOP	\$358.50	\$304.73
26715			OPEN TREAT CLSD/OPEN KNUCKLE D	\$395.65	\$336.30
26720	1		TREAT CLSD FX:W/O MANIP, EACH	\$154.22	\$131.09
26725	1		TREAT CLSD FX:W/ MANIP, EACH	\$283.10	\$240.64
26727	1 1		TREAT FX,MANIP,TRACT/FIX, EACH	\$401.88	\$341.60
26735			OPEN TREATW/W/O FIX,EACH	\$405.78	\$344.9
26740			TREAT CLSD ART FXW/O MANIP.	\$177.02	\$150.46
26742	+ +		TREAT CLSD ART FXW/ MANIP,	\$308.17	\$261.94

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 26746 OPEN TX,CLSD/OPEN FX...EACH \$399.56 \$339.63 26750 TREAT CLSD FX...W/O MANIP, EAC \$144.72 \$123.01 26755 TREAT CLSD FX...W/ MANIP, EACH \$260.71 \$221.61 26756 TREAT CLSD FX ..: W/ PERC PIN. E \$354.18 \$301.06 26765 OPEN TX, CLSD/OPEN FX ..: EACH \$300.29 \$255.24 26770 TRMT OF CLOS INTERPHAL JOINT D \$220.17 \$187.14 CLOSED RX INTERPHAL JT DISLOC 26775 \$309.68 \$263.23 26776 PERC.PINNING.CLOSED INTERPHALA \$378.42 \$321.65 26785 OPEN TRMT OF CLOS OR OPEN INTE \$306.90 \$260.86 26820 THUMB FUSION WITH GRAFT \$750.10 \$637.59 26841 ARTHRODESIS, THUMB W/ OR W/O I \$710.15 \$603.63 26842 ARTHRODESIS OF THUMB W/ GRAFT \$754.13 \$641.01 26843 ARTHRODESIS DIGITS OTHER THAN \$694.59 \$590.40 26844 ARTHRODESIS OF DIGITS W/ GRAFT \$769.58 \$654.15 ARTHRODESIS KNUCKLE W/ OR W/O 26850 \$666.61 \$566.62 26852 ARTHRODESIS KNUCKLE W/ GRAFT \$741.86 \$630.58 26860 ARTHRODESIS FINGER JOINT W/ OR \$550.17 \$467.64 ARTHRODESIS...EACH ADD JOINT 26861 \$94.54 \$80.36 26862 FUSION/GRAFT OF FINGER JOINT \$685.18 \$582.41 26863 ARTHRODESIS:W/ GRAFT, EACH ADD \$211.45 \$179.73 26910 AMPUTATE METACARPAL BONE \$655.90 \$557.51 26951 AMPUTATION OF FINGER/THUMB \$511.14 \$434.47 26952 AMPUTATE FINGER/THUMB W/ANESTH \$623.83 \$530.26 26990 DRAINAGE OF PELVIS LESION \$439.86 \$517.49 26991 DRAINAGE OF PELVIS BURSA \$623.29 \$529.79 DRAINAGE OF BONE LESION \$827.97 \$703.77 26992 27000 TENOTOMY, SUBCUTANEOUS CLOSED-\$386.11 \$328.20 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 \$825.08 27003 50 OPEN BILATERAL TENOTOMY W/NEUR \$970.69 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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		5105
NA =			NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27033				\$828.78	\$704.47
27035				\$972.25	\$826.41
27036				\$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	<u> </u>		BIOPSY OF SACROILLIAC JOINT	\$305.54	\$259.71
27052				\$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			REMOVE FOREIGN BODY, PELVIS/HIP	\$536.18	\$455.76
27090			REMOVAL OF HIP PROSTHESIS	\$708.06	\$601.85
27091			COMPLICATED REMOVAL HIP PROSTH	\$1,288.42	\$1,095.15
27093			INJECTION FOR HIP ARTHROGRAPHY	\$196.59	\$167.10
27095			INJ PROC HIP ARTHROGRAPHY W/AN	\$246.30	\$209.3
27096			INJ PROC SACROIL JT/ARTHROG/AN	\$168.21	\$142.98
27097	1		HAMSTRING RECESSION, PROXIMAL	\$542.41	\$461.05
27098			ADDUCTOR TRANSFER TO ISCHIUM	\$545.77	\$463.90
27100	1		TRAN EXTERNAL OBLIQUE MUSCLE T	\$699.13	\$594.20
27105	1		TRANSFER PARASPINAL MUSCLE TO	\$734.07	\$623.96
27110	1	1	TRANSFER ILIOPSOAS MUSCLE TO G	\$793.06	\$674.10
27111	1	1	TRANSFER ILIOPSOAS TO FEMORAL	\$751.56	\$638.83

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
27120			ACETABULOPLASTY	\$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	\$1,191.10	\$1,012.43
27132			CONVERT PREV.HIP SURG TO TOT.H	\$1,386.97	\$1,178.92
27134			REVISE TOT.HIP ARTHROPLASTY:BO	\$1,651.55	\$1,403.82
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	\$816.13	\$693.71
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
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/MANI	\$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

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 27230 TREAT PROXIMAL, NECK, FEMORAL FR \$389.24 \$330.85 27232 \$540.25 CLOSED RX FEMORAL FX W/MANIPUL \$635.58 27235 PERC SKELETAL FIX OF FEMORAL \$767.74 \$652.58 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 OPEN TRMT OF CLSD OR OPEN GREA 27248 \$662.42 \$563.05 27250 TREAT HIP DISLOCATION \$182.15 \$154.83 27252 TREAT HIP DISLOCATION W/ANESTH \$535.19 \$629.63 27253 OPEN TRMT OF CLOSED OR OPEN HI \$806.81 \$685.79 27254 TRMT OF SAME W/ ACETABULAR LIP \$1,078.78 \$916.97 TRMT OF CONGENITAL HIP DISLOCA \$263.30 \$223.80 27256 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 27265 TX ATRAUMATIC HIP DISLOCATION \$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 27268 CLOSED TREATMENT OF FEMORAL FR \$404.19 \$343.56 27269 OPEN TREATMENT OF FEMORAL FRAC \$955.57 \$812.23 27275 MANIPULATION, HIP JOINT REQ.GEN \$154.87 \$131.64 27280 FUSION OF SACROILIAC JOINT \$846.51 \$719.54 27282 FUSION OF PUBIC BONES \$684.91 \$582.18 27284 FUSION OF HIP JOINT \$1,358.00 \$1,154.30 27286 ARTHRODESIS W/SUBTROCH OSTEOTO \$1.369.69 \$1.164.23 27290 AMPUTATION OF LEG AT HIP \$1.314.74 \$1.117.53 27295 DISARTICULATION OF HIP \$1.060.54 \$901.46 27301 1&D OF DEEP ABCESS, INFECTED B \$491.50 \$578.24 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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

					DNGS
NA =		1.000	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			REPAIR/GRAFT KNEECAP TENDON	\$688.54	\$585.26
27385			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
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		1	TRANSPLANT OF THIGH TENDON	\$525.92	\$447.03
27397	<u> </u>	1	TRANSPLANTS OF THIGH TENDONS	\$717.46	\$609.84
27400	<u> </u>		REVISE THIGH MUSCLES/TENDONS	\$717.40	\$484.67
27400		1	ARTHROTOMY WITH OPEN MENISCUS	\$549.84	\$467.36
27403	<del> </del>	+	REPAIR OF KNEE LIGAMENT	\$572.54	\$486.66

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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	1		REVISE KNEE CAP WITH IMPLANT	\$702.41	\$597.05
27440	1		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		TOTAL KNEE REPLACEMENT	\$1,286.76	\$1,093.75
27448	1		INCISION OF FEMUR, UNILATERAL	\$698.78	\$593.96
27448	50		INCISION OF FEMUR, BILATERAL	\$1,397.55	\$1,187.92
27450			INCISION OF FEMUR	\$872.78	\$741.87
27450	50		INCISION OF FEMUR WITH FIXATIO	\$1,745.57	\$1,483.73
27454	00		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	\$1,413.10
27465	50		SHORTENING OF FEMUR	\$858.56	\$729.78
27465			LENGTHENING OF FEMUR	\$999.82	\$849.85
27468	+		REVISION OF FEMURS	\$1,116.60	\$949.11

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 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 REPAIR LOWER LEG EPIPHYSES \$625.12 \$531.35 27479 REPAIR OF LEG EPIPHYSES \$692.07 \$814.20 27485 REPAIR OF LEG EPIPHYSIS \$576.08 \$489.67 27486 REVISE KNEE/ARTHROPLASTY-1 COM \$991.56 \$1.166.54 27487 REVISE KNEE ARTHROPLASTY-ALL C \$1.490.49 \$1.266.91 27488 REMOVAL OF KNEE PROSTHESIS \$975.87 \$829.49 PROPHYLACTIC TREAT.FEMUR 27495 \$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 TREATMENT OF FEMUR FRACTURE \$425.28 27500 \$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 \$749.35 \$881.59 27513 OPEN TRMT OF FEMOR FRACTURE \$1,130.00 \$960.50 27514 REPAIR OF FEMUR FRACTURE \$1,003.30 \$852.81 27516 TREATMENT OF FEMUR EPIPHYSIS \$409.50 \$348.07 27517 TREATMENT OF FEMUR EPIPHYSIS \$566.74 \$481.73 27519 REPAIR OF FEMUR EPIPHYSIS \$926.70 \$787.70 27520 TREAT KNEECAP FRACTURE \$258.66 \$219.86 27524 REPAIR OF KNEECAP FRACTURE \$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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	JNGS
NA =	1.000	1.000	NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
27540	-			\$804.22	\$683.5
27550				\$408.82	\$347.4
27552	-			\$526.08	\$447.1
27556				\$911.18	\$774.5
27557				\$1,063.42	\$903.9
27558			OPEN TRMT OF KNEE DISOCATION	\$1,093.99	\$929.8
27560				\$296.82	\$252.2
27562			TREAT KNEECAP DISLOCATION	\$372.67	\$316.7
27566			REPAIR KNEECAP DISLOCATION	\$765.85	\$650.9
27570			FIXATION OF KNEE JOINT	\$124.26	\$105.6
27580			FUSION OF KNEE	\$1,214.43	\$1,032.2
27590			AMPUTATE LEG AT THIGH	\$658.07	\$559.3
27591			AMPUTATE LEG AT THIGH	\$754.06	\$640.9
27592			AMPUTATE LEG AT THIGH	\$568.99	\$483.6
27594			AMPUTATION FOLLOW-UP SURGERY	\$424.33	\$360.6
27596			AMPUTATION FOLLOW-UP SURGERY	\$612.58	\$520.7
27598			AMPUTATE LOWER LEG AT KNEE	\$619.86	\$526.8
27600			DECOMPRESSION OF LOWER LEG	\$357.74	\$304.0
27601			FASCIOTOMY,LEG-POSTERIOR COMP.	\$366.51	\$311.5
27602			DECOMPRESSION OF LOWER LEG	\$438.93	\$373.0
27603			DRAIN LOWER LEG LESION	\$432.50	\$367.6
27604			DRAIN LOWER LEG BURSA	\$368.34	\$313.0
27605			INCISION OF ACHILLES TENDON:LO	\$364.08	\$309.4
27606			INCISION OFACHILLES TENDON	\$265.28	\$225.4
27607			TREAT LOWER LEG BONE LESION	\$500.35	\$425.3
27610			EXPLORE/TREAT ANKLE JOINT	\$542.86	\$461.4
27612			EXPLORATION OF ANKLE JOINT	\$472.09	\$401.2
27613			BIOPSY LOWER LEG SOFT TISSUE	\$184.44	\$156.7
27614			BIOPSY LOWER LEG SOFT TISSUE D	\$444.24	\$377.6
27615			RAD RESECT TUMORLEG OR ANK	\$770.10	\$654.5
27618			REMOVE LOWER LEG LESION	\$386.45	\$328.4
27619			REMOVE LOWER LEG LESION DEEP	\$482.45	\$410.0
27620			BIOPSY OF ANKLE JOINT	\$403.31	\$342.8
27625			REMOVE ANKLE JOINT LINING	\$519.74	\$441.7
27626	1		REMOVE ANKLE JOINT LINING	\$560.54	\$476.4
27630	1		REMOVAL OF TENDON LESION	\$430.46	\$365.8

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =	1400	1100	NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
27635 27637		-	REMOVE LOWER LEG BONE LESION REMOVE/GRAFT LEG BONE LESION	\$513.68 \$642.05	\$436.63 \$545.74
27638			REMOVE/GRAFT LEG BONE LESION	\$669.81	\$569.34
27640	-	-	PARTIAL REMOVAL OF TIBIA		
27640	-	-	PARTIAL REMOVAL OF TIBIA PARTIAL REMOVAL OF FIBULA	\$765.16 \$618.56	\$650.39 \$525.78
27645	-	-	EXTENSIVE LOWER LEG SURGERY	<b>+</b>	÷
	-	-		\$928.37	\$789.1 <sup>-</sup>
27646 27647	-	-	EXTENSIVE LOWER LEG SURGERY EXTENSIVE ANKLE/HEEL SURGERY	\$835.39 \$696.90	\$710.08 \$592.30
-	-	-		+	+
27648			INJECTION FOR ANKLE X-RAY	\$152.47	\$129.60
27650			REPAIR ACHILLES TENDON	\$608.46	\$517.1
27652			REPAIR/GRAFT ACHILLES TENDON	\$649.57	\$552.1
27654			REPAIR OF ACHILLES TENDON	\$605.74	\$514.8
27656			REPAIR FASCIAL DEFECT OF LEG	\$454.62	\$386.4
27658			REP/SUT LEG TENDON, W/O GRAFT,	\$335.50	\$285.1
27659		-	REP/SUT TEND, LEGW/W/O GRAFT	\$439.20	\$373.3
27664		-	REP/SUT EXT TEND:PRIM,W/O GRAF	\$321.95	\$273.6
27665			REP/SUT TEND.:SECON.W/WO GRAFT	\$365.65	\$310.8
27675			REPAIR LOWER LEG TENDONS	\$454.54	\$386.3
27676				\$536.03	\$455.6
27680			RELEASE OF LOWER LEG TENDON	\$382.33	\$324.9
27681			TENOLYSISMULTIPLE,EACH	\$450.45	\$382.8
27685			REVISION OF LOWER LEG TENDON	\$481.84	\$409.5
27686			LENGTHEN/SHORTEN TEND:MULTIPLE	\$493.02	\$419.0
27687			REVISION OF CALF TENDON	\$407.33	\$346.2
27690			REVISE LOWER LEG TENDON	\$530.45	\$450.8
27691			REVISE LOWER LEG TENDON	\$626.96	\$532.9
27692			TRANSFER/PLANT TENDON,EACH ADD	\$100.12	\$85.1
27695			REPAIR OF ANKLE LIGAMENT	\$436.34	\$370.8
27696			REPAIR OF ANKLE LIGAMENTS	\$517.78	\$440.1
27698			REPAIR OF ANKLE LIGAMENT	\$575.15	\$488.8
27700			REVISION OF ANKLE JOINT	\$525.18	\$446.4
27702			RECONSTRUCT ANKLE JOINT	\$857.43	\$728.8
27703			ARTHROPLASTY, SRCONDARY RECON, T	\$964.62	\$819.9
27705			INCISION OF TIBIA	\$658.55	\$559.7
27707			INCISION OF FIBULA	\$328.22	\$278.9
27709			INCISION OF TIBIA & FIBULA	\$641.85	\$545.5

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51165
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	,	-		SPECIALIST	NONSPECIALIST
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			REPAIR OF ANKLE FRACTURE	\$552.14	\$469.32
27767			CLOSED TREATMENT OF POSTERIOR	\$204.35	\$173.70
27768			CLOSED TREATMENT OF POSTERIOR	\$311.95	\$265.16
27769			OPEN TREATMENT OF POSTERIOR MA	\$533.81	\$453.74
27780			TREATMENT OF FIBULA FRACTURE	\$238.04	\$202.33
27781			TREATMENT OF FIBULA FRACTURE	\$347.29	\$295.19
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
27822			REPAIR OF ANKLE FRACTURE	\$765.88	\$651.00
27823				\$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			AMPUTATION FOLLOW-UP SURGERY	\$491.04	\$417.38
27886			AMPUTATION FOLLOW-UP SURGERY	\$557.23	\$473.65
27888			AMPUTATION OF FOOT AT ANKLE	\$605.13	\$514.36
27889			AMPUTATION OF FOOT AT ANKLE	\$578.51	\$491.74
27892			DECOMPRESSION FASCIOTOMY, LEG	\$456.14	\$387.72
27893			FASCIOTOMY, LEG-POSTERIOR COMP	\$450.46	\$382.89
27894		1	DECOMPRESSION FASCIOTOMY, LEG	\$644.03	\$547.43
28001			DRAINAGE OF BURSA OF FOOT	\$197.50	\$167.88
28002	1	1	TREATMENT OF FOOT INFECTION	\$333.40	\$283.39
28003	1	1	TREATMENT OF FOOT INFECTION	\$510.70	\$434.09
28005	1	1	TREAT FOOT BONE LESION	\$513.97	\$436.87
28008	1	1	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	1	1	EXPLORATION OF A FOOT JOINT	\$383.92	\$326.33

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	+ '	-		SPECIALIST	NONSPECIALIST
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	1		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			REMOVE/GRAFT FOOT LESION	\$388.81	\$330.49
28104			REMOVAL OF FOOT LESION	\$368.83	\$313.51
28106			REMOVE/GRAFT FOOT LESION	\$405.34	\$344.54
28107			REMOVE/GRAFT FOOT LESION	\$419.21	\$356.33
28108			REMOVAL OF TOE LESIONS	\$302.92	\$257.48
28110			PART REMOVAL OF METATARSAL	\$322.06	\$273.75
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	1		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	1	1	REMOVAL OF HEEL SPUR	\$375.33	\$319.03
28120	1		PART REMOVAL OF ANKLE/HEEL	\$440.82	\$374.69
28122			PARTIAL REMOVAL OF FOOT BONE	\$491.50	\$417.78

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	1		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			RELEASE OF BIG TOE	\$312.08	\$265.27
28250			REVISION OF FOOT FASCIA	\$402.42	\$342.05
28260			RELEASE OF MIDFOOT JOINT	\$500.11	\$425.10
28261			REVISION OF FOOT TENDON	\$709.38	\$602.98
28262			REVISION OF FOOT AND ANKLE	\$1,037.39	\$881.78
28264			RELEASE OF MIDFOOT JOINT	\$635.01	\$539.76
28270			CAPSULOTOMYEACH JOINT	\$334.73	\$284.52
28272	1		CAPSULOTOMYINTERPHAL.,EACH	\$275.57	\$234.23
28280	1		FUSION OF TOES	\$397.71	\$338.06
28285	1		REVISION OF HAMMERTOE	\$327.45	\$278.33
28286	1		REVISION OF HAMMERTOE	\$323.54	\$275.01

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	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	- '	2		SPECIALIST	NONSPECIALIST
28288			OSTECTOMY.PARTIAL.EACH 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	\$511.9
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			RECONSTRUCT TOES:POLYDACTYLY	\$344.85	\$293.12
28345			RECONST TOES:SYNDACTYLYEACH	\$421.16	\$357.99
28400			TREAT CLSD CALC FX:W/O MANIP	\$202.12	\$171.80
28405			TREAT CLSD CALC FX W.MANIPR	\$329.93	\$280.44
28406			TREAT CLSD CALC FX,MANIP/FIXAT	\$462.99	\$393.54
28415			REPAIR OF HEEL FRACTURE	\$1,034.73	\$879.52
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

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 28455 TREAT CLSD TARSAL FX:W/MANIP. \$227.06 \$193.00 28456 OPEN TX CLSD/OPEN FX W/RED&PIN \$203.03 \$238.86 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 OPEN TX.CLSD/OPEN FX W/W/O FIX 28485 \$389.96 \$331.47 28490 TREAT BIG TOE FRACTURE \$107.13 \$91.06 28495 TREAT BIG TOE FRACTURE \$129.82 \$110.35 TREAT CSLD FX GREAT TOE ... PINN 28496 \$364.86 \$310.13 28505 REPAIR BIG TOE FRACTURE \$412.16 \$350.34 28510 \$90.50 \$76.93 TREAT CLSD FX...W/O MANIP, EAC 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 28531 TREATMENT, SESAMOID FRACT.W/WO \$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 28575 TREAT FOOT DISLOCATION \$247.73 \$210.57 28576 PERC SKELETAL FIX/TALOTARS JT \$293.71 \$249.66 28585 REPAIR FOOT DISLOCATION \$457.50 \$538.23 TREAT FOOT DISLOCATION 28600 \$163.40 \$138.89 28605 TREAT FOOT DISLOCATION \$203.68 \$173.13 28606 TREAT FOOT DISLOCATION \$338.27 \$287.53 REPAIR FOOT DISLOCATION 28615 \$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 \$99.36 \$116.90 PERC SKEL FIX INTERPHAL JT W/M 28666 \$164.02 \$139.42 28675 REPAIR OF TOE DISLOCATION \$348.52 \$296.24

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	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	- '	-		SPECIALIST	NONSPECIALIST
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				\$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
29055			APPLICATION OF SHOULDER CAST	\$166.58	\$141.59
29058			APPLICATION OF SHOULDER CAST	\$99.36	\$84.46
29065	1		APPLICATION OF LONG ARM CAST	\$77.06	\$65.50
29075	1		APPLICATION OF FOREARM CAST	\$70.93	\$60.29
29085	1		APPLY HAND/WRIST CAST	\$75.06	\$63.80
29086	1		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		1	APPLY FOREARM SPLINT	\$55.33	\$47.03

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =											
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE						
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE						
PRACTITIONER	-	_		SPECIALIST	NONSPECIALIST						
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						
29505			APPLICATION LONG LEG SPLINT	\$52.04	\$44.23						
29505	SA		APPLICATION LONG LEG SPLINT	NA	\$42.02						
29515			APPLICATION LOWER LEG SPLINT	\$55.26	\$46.97						
29515	SA		APPLICATION LOWER LEG SPLINT	NA	\$44.62						
29520			STRAPPING OF HIP	\$34.02	\$28.92						
29520	SA		STRAPPING OF HIP	NA	\$27.47						
29530			STRAPPING OF KNEE	\$30.80	\$26.18						
29530	SA		STRAPPING OF KNEE	NA	\$24.87						
29540			STRAPPING OF ANKLE	\$27.29	\$23.20						

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	· ·	-		SPECIALIST	NONSPECIALIST
29540	SA		STRAPPING OF ANKLE	NA	\$22.63
29550	0,1		STRAPPING OF TOES	\$19.77	\$16.80
29550	SA		STRAPPING OF TOES	NA	\$16.82
29580	0, (		APPLICATION OF PASTE BOOT	\$38.08	\$32.37
29580	SA		APPLICATION OF PASTE BOOT	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
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
29835			ARTHROSCOPY SYNOVECTOMY-PARTIA	\$438.09	\$372.37
29836			ARTHROSCOPY SYNOVECTOMY COMPLE	\$505.45	\$429.63
29837			ARTHROSCOPY LIMITED DEBRIDEMEN	\$460.67	\$391.5
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			ARTHROTOMYEXCISE 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	\$547.4
29866			ARTHROSCOPY, KNEE, SURGICAL: O	\$895.49	\$761.10
29867			ARTHROSCOPY, KNEE, SURGICAL: O	\$1,069.43	\$909.02
29868			ARTHROSCOPY, KNEE, SURGICAL: M	\$1,445.59	\$1,228.75
29870		1	ARTHROSCOPY KNEE-DX	\$351.32	\$298.62
29871			ARTHROSCOPY-KNEE-SURGICAL	\$440.26	\$374.22
29873			ARTHROSCOPY KNEE SURG W/LAT RE	\$443.66	\$377.1 <sup>2</sup>
29874			ARTHROSCOPY-REMOVE FOREIGN BOD	\$461.97	\$392.67
29875			ARTHROSCOPY, KNEE, SYNOVECTOMY, L	\$430.51	\$365.94
29876			ARTHROSCOPY MAJOR SYNOVECTOMY	\$529.38	\$449.97
29877			ARTHROSCOPY-DEBRIDEMENT	\$499.20	\$424.3
29879			ARTHROSCOPY-ABRASION ARTHROPLA	\$537.16	\$456.59
29880	1	1	ARTHROSCOPY, KNEE: W/MENISCECTOM	\$562.21	\$477.88
29881	1	1	ARTHROSCOPY W/MENISECTOMY	\$521.40	\$443.1
29882	1	1	ARTHROSCOPY W/MENISCUS REPAIR	\$563.76	\$479.20
29883		1	ARTHROSCOPY, KNEE: MENISCUS REPA	\$713.81	\$606.74
29884		1	ARTHROSCOPY W/LYSIS ADHESIONS	\$496.92	\$422.38
29885	1	1	ARTHROSCOPY, KNEE: DRILL, OSTEOCH	\$604.80	\$514.08

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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
29886			ARTHROSCOPY-OSTEOCHONDRITIS	\$509.53	\$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
29891			ARTHROSCOPY, ANKLE, SURGICAL	\$561.77	\$477.50
29892			ARTHROSCOP REP LG OSTEOCHOND D	\$589.14	\$500.77
29893			ENDOSCOPIC PLANTAR FASCIOTOMY	\$397.06	\$337.50
29894			ARTHROSCOPY-ANKLE-SURGICAL	\$447.86	\$380.68
29895			ARTHROSCOPY-PARTIAL SYNOVECTOM	\$439.72	\$373.76
29897			ARTHROSCOPY-LIMITED DEBRIDEMEN	\$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	\$467.14	\$397.07
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
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	50		SUBMUCOUS RESECTION TURBINATE,	\$287.01	\$243.96
30150			RHINECTOMY: PARTIAL	\$690.68	\$243.90
30160			RHINECTOMY: TOTAL	\$675.98	\$574.58

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		01103
NA =			NOT APPLICABLE		
007/10000/007	MOD	-		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
30200				\$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			REPAIR MOUTH/NOSE FISTULA	\$466.50	\$396.52
30620			RECONSTRUCTION INNER NOSE	\$505.86	\$429.98
30630			REPAIR NASAL SEPTUM DEFECT	\$513.22	\$436.23
30801			CAUTERIZATION/ABLATION, MUCOSA	\$177.58	\$150.94
30802			CAUTERIZE/ABLATION, MUCOSA TURB	\$225.65	\$191.80
30901			CONTROL NASAL HEMORRHAGE UNILA	\$87.65	\$74.50
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 NOSEBLEED. ANY 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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BEL	UNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	\$230.71
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	\$642.51
31200			REMOVAL OF ETHMOID SINUS	\$478.87	\$407.04
31201			REMOVAL OF ETHMOID SINUS	\$600.66	\$510.56
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
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	1	Ī	ENDOSCOPY W CONTROL OF EPISTAX	\$263.92	\$224.33
31239	1	Ī	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	1		NASAL ENDOSCOPY:TOTAL ETHMOIDE	\$332.14	\$282.32

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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	\$86.9
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			LARYNGOPLASTYW KEEL INSERT&	\$961.80	\$817.53
31584			LARYNGOPLASTY:W OPER REDUCTION	\$1,287.99	\$1,094.79
31587			LARYNGOPLASTY CRICOID SPLIT	\$722.30	\$613.9
31590			LARYNGEAL REINNERVATION REPAIR	\$773.43	\$657.42
31600			PLANNED TRACHEOSTOMY	\$317.14	\$269.57
31601			TRACHEOSTOMY, PLANNED: UNDER 2 Y	\$228.95	\$194.6
31603			TRACHEOSTOMY,EMERGENCY,TRANSTR	\$201.90	\$171.62
31605			INCISION OF NECK CARTILAGES	\$165.06	\$140.30
31610			TRACHEOSTOMY, FENESTRATION PROC	\$580.90	\$493.7
31611			CONSTRUCT TRACHEOESOPH FISTULA	\$431.79	\$367.02
31612			PUNCTURE/CLEAR WINDPIPE	\$68.46	\$58.1
31613			TRACHEOSTOMA REVISION:W/O FLAP	\$361.11	\$306.9
31614			REVISE TRACHEOSTOMA,COMP,W/ FL	\$538.45	\$457.68
31615		1	VISUALIZATION OF WINDPIPE	\$159.02	\$135.1
31622			DX BRONCHOSCOPY-W/W/OUT WASH/B	\$252.70	\$214.8
31623			BRONCHOSCOPY: WITH BRUSHINGS	\$278.44	\$236.6
31624		1	BRONCHOSCOPY W/BRONCH ALVEOLAR	\$262.61	\$223.22
31625			BRONCHOSCOPY WITH BIOPSY	\$309.34	\$262.94
31628		1	TRANSBRONCHIAL LUNG BIOPSY FIB	\$364.31	\$309.6

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H 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
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
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
32601			DX THORACOSCOPY LUNGS/PLEURAL	\$276.00	\$234.60
32604			DX THORACOSCOPY PERICARDIAL SA	\$431.58	\$366.84
32606			DX THORACOSCOPY MEDIASTINAL SP	\$414.61	\$352.42
32650			SURG. THORACOSCOPY W PLEURODES	\$615.93	\$523.54

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
33130			REMOVAL OF HEART LESION	\$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			INSERTION OF EPICARDIAL ELECTR	\$635.14	\$508.12
33203			INSERTION OF EPICARDIAL ELECTR	\$650.05	\$552.54
33207			INSERT HEART PACEMAKER/VENTRIC	\$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	\$286.3
33218			REPAIR PACEMAKER ELECTRODES	\$328.84	\$279.5 <sup>,</sup>
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	\$372.10
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	\$632.76
33238			REMOVE TRANSVENOUS ELECTRODES	\$819.11	\$696.25
33240			INSERT/REPLACE CV PULSE GENERA	\$379.44	\$322.52
33241			REMOVE CV PULSE GENERATOR	\$208.52	\$177.24
33243			REMOVE DEFIB PULSE GEN VIA THO	\$1,166.42	\$991.46
33244			REMOVE DEFIB PULSE GEN/LEAD SY	\$766.30	\$651.36
33249			W INSERT OF CV PULSE GENERATOR	\$756.36	\$642.9 <sup>,</sup>
33250	1		OPER ABLATION:WO CARDIOPUL	\$1,158.67	\$984.87
33251	1		OPER ABLATION:W CARDIOPULM	\$1,287.98	\$1,094.78
33254	1		OPERATIVE TISSUE ABLATION AND	\$1,105.82	\$939.9
33255	1		OPERATIVE TISSUE ABLATION AND	\$1,329.82	\$1,130.3
33256	1		OPERATIVE TISSUE ABLATION AND	\$1,586.98	\$1,348.93
33257	1	İ	OPERATIVE TISSUE ABLATION AND	\$484.72	\$412.0

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 33258 OPERATIVE TISSUE ABLATION AND \$547.28 \$465.19 33259 \$610.91 OPERATIVE TISSUE ABLATION AND \$718.72 33261 OPER ABLATION ..: W CARDIOPULMO \$1,287.58 \$1,094.45 33265 ENDOSCOPY, SURGICAL: OPERATIVE \$1.105.82 \$939.95 33266 ENDOSCOPY, SURGICAL: OPERATIVE \$1,510.44 \$1,283.87 33300 REPAIR OF HEART WOUND \$958.04 \$814.33 33305 REPAIR OF HEART WOUND \$1.130.03 \$960.53 33310 EXPLORATORY HEART SURGERY \$986.50 \$838.53 33315 EXPLORATORY HEART SURGERY \$1,173.02 \$997.07 33320 REPAIR MAJOR BLOOD VESSEL(S) \$870.59 \$740.00 33321 SUTURE REPAIR AORTA W/SHUNT BY \$1,056.17 \$897.74 33322 REPAIR MAJOR BLOOD VESSEL(S) \$1,087.66 \$924.51 33330 **INSERT MAJOR VESSEL GRAFT** \$1,108.70 \$942.39 33332 INSERT GRAFT/AORTA/GRT VESS W/ \$1,203.06 \$1,022.60 33335 INSERT MAJOR VESSEL GRAFT \$1,526.94 \$1,297.90 33404 CONSTRUCT APICAL-ADRTIC CONDUI \$1.523.30 \$1.294.80 33405 REPLACEMENT OF AORTIC VALVE \$1.884.02 \$1.601.41 33406 AORTIC VALVULOPLASTY W HOMOGRA \$1.994.79 \$1.695.57 33410 REPLACE AORTIC VALVE W/CARDIOP \$1.727.10 \$1.468.04 33411 REPLACE AORTIC VALVE: ANNULUS E \$1,943.24 \$1.651.75 33412 REPLACE AORTIC VALVE:TRANSVENT \$2,208.25 \$1,877.01 33413 BY TRANSLOCATE AUTO PUL-VALVE/ \$2,273.40 \$1,932.39 33414 REPAIR LV OUTFLOW TRACT OBSTIO \$1,573.38 \$1,337.38 33415 REVISION OF AORTIC VALVE \$1,387.90 \$1,179.72 VENTRICULOMYOTOMY/MYECTOMY 33416 \$1,552.01 \$1,319.21 33417 REPAIR OF AORTIC VALVE \$1,484.64 \$1,261.94 33420 **REVISION OF MITRAL VALVE** \$1,095.61 \$931.27 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 TRICUSPID VALVULOPLASTY W RING \$1,445,12 \$1,228.35 33465 REPLACE TRICUSPID VALVE \$1,479.37 \$1,257.46

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		0000
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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
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	1	1	CABG 4 OR MORE ARTERIAL GRAFTS	\$1,966.00	\$1,671.10
33542	1	1	REMOVAL OF HEART LESION	\$1,481.98	\$1,259.69
33545	1	1	REPAIR OF HEART DAMAGE	\$1,845.86	\$1,568.98
33548	1	1	SURGICAL VENTRICULAR RESTORATI	\$2,019.68	\$1,716.73
33572	1	1	CORONARY ENDARTERECTOMY/EACH V	\$208.77	\$177.45
33600	1	1	ATRIOVENTRICULAR VALVE SUTURE/	\$1.487.75	\$1,264.59

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	I THE PROCEDURE CODE BEL	JNGS
NA =			NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	\$1,040.80
33767			SHUNT FROM SVC TO PULMONARY AR	\$1,284.49	\$1,091.8
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	\$1,375.6
33775			RPR TRANSPOS GT ART:W REM P	\$1,673.45	\$1,422.43
33776			RPR TRANSPOS GT ARTW CLOS V	\$1,762.10	\$1,497.7
33777			RPR TRANSPOSIT GT ARTREP SU	\$1,749.12	\$1,486.7
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	\$731.8
33802			REPAIR VESSEL DEFECT	\$937.98	\$797.28
33803			REPAIR VESSEL DEFECT	\$1,045.07	\$888.3
33813			OBLIT.AORTOPUL.SEPTAL DEF:WO C	\$1,115.22	\$947.9
33814			OBL.AORTOPUL.SEPTAL DEF.W CARD	\$1,357.08	\$1,153.5
33820			REVISE MAJOR VESSEL	\$867.81	\$737.64
33822			REVISE MAJOR VESSEL	\$930.16	\$790.6
33824			REVISE MAJOR VESSEL	\$1,040.86	\$884.7
33840			REMOVE AORTA CONSTRICTION	\$1,064.94	\$905.2
33845			REMOVE AORTA CONSTRICTION	\$1.179.29	\$1,002.3
33851			EXCISE COARCTATION-AORTA:WALDH	\$1,128.50	\$959.2
33852	1	t	EXC COARCTATION AORTA:W RPR AO	\$1,198.33	\$1,018.5
33853	1	1	REPAIR AORIC ARCH WITH GRAFT/B	\$1,637.46	\$1,391.8
33860	1	1	ASCENDING AORTA GRAFT	\$1.928.83	\$1,639.5
33863		1	AORTIC GRAFT CORONARY RECON RO	\$2,250.34	\$1,912.7
33864		1	ASCENDING AORTA GRAFT, WITH CA	\$2,579.22	\$2,192.3
33870			TRANSVERSE AORTIC ARCH GRAFT	\$2,209.09	\$1,877.72

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	,	-		SPECIALIST	NONSPECIALIST
34051			REMOVAL OF ARTERY CLOT	\$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	50		REMOVAL OF ARTERY CLOT, BILATE	\$1.087.06	\$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	\$986.98	\$838.94
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
34834			OPEN BRACHIAL ARTERY EXPOS UNI	\$131.39	\$111.68
35001			REPAIR DEFECT OF ARTERY	\$1,027.71	\$873.56
35002			REPAIR RUPTURED ANEURYSM, NECK	\$1,081.07	\$918.91
35005			REPAIR ANEURYSM, OCCLUSIVE DIS,	\$924.88	\$786.15
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		JNGS
NA =		1	NOT APPLICABLE		
007/100000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
35091				\$1,730.26	\$1,470.72
35092			REP.RUPTURED ANEURYSM, ABD AORT	\$2,208.78	\$1,877.46
35102				\$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
35112			REP.RUPTURED ANEURYSM,SPLENIC	\$1,474.22	\$1,253.08
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	\$695.68	\$591.33
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 FISTHEAD	\$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
35236			REPAIR BLOOD VESSEL LESION	\$879.50	\$747.58
35241			REPAIR BLOOD VESSEL LESION	\$1,212.26	\$1,030.42
35246			REPAIR BLOOD VESSEL LESION	\$1,337.15	\$1,136.58
35251	1		REPAIR BLOOD VESSEL LESION	\$1,475.94	\$1,254.55
35256	1		REPAIR BLOOD VESSEL LESION	\$940.87	\$799.74
35261	1	1	REPAIR BLOOD VESSEL LESION	\$911.04	\$774.38
35266	1	1	REPAIR BLOOD VESSEL LESION	\$770.66	\$655.06
35271	1	1	REPAIR BLOOD VESSEL LESION	\$1.149.02	\$976.67
35276	1	1	REPAIR BLOOD VESSEL LESION	\$1,249.21	\$1,061.83

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	-		SPECIALIST	NONSPECIALIST
35281			REPAIR BLOOD VESSEL LESION	\$1,398.91	\$1,189.08
35286			REPAIR BLOOD VESSEL LESION	\$853.18	\$725.2
35301			RECHANNELING OF ARTERY	\$955.82	\$812.4
35302			THROMBOENDARTERECTOMY, INCLUDI	\$934.14	\$794.0
35303			THROMBOENDARTERECTOMY, INCLUDI	\$1,025.86	\$871.9
35304			THROMBOENDARTERECTOMY, INCLUDI	\$1,020.00	\$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	\$1,082.4
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			THROMBOENDARTERECTOMYDEEP F	\$918.98	\$781.13
35390			REOP.CAROTID THROMBOENDARTEREC	\$150.41	\$127.8
35500			HARVEST UPPER EXTREMITY VEIN	\$299.94	\$254.9
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	\$803.8 <sup>,</sup>
35510			BYPASS GRAFT W/VEIN CAROTID-BR	\$1,134.64	\$964.44
35511			ARTERY BYPASS GRAFT	\$1,073.20	\$912.22
35512			BYPASS GRAFT W/VEIN SUBCLAV/BR	\$1,113.06	\$946.10
35515			BYPASS GRAFT,W/VEIN:SUBCLAVIAN	\$986.36	\$838.4
35516			ARTERY BYPASS GRAFT	\$815.54	\$693.2 <sup>-</sup>
35518			BYPASS GRAFT,W/VEIN:AXILLARY-A	\$1,063.85	\$904.2
35521			ARTERY BYPASS GRAFT	\$1,127.60	\$958.40
35522			BYPASS GRAFT W/VEIN AXILLARY/B	\$1,081.18	\$919.0
35523			BYPASS GRAFT, WITH VEIN: BRACH	\$1,054.32	\$896.1
35525	1	1	BYPASS GRAFT W/VEIN BRACHIAL/B	\$1,032.55	\$877.6
35526	1	1	ARTERY BYPASS GRAFT	\$1,478.02	\$1,256.32
35531			ARTERY BYPASS GRAFT	\$1,787.61	\$1,519.47

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 35533 BYPASS GRAFT, W/VEIN: AXIL-FEM-F \$1,396.05 \$1,186.64 35536 \$1,340.60 ARTERY BYPASS GRAFT \$1,577.18 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 ARTERY BYPASS GRAFT \$1,225.44 35563 \$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 \$973.26 \$1,145.01 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 \$1,436.61 \$1,690.13 35636 ARTERY BYPASS GRAFT \$1,470.54 \$1,249.96 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-\$770.26 \$906.18 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 \$819.49 \$964.10 35654 BYPASS GRAFT, NOT VEIN: AXILL-FE \$1,255.44 \$1,067.12 35656 ARTERY BYPASS GRAFT \$991.37 \$842.66

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =		4400	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			EXPLORE LIMB VESSELS	\$335.26	\$284.97
35870			REPAIR OF GRAFT-ENTERIC FISTUL	\$1,120.74	\$952.63
35875			THROMBECTOMY OF ARTERIAL GRAFT	\$537.70	\$457.05
35876	1		THROMECTOMY ARTERIAL VENOUS GR	\$862.58	\$733.20
35879			OPEN REVIS LOW EXTR ART BYPASS	\$833.85	\$708.77
35881			REVISE LOW EXTR ART BYPASS W/V	\$938.28	\$797.54
35883			REVISION, FEMORAL ANASTOMOSIS	\$1,053.32	\$895.32
35884			REVISION, FEMORAL ANASTOMOSIS	\$1,118.38	\$950.62
35905			EXCISION INFECTED GRAFT THORAX	\$1,565.78	\$1,330.91
35907			EXCISION INFECTED GRAFT ABDOME	\$1,731.77	\$1,472.00
36000		1	ESTABLISH ACCESS TO VEIN	\$25.33	\$21.53
36000	50	1	INTRO OF NEEDLE OR INTRACATH V	\$50.66	\$45.00
36002		1	INJ PROC PERC TX EXTREM PSEUDO	\$164.22	\$139.59
36005			INJ PROC CONTR VENOGRAPHY	\$291.73	\$247.97
36010	1	1	INSERT SUPERIOR/INFERIOR CATHE	\$515.36	\$438.06

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 36011 SELECT CATH PLACE, VENOUS SYS:F \$889.70 \$756.25 36012 \$648.01 SELECT CATH PLACE, VENOUS SYS:S \$762.37 36013 INTRO OF CATHETERMRT HR/MAIN P \$813.75 \$691.69 36014 SELECTIVE CATHETER PLACEMENT L \$785.73 \$667.87 36015 SELECTIVE CATHETER PLACEMENT,S \$922.25 \$783.91 36100 ESTABLISH ACCESS TO ARTERY \$514.01 \$436.91 36100 50 INTRO NEEDLE INTRACATH.CAR/VER \$1.028.02 \$873.81 36140 ESTABLISH ACCESS TO ARTERY \$457.31 \$388.71 36140 50 INTRO NEEDLE/INTRACATH: EXTREM \$985.12 \$837.35 ESTABLISH ACCESS TO AORTA \$447.24 36160 \$526.17 36200 ESTABLISH ACCESS TO AORTA \$597.55 \$507.92 36215 INTRODUCE CATHETER: EACH ADD. \$1,075.37 \$914.06 36216 SELECT CATH PL, ART SYS: INIT SE \$1.165.07 \$990.31 36217 SELECT CATH PL, ART SYS: INIT TH \$1,997.17 \$1,697.59 SELECT CATH PL, ART SYS: ADDIT S 36218 \$207.02 \$175.97 36245 INTRO.CATH,@ ADD...ABD.ART PLA \$1,248.55 \$1.061.27 36246 SELECT CATH PL.ART SYS:INIT SE \$872.57 \$741.68 36247 SELECT CATH PLACE.ART SYS:INIT \$1.605.68 \$1.364.83 36248 SELECT CATH PLACE.ART SYS:ADDI \$153.90 \$130.82 36260 INSERTION OF IMPLANTABLE PUMP \$510.68 \$434.08 36261 **REVISE IMPLANTED INFUSION PUMP** \$317.18 \$269.60 36262 REMOVE IMPLANTED INFUSION PUMP \$236.37 \$200.91 36400 ESTABLISH ACCESS TO VEIN \$22.40 \$19.04 36405 ESTABLISH ACCESS TO VEIN \$19.51 \$16.59 36406 INSERTION OF NEEDLE INTO VEIN \$16.00 \$14.00 36406 ΗU VENIPUNCTURE, UNDER AGE 3YRS OT \$16.00 \$14.00 36420 ESTABLISH ACCESS TO VEIN \$45.54 \$38.71 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 ENDOVENOUS ABLATION THERAPY OF 26 \$287.01 \$243.96 36476 ENDOVENOUS ABLATION THERAPY OF \$308.56 \$262.28

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	ONGS
NA =	-	-	NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		_		SPECIALIST	NONSPECIALIST
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		INSERT CV CATH WO/SUBCU PORT A	\$255.14	\$216.87
36560			INSERT TUNNELED CENT INSERT CV	\$1,128.41	\$959.15
36560	26		INSERT TUNNELED CENT INSERT CV	\$317.27	\$269.68
36561			INSERT TUN CENT INSERT CVA AGE	\$1,151.32	\$978.62
36561	26		SUBCUTANEOUS PORT 5 YRS & OLDE	\$306.65	\$260.65
36563			SUBCUTANEOUS PORT AGE 5 OR OLD	\$1,130.41	\$960.85
36563	26		SUBCUTANEOUS PORT AGE 5 OR OLD	\$321.95	\$273.66
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	1	SUBCUTANEOUS PORT OR PUMP	\$327.89	\$278.70
36568	1	1	INSERTION OF PICC < AGE 5	\$93.59	\$79.55
36568	26	1	INSERTION OF PICC	\$75.20	\$63.92
36569	-	l	INSERTION OF PICC AGE 5 & OVER	\$97.06	\$82.50
36569	26	l	SUBCUTANEOUS PORT/PUMP AGE 5 &	\$82.50	\$70.12
36570		1	INSERTION PIC VEN ACCESS PORT	\$1.309.29	\$1,112.90

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		01000
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		-		SPECIALIST	NONSPECIALIST
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	20		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	20		REPLACE COMPL NON-TUN CENTRAL	\$228.51	\$194.23
36580	26		REPLACE COMPL NON-TUN CNETRAL	\$60.94	\$51.80
36581	20		REPLACE COMPL TUNNELED CENTRAL	\$756.64	\$643.14
36581	26		REPLACE COMPL TUNNELED CENTRAL	\$179.54	\$152.61
36582	20		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			COLLECTION OF BLOOD SPECIMEN U	\$23.36	\$19.77
36593			DECLOTTING BY THROMBOLYTIC AGE	\$32.26	\$27.42
36595			MECH REMOV PERICATH OBSTRUCT M	\$629.51	\$535.08
36595	26		MECH REMOV PERICATH OBSTRUCT M	\$168.91	\$144.00
36596			MECHAN REMOV INTRALUM OBSTRUCT	\$134.08	\$113.97
36596	26		MECHAN REMOV INTRALUM OBSTRUCT	\$42.15	\$35.83
36597	26	1	REPOSITION CVC W/FLUOROS GUIDA	\$55.26	\$46.97
36598		1	CONTRAST INJECTION(S) FOR RADI	\$114.78	\$97.56
36600		1	WITHDRAWAL OF ARTERIAL BLOOD	\$27.34	\$23.24
36620			ESTABLISH ACCESS TO ARTERY	\$44.89	\$38.16
36625		1	ESTABLISH ACCESS TO ARTERY	\$92.38	\$78.52
36640	1	1	INSERTION CATHETER, ARTERY	\$107.88	\$91.70

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		5105
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER		_		SPECIALIST	NONSPECIALIST
36660	1		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	1		INSERT ARTERIAL/VENOUS CANNULA	\$1,066.97	\$906.92
36825			ARTERY-VEIN GRAFT	\$522.33	\$443.98
36830	1		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			PRIMARY PERCUTANEOUS TRANSLUMI	\$2,276.67	\$1,935.17
37184	26		PRIMARY PERCUTANEOUS TRANSLUMI	\$404.06	\$343.45
37185			PRIMARY PERCUTANEOUS TRANSLUMI	\$698.31	\$593.56
37185	26		PRIMARY PERCUTANEOUS TRANSLUMI	\$147.57	\$125.43
37186			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			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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	+ <i>'</i>	-		SPECIALIST	NONSPECIALIST
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				\$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
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	1		INJECTION FOR SPLEEN X-RAY	\$117.81	\$100.14
38205	1		BLD-DER HEM PROG CELL HARVEST	\$72.22	\$61.39
38206			BLD-DER HEM PROG CELL HARVEST	\$72.22	\$61.39

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
38220			BONE MARROW ASPIRATION	\$162.17	\$137.84
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	50		CERVICAL LYMPHADENECTOMY(COMP)	\$1,566.72	\$1,331.71
38724			CERVICAL LYMPHADENECTOMY	\$831.42	\$706.70
38740			REMOVE ARMPIT LYMPH NODES	\$523.41	\$444.90
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		1	REMOVE GROIN LYMPH NODES	\$1,003.28	\$852.79
38765	50	1	REMOVE LYMPH GLANDS, GROIN/PELV	\$2,006.56	\$1,705.58
38770		1	REMOVE PELVIS LYMPH NODES	\$654.43	\$556.27
38770	50	1	PELVIC LYMPHADENECTOMY:BILATER	\$1,308.86	\$1,112.53

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	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
38780			REMOVE ABDOMEN LYMPH NODES	\$858.30	\$729.56
38790				\$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			PARTIAL REMOVAL OF LIP	\$452.30	\$384.46
40650			REPAIR LIP	\$357.03	\$303.48
40652			REPAIR LIP	\$413.00	\$351.05
40654			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
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			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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	,	-		SPECIALIST	NONSPECIALIST
40808			BIOPSY OF MOUTH LESION	\$123.55	\$105.0
40810			EXCISION OF MOUTH LESION	\$143.30	\$121.8
40812			EXCISE/REPAIR MOUTH LESION	\$207.85	\$176.6
40814			EXCISE/REPAIR MOUTH LESION	\$287.86	\$244.6
40816			EXCISION OF MOUTH LESION	\$303.27	\$257.7
40818			EXCISE ORAL MUCOSA FOR GRAFT	\$258.14	\$219.4
40819			EXCISE LIP OR CHEEK FOLD	\$223.52	\$189.9
40820			TREATMENT OF MOUTH LESION	\$177.39	\$150.7
40830			REPAIR MOUTH LACERATION	\$187.80	\$159.6
40831			REPAIR MOUTH LACERATION	\$245.07	\$208.3
40840			RECONSTRUCTION OF MOUTH	\$640.42	\$544.3
10842			RECONSTRUCTION OF MOUTH	\$649.91	\$552.4
10843			RECONSTRUCTION OF MOUTH	\$829.42	\$705.0
40844			RECONSTRUCTION OF MOUTH	\$1,100.70	\$935.6
40845			RECONSTRUCTION OF MOUTH	\$1,226.06	\$1,042.1
41000			DRAINAGE OF MOUTH LESION	\$123.36	\$104.8
41005			DRAINAGE OF MOUTH LESION	\$156.70	\$133.1
41006			DRAINAGE OF MOUTH LESION	\$275.62	\$234.2
41007			DRAINAGE OF MOUTH LESION	\$281.89	\$239.6
41008			DRAINAGE OF MOUTH LESION	\$277.75	\$236.0
41009			DRAINAGE OF MOUTH LESION	\$296.02	\$251.6
41010			INCISION OF TONGUE FOLD	\$151.95	\$129.1
1015			DRAINAGE OF MOUTH LESION	\$322.35	\$274.0
41016			DRAINAGE OF MOUTH LESION	\$335.02	\$284.7
11017			DRAINAGE OF MOUTH LESION	\$335.70	\$285.3
11018			DRAINAGE OF MOUTH LESION	\$389.66	\$331.2
11019			PLACEMENT OF NEEDLES, CATHETER	\$378.00	\$321.3
11100			BIOPSY OF TONGUE	\$138.41	\$117.6
11105			BIOPSY OF TONGUE	\$127.10	\$108.0
11108			BIOPSY OF FLOOR OF MOUTH	\$106.72	\$90.7
1110			EXCISION OF TONGUE LESION	\$153.02	\$130.0
1112			EXCISION OF TONGUE LESION	\$246.58	\$209.5
1113			EXCISION OF TONGUE LESION	\$272.05	\$231.2
11114		1	EXCISE TONGUE LESION/LOCAL	\$536.61	\$456.1
41115		Ī	EXCISION OF TONGUE FOLD	\$172.29	\$146.4
41116		1	EXCISION OF MOUTH LESION	\$231.86	\$197.0

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	DNGS
NA =	-	-	NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	+ <i>'</i>	-		SPECIALIST	NONSPECIALIST
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			EXCISION OF GUM LESION	\$305.77	\$259.90
41828			EXC.ALVEOLAR MUCOSA	\$239.95	\$203.96
41830			REMOVAL OF GUM TISSUE	\$287.21	\$244.13
41872			REPAIR GUM	\$261.40	\$222.19
41874			REPAIR TOOTH SOCKET	\$275.53	\$234.20
42000			DRAINAGE MOUTH ROOF LESION	\$129.62	\$110.18
42100			BIOPSY ROOF OF MOUTH	\$116.17	\$98.74
42104	1		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	1	1	EXCISION OF UVULA	\$181.61	\$154.37
42145	1	1	PALATPHARYNGOPLASTY	\$528.19	\$448.96
42160	1		TREATMENT MOUTH ROOF LESION	\$206.46	\$175.49
42180	1	1	REPAIR PALATE	\$189.74	\$161.28
42182	1	1	REPAIR LACERATED PALATE:>2CM O	\$264.22	\$224.59

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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
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			EXCISE PAROTID GLAND/LESION	\$1,167.16	\$992.09
42440			EXCISION SUBMAXILLARY GLAND	\$400.34	\$340.29
12450			EXCISION SUBLINGUAL GLAND	\$359.01	\$305.16
42500			REPAIR SALIVARY DUCT	\$341.13	\$289.96
12505			REPAIR SALIVARY DUCT	\$453.56	\$385.53
42507			PAROTID DUCT DIVERSION	\$429.56	\$365.13
12509			PAROTID DUCT DIVERSION	\$738.44	\$627.6
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD = NA =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC NOT APPLICABLE	H THE PROCEDURE CODE BELO	ONGS
CPT/HCPCS/CDT	MOD	MOD 2		MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		-		SPECIALIST	NONSPECIALIST
42650			DILATION OF SALIVARY DUCT	\$63.74	\$54.18
42660			DILATION OF SALIVARY DUCT	\$84.18	\$71.56
42665			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			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			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			RAD.RESECTTONSIL,ETC.W/O CLO	\$671.50	\$570.77
42844			RAD.RESECT.TONSIL,ETC.W/LOCAL	\$1,038.41	\$882.65
42845			RAD.RESECT.TONSIL,ETC.W/OTHER	\$1,614.01	\$1,371.91
42860			EXCISION OF TONSIL TAGS	\$157.27	\$133.68
42870			EXCISION OF LINGUAL TONSIL	\$474.84	\$403.61
42890			PARTIAL REMOVAL OF PHARYNX	\$920.94	\$782.80
42892			RESECTION OF LATERAL PHARYNGEA	\$1,121.90	\$953.62
42894			RESECT PHARY. WALL-MYOCUTANEOU	\$1,526.50	\$1,297.53
42900			REPAIR THROAT WOUND	\$304.95	\$259.21
42950			RECONSTRUCTION OF THROAT	\$680.78	\$578.66
42953			PHARYNGOESPHAGEAL REPAIR	\$898.61	\$763.82
42955			SURGICAL OPENING OF THROAT	\$619.98	\$526.98
42960			CONTROL THROAT BLEEDING	\$146.12	\$124.20
42961			CONTROL THROAT BLEEDING	\$358.34	\$304.59
42962			CONTROL THROAT BLEEDING	\$443.75	\$377.19

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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
42970			CONTROL NOSE/THROAT BLEEDING	\$325.04	\$276.28
42971			CONTROL NOSE/THROAT BLEEDING	\$385.14	\$327.37
42972			CONTROL NOSE/THROAT BLEEDING	\$439.70	\$373.75
43020			INCISION OF ESOPHAGUS	\$465.38	\$395.58
43030			THROAT MUSCLE SURGERY	\$450.43	\$382.87
43045			INCISION OF ESOPHAGUS	\$1,075.42	\$914.10
43100			EXCISION OF ESOPHAGUS LESION	\$529.42	\$450.00
43101			EXCISION OF ESOPHAGUS LESION	\$849.06	\$721.70
43107			TOT ESOPHAGEC/WO THORA W/PHARY	\$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	1		ESOPHAGUS ENDOSCOPY	\$142.46	\$121.09
43205			ESOPHAGOSCOPY W LIGATION ESOP.	\$148.49	\$126.22
43215	1		ESOPHAGUS ENDOSCOPY	\$129.42	\$110.00
43217	1		ESOPHAGUS ENDOSCOPY	\$335.83	\$285.46
43220	1		ESOPHAGUS ENDOSCOPY.DILATION	\$104.33	\$88.68
43226	1		ESOPHAGUS/STOMACH ENDOSCOPY	\$114.54	\$97.36
43227	1		ESOPHAGUS/STOMACH ENDOSCOPY	\$170.98	\$145.33
43231	1		ESOPHAGOSCOPY RIG/FLEX W/ENDO	\$170.30	\$129.29
43235			UPPER GI ENDOSCOPY, DIAGNOSIS	\$152.10	\$129.23
43236			UPPER GI ENDOSCOPY W/DIR SUBMU	\$230.92	\$268.89
43236	26		UPPER GI ENDOSCOPY W/DIR SUBMU	\$310.34	\$200.09

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 43237 UPPER GI ENDOSCOPY W/ENDO U/S \$192.48 \$163.61 43238 \$238.26 \$202.52 UPPER GI ENDOSCOPY W/ASPIRATIO 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 ENDOSCOPY .. INJECT 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 \$153.30 UPPER GI ENDOSCOPY REMOVAL TUM \$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 ESOPHAGOPLASTY THROACIC WO REP \$2,230.23 \$1,895.70 43314 ESOPHAGOPLASTY THORACIC W/REPA \$2,435.41 \$2,070.10 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 \$1,054.84 43331 REPAIR OF ESOPHAGUS \$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 SURGICAL OPENING, ESOPHAGUS \$703.26 \$827.37 43360 GI RECONSTRUCTN FOR SP ESOPHAG \$1,786.25 \$1,518.31

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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		2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-	-		SPECIALIST	NONSPECIALIST
43361			W COLON/INTESTINE RECONSTRUCTI	\$1.985.60	\$1.687.76
43400			LIGATE ESOPHAGUS VEINS	\$1.047.90	\$890.71
43401			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
43420			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
43510			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
43610			EXCISION OF STOMACH LESION	\$726.96	\$617.92
43611			EXCISION MALIGNANT TUMOR OF ST	\$889.66	\$756.21
43620			REMOVAL OF STOMACH	\$1,465.86	\$1,245.98
43621			GASTRECTOMY W ROUX-EN-Y RECONS	\$1,496.14	\$1,271.72
43622			GASTRECTOMY W INTESTINAL POUCH	\$1,581.77	\$1,344.50
43631			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	\$1,234.00	\$1,048.90
43640			VAGOTOMY & PYLORUS REPAIR	\$850.26	\$722.72
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

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 43772 LAPAROSCOPY, SURGICAL, GASTRIC \$749.45 \$637.03 43773 \$983.94 LAPAROSCOPY, SURGICAL, GASTRIC \$836.35 43774 LAPAROSCOPY, SURGICAL, GASTRIC \$751.84 \$639.06 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 \$496.90 \$422.37 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 43888 GASTRIC RESTRICTIVE PROCEDURE, \$331.95 \$282.16 44005 FREEING OF BOWEL ADHESION \$804.04 \$683.43 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 BIOPSY OF BOWEL 44100 \$92.66 \$78.76 44110 EXCISION OF BOWEL LESION(S) \$596.31 \$506.87

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
007/100000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			COLECTOMY:W/ CONTINENT ILEO	\$1,599.54	\$1,359.61
44157			COLECTOMY, TOTAL, ABDOMINAL, W	\$1,656.08	\$1,407.67
44158			COLECTOMY, TOTAL, ABDOMINAL, W	\$1,698.51	\$1,443.74
44160			REMOVAL OF COLON	\$920.73	\$782.62
44180			LAPAROSCOPY, SURGICAL, ENTEROL	\$722.59	\$614.20
44186			LAPAROSCOPY, SURGICAL: JEJUNOS	\$509.26	\$432.87
44187			LAPAROSCOPY, SURGICAL: ILEOSTO	\$842.50	\$716.13
44188			LAPAROSCOPY, SURGICAL, COLOSTO	\$923.56	\$785.03
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	1	1	LAPOROSCOPY SURG PART COLEC W/	\$1,083.75	\$921.19
14206	1	1	LAP SURG HARTMANN TYPE PROCEDU	\$1,336.98	\$1,136.43
44207	1	1	LAP SURG LOW PELVIC ANASTOMOSI	\$1,445.84	\$1,228.96
44208	1		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	1		LAP SURG COLECTOMY ADD WILLOG	\$1,726.94	\$1,467.90

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

NIA					
NA = CPT/HCPCS/CDT	MOD	MOD 2	NOT APPLICABLE  PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER		2		SPECIALIST	NONSPECIALIST
44212			LAP SURG COLECTOMY TOT W/PROCT	\$7ECIALIST \$1,602.80	\$1,362.38
44212			LAPAROSCOPY, SURGICAL, MOBILIZ	\$1,602.60	\$1,362.36
44213			LAPAROSCOPY, SURGICAL, MOBILIZ	\$1,298.70	\$1,103.89
44300 44310			OPEN BOWEL TO SKIN ILEOSTOMY	\$616.10	\$523.68
				\$789.78	\$671.32
44312				\$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			SMALL INTESTINAL ENDOSCOPY W O	\$247.27	\$210.18
44377			SMALL INTESTINAL ENDOSCOPY W B	\$258.95	\$220.11
44378			ENDOSCOPY SM INTESTN CONTROL B	\$332.09	\$282.27
44379			SMALL INTEST ENDOSCOPY W/STENT	\$353.25	\$300.26
44385			ENDOSCOPY OF BOWEL POUCH	\$175.97	\$149.57
44386			FIBEROPTIC EVAL/BX/SPEC.COLL	\$298.88	\$254.05
44388			COLON ENDOSCOPY	\$269.53	\$229.10
44389	1	1	COLON ENDOSCOPY	\$332.21	\$282.38
44390	1	1	COLON ENDOSCOPY	\$372.13	\$316.31
44391	1	1	COLON ENDOSCOPY	\$443.17	\$376.69
44392	1	1	COLON ENDOSCOPY:REMOVEPOLYPOID	\$354.42	\$301.25
44394			COLONOSCOPY W REMOVAL OF TUMOR	\$416.62	\$354.12
44500	+	+	INTRODUCTION OF MILLER ABBOTT	\$20.00	\$17.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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	\$669.8 <sup>,</sup>
44605			REPAIR OF BOWEL LESION	\$975.98	\$829.59
44615			SUTUR LRG INTESTINE W COLOSTOM	\$790.83	\$672.2
44620			REPAIR BOWEL OPENING	\$610.86	\$519.23
44625			REPAIR BOWEL OPENING	\$744.26	\$632.62
44626	1		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	1		APPENDECTOMY	\$619.17	\$526.29
44970			LAPAROSCOPY SURGICAL APPENDECT	\$447.18	\$380.10
45000			DRAINAGE OF PELVIC ABSCESS	\$258.71	\$219.91
45005			DRAINAGE OF RECTAL ABSCESS	\$208.04	\$176.83
45020			DRAINAGE OF RECTAL ABSCESS	\$276.44	\$234.97
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	1		PARTIAL REMOVAL OF RECTUM	\$824.85	\$701.12
15112	1		REMOVAL OF RECTUM	\$1.465.02	\$1.245.26
45113	1		PROCTECTOMY/CREATE ILEAL RESER	\$1,496.55	\$1,272.0
45114	-		PARTIAL REMOVAL OF RECTUM	\$1,331.26	\$1,131.57
45116			PARTIAL REMOVAL OF RECTUM	\$1,331.20	\$1,021.37
45110	<u> </u>		PROCTECTOMY, ABDOMINOPERINEAL	\$1,201.02	\$1,021.37

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

					ONGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
	'	2		SPECIALIST	NONSPECIALIST
PRACTITIONER 45120			REMOVAL OF RECTUM	\$7ECIALIST \$1.206.23	\$1,025.30
45120			PROCTECTOMY:W/COLECTOMT.W/MULT	\$1,206.23	\$1,025.30
45123			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 OF RECTAL FROLAFSE	\$904.03	\$1,165.07
45150			EXCISION OF RECTAL STRICTURE	\$1,370.07	\$1,103.07
45160			EXCISION OF RECTAL ESION	\$297.74	\$253.08
45190			DESTRUCTION RECTAL LESION	\$498.09	\$423.37
			PROCTOSIGMOIDOSCOPY: DIAGNOSTI	\$498.09	\$423.37
45300 45303			PROCTOSIGMOIDOSCOPY WITH DILAT	\$650.82	\$553.19
45305			PROCTOSIGMOIDOSCOPY WITH BICPS	\$050.82	\$106.03
45305 45307			PROCTOSIGMOIDOSCOPY:REMOVE FOR	\$124.74	\$108.03
45307			PROCTOSIGMOIDOSCOPY REMOVAL TU	\$136.10	\$82.24
45309			PROCTOSIGMOIDOSCOPY REMOVAL TU	\$96.73	\$02.24
45309 45315				Ŧ	Ŧ
45315	22		PROCTOSIGMOIDOSCOPY: REMOVE MU PROCTOSIGMOIDOSCOPY: REMOVE MU	\$146.06 \$182.58	\$124.15 \$155.19
45315	22		PROCTOSIGMOIDOSCOPY: REMOVE MO	\$134.64	\$155.19
45320				\$153.74	\$130.68
45327				\$80.30 \$110.06	\$68.26
45330				+	\$93.55
45331 45332			SIGMOIDOSCOPY,FLEX FIBEROPT W/ SIGMOIDOSCOPY: DIAGNOSTIC	\$143.51 \$231.29	\$121.99 \$196.59
45332			SIGMOIDOSCOPY: DIAGNOSTIC	\$231.29	\$196.59
			SIGMOIDOSCOPY: DIAGNOSTIC	\$220.38	\$192.00
45334 45335			SIGMOID SCOPT. DIAGNOSTIC SIGMOID FLEX W/DIRECT SUBMUCOS	\$158.66	\$111.27
	20				
45335 45338	26		SIGMOID FLEX W/DIRECT SUBMUCOS SIGMOIDOSCOPY REMOVAL TUMOR SN	\$69.73 \$257.03	\$59.27 \$218.48
				ţ	÷
45340	26		SIGMOID FLEX W/DILATION BY BAL SIGMOID FLEX W/DILATION BY BAL	\$274.19 \$81.52	\$233.06 \$69.29
45340	20			\$81.52	÷ · · · ·
45378					\$282.55
45379				\$420.05	\$357.04
45380				\$395.02	\$335.76
45381 45381	26		COLONOSCOPY FLEX W/DIR SUBMUCO COLONOSCOPY FLEX W/DIR SUBMUCO	\$383.23 \$197.32	\$325.75 \$167.72

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	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
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
45915			REMOVE RECTAL OBSTRUCTION	\$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	1		INCISION OF ANAL ABSCESS	\$128.27	\$109.03
46060	1		INCISION OF RECTAL ABSCESS	\$309.63	\$263.19
46070	1	1	INCISION OF ANAL SEPTUM	\$158.74	\$134.93

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		JNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	1		HEMORRHOIDECTOMY	\$360.72	\$306.61
46257			REMOVE HEMORRHOIDS & FISSURE	\$287.02	\$243.97
46258			REMOVE HEMORRHOIDS & FISTULA	\$312.22	\$265.38
46260	1		HEMORRHOIDECTOMY	\$331.76	\$282.00
46261	1		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		CHEMODENERVATION OF INTERNAL A	\$161.40	\$137.19
46600			ANOSCOPY: DIAGNOSTIC	\$70.21	\$59.68
46604			ANOSCOPY WITH DIRECT DILATION	\$355.38	\$302.08
46606			ANOSCOPY WITH BIOPSY	\$156.85	\$133.32
46608			ANOSCOPY:REMOVE FOREIGN BODY	\$202.08	\$171.77
46610			ANOSCOPY: REMOVE POLYP	\$183.22	\$155.74
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		1	ANOSCOPY W ABLATION FO TUMORS	\$152.28	\$129.44
46700		1	REPAIR OF ANAL STRICTURE	\$458.94	\$390.10
46705		1	REPAIR OF ANAL STRICTURE	\$369.90	\$314.42
46706	1	l	REPAIR ANAL FISTULA W/FIBRIN G	\$126.24	\$107.30
46710	1	1	REPAIR OF ILEOANAL POUCH FISTU	\$810.26	\$688.72
46712	1	1	REPAIR OF ILEOANAL POUCH FISTU	\$1.694.70	\$1,440.50

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =       MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS         IA =       NOT APPLICABLE								
NA =								
CPT/HCPCS/CDT PRACTITIONER	MOD 1	D MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE NONSPECIALIST			
				SPECIALIST				
46715			REPAIR OF ANOVAGINAL FISTULA	\$375.95	\$319.5			
46716			REPAIR OF ANOVAGINAL FISTULA	\$793.58	\$674.5			
46730			CONSTRUCTION OF ABSENT ANUS	\$1.325.99	\$1.127.0			
46735			CONSTRUCTION OF ABSENT ANUS	\$1,570.80	\$1,335.1			
46740			CONSTRUCTION OF ABSENT ANUS	\$1,570.00	\$1,248.0			
46742			REP IMPERF ANUS/TRANSABD + SAC	\$1,815.90	\$1,543.5			
46744			REPAIR CLOACAL ANOMALY W PLAST	\$2,568.14	\$2,182.9			
46746			REP CLOACAL ANOM/ABDOM & SACRO	\$2,919.99	\$2,481.9			
46748			REP CLOACAL ANOMALY ANO-REC-AB	\$2,930.42	\$2,490.8			
46750			REPAIR OF ANAL SPHINCTER	\$527.60	\$448.4			
46751			REPAIR OF ANAL SPHINCTER	\$488.95	\$415.6			
46753			RECONSTRUCTION OF ANUS	\$420.17	\$357.1			
46754		1	REMOVAL OF SUTURE FROM ANUS	\$197.30	\$167.7			
46760		1	REPAIR OF ANAL SPHINCTER	\$743.45	\$631.9			
46761			SPHINCTEROPLASTY, ANAL:LEV MUSC	\$683.43	\$580.9			
46900		1	REMOVAL OF ANAL LESION	\$153.28	\$130.2			
46910		1	REMOVAL OF ANAL LESION	\$163.14	\$138.6			
46916			CRYOSURGERY-ANAL LESIONS	\$169.26	\$143.8			
46917			DESTROY ANAL LESION(S):LASER S	\$375.43	\$319.1			
46922			DESTROY ANAL LESION(S)-SURG EX	\$176.58	\$150.1			
46924			DESTROY ANAL LESIONS ANY METH.	\$390.44	\$331.8			
16940			TREATMENT OF ANAL FISSURE	\$148.00	\$125.8			
16942			TREATMENT OF ANAL FISSURE	\$132.54	\$112.6			
46945			LIGATION OF HEMORRHOIDS	\$174.73	\$148.5			
16946			LIGATION OF HEMORRHOIDS:MULT P	\$216.10	\$183.6			
16947			HEMORRHOIDOPEXY (EG, FOR PROLA	\$278.83	\$237.0			
47000			NEEDLE BIOPSY OF LIVER	\$168.11	\$142.9			
47001			BIOPSY LIVER(NOT SEPARATE PROC	\$89.50	\$76.0			
17010			DRAINAGE OF LIVER LESION	\$844.05	\$717.4			
47015			LAP W ASP/INJ HEPAR PARASITE C	\$785.60	\$667.7			
17100			WEDGE BIOPSY OF LIVER	\$618.78	\$525.9			
17120			PARTIAL REMOVAL OF LIVER	\$1,773.15	\$1,507.1			
47122	1	1	HEPATECTOMY, RESECT LIVER: TRISE	\$2,682.28	\$2,279.9			
47125	1	1	PARTIAL REMOVAL OF LIVER	\$2,407.12	\$2,046.0			
47130	1	1	PARTIAL REMOVAL OF LIVER	\$2,602.34	\$2,211.9			
47135	1	1	LIVER TRANSPLANT.W/W/O RECI HE	\$3.938.65	\$3,347.8			

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

<b>IOD =</b> MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS								
NA =	400	400	NOT APPLICABLE					
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE			
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST			
47140			DONOR HEPATECTOMY LT LAT SEGME	\$2.646.74	\$2.249.73			
47141			DONOR HEPATECTOMY TOT LT LOBEC	\$2,040.74	\$2,249.7			
47142			DONOR HEPATECTOMY TOT RT LOBEC	\$3,523.17	\$2,719.2			
47143			BACKBENCH STANDARD PREPARATION	\$316.41	\$268.9			
47144			BACKBENCH STANDARD PREPARATION	\$310.41	\$208.93			
47145			BACKBENCH STANDARD PREPARATION	\$460.01	\$391.0			
47146			BACKBENCH RECONSTRUCTION OF CA	\$480.01	\$241.49			
47148			BACKBENCH RECONSTRUCTION OF CA	\$284.10	\$241.4			
47300			SURGERY FOR LIVER LESION	\$780.26	\$281.00			
47350			REPAIR LIVER WOUND	\$780.28	\$845.99			
47360			REPAIR LIVER WOUND	\$995.20	\$045.95 \$1,141.50			
47361			EXPLORE HEP WOUND/EXTEN DEBRID	\$1,342.94	\$1,946.53			
47362			RE-EXPLORE HEP WOUND/REMOVE PA	\$954.63	\$811.44			
47370			LAPOROSCOPY SURGICAL RADIOFREQ	\$954.03	\$811.44			
47370			LAPOROSCOPY SURGICAL CRYOSURGI	\$975.22	\$828.93			
47380			OPEN ABLATION LIVER TUMOR RADI	\$1.128.94	\$959.60			
47381			OPEN ABLATION LIVER TUMOR RADI	\$1,120.94	\$959.60			
47382			ABLATION LIVER TUMOR PERCU RAD	\$7,144.70	\$972.9			
47400			INCISION OF LIVER DUCT	\$1.573.35	\$007.44			
47420			INCISION OF BILE DUCT	\$1,002.85	\$852.42			
47425				\$1,002.66	\$852.26			
47460			INCISE BILE DUCT SPHINCTER	\$1,002.00	\$780.90			
47480			INCISE BILE DUCT SPHINCTER	\$918.70	\$780.90			
47490			PERCUTANEOUS CHOLECYSTOSTOMY	\$346.92	\$294.88			
47550			BILIARY ENDOSCOPY, INTRAOPERAT	\$141.90	\$294.80			
47552			BILIARY ENDOSCOPY:DIAGNOSTI	\$283.81	\$120.02			
47553			BILIARY ENDOSCOPY: & SPEC C	\$281.62	\$239.38			
47554			BILIARY ENDOSCOPY:REMOVE ST	\$428.49	\$364.2			
17555			BILIARY ENDOSCOPY:DILATE DUCT	\$332.49	\$304.2			
47556			BILIARY ENDOSCOPY PERCU T-TUBE	\$376.55	\$202.02			
47562		+	LAPAROSCOPY SURGICAL CHOLECYST	\$562.41	\$478.0			
47563		+	LAP SURG CHOLECYSTECTOMY W/CHO	\$603.69	\$513.13			
47564	<u> </u>	+	LAP SURG CHOLECYSTECTOMT W/CHO	\$707.00	\$600.9			
47570		<del> </del>	LAP SURG CHOLECYST W/EXPL COM	\$707.00	\$534.1			
47570		<del> </del>	REMOVAL OF GALLBLADDER	\$689.90	\$534.1 \$586.4			
47605			REMOVAL OF GALLBLADDER	\$689.90	\$586.4 \$630.68			

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD = 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				
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				
48000			DRAINAGE OF ABDOMEN	\$1,379.54	\$1,172.61				
48001			DRAIN W CHOLE, GASTROSTOMY, JEJU	\$1,729.03	\$1,469.68				
48020			REMOVAL OF PANCREATIC STONE	\$806.37	\$685.41				
48100			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	\$1,797.20				
48120			REMOVAL OF PANCREAS LESION	\$794.96	\$675.72				
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			PANCREATECTOMY NEAR TOTAL W PA	\$2,361.97	\$2,007.67				
48154			PANCREATECTOMY PROX SUBTOTAL W	\$2,183.47	\$1,855.95				
48155			REMOVAL OF PANCREAS	\$1,270.31	\$1,079.77				

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 48400 INJECTION PANCREATOGRAPHY INTR \$87.80 \$74.63 48500 \$672.48 SURGERY OF PANCREAS CYST \$791.15 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 BACKBENCH RECONSTRUCTION OF CA 48552 \$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 ESCISION OR DESTRUCTION, OPEN. \$1,300.82 \$1,105.69 49215 EXCISE PRESACRAL/SACROCOCCYGEA \$1,664.34 \$1,414.69 49220 STAGING CELIOTOMY:HODGKINS/LYM \$750.62 \$638.03 49250 EXCISION OF UMBILICUS \$440.45 \$374.38 49255 OMENTECTOMY...RESECT OMENTUM \$584.48 \$496.81 49320 DIAG LAP ABD PERIT OMENT W/WO \$269.70 \$229.24 49321 LAP ABDOMEN/OMENTUM/PERITONEUM \$280.99 \$238.84 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 INSERT INTRAPERITON CANNULA/CA 49419 \$354.98 \$301.73 49421 INSERT PERM.CANNULA/CATH-DRAIN \$235.08 \$199.82

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 49423 EXCH ABSCESS DRAIN CATH W/RAD \$527.52 \$448.39 49424 CONTRAST INJECT VIA PREV PLACE \$151.42 \$128.70 49425 PERITONEAL-VENOUS SHUNT \$594.66 \$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 \$137.47 49446 CONVERSION OF GASTROSTOMY TUBE \$116.85 49450 REPLACEMENT OF GASTROSTOMY OR \$55.70 \$47.34 49451 REPLACEMENT OF DUODENOSTOMY OR \$76.83 \$65.35 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 49496 HERNIA REPAIR <6M INCARCERT/ST \$454.41 \$386.25 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 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 REPAIR BILATERAL LUMBAR HERNIA \$900.12 50 \$1,058.96 49550 REPAIR FEMORAL HERNIA \$446.32 \$379.37

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 49550 50 REPAIR BILATERAL FEMORAL HERNI \$892.64 \$758.74 49553 \$412.01 REPAIR FEMEROL HERNIA ANY AGE \$484.72 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 IMPLANNTATION MESH INCISIONAL \$229.85 \$195.37 49568 49570 REPAIR EPIGASTRIC HERNIA \$309.28 \$262.89 49572 REP.EPIGASTRIC HERNIA INCAR ST \$356.18 \$302.75 49580 REP UMBILICAL HERNIA: UNDER AGE \$233.78 \$198.72 \$300.60 49582 **REP UMBIL HERNIA INCARCE/STRAN** \$353.65 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 REPAIR UMBILICAL LESION \$541.90 \$460.62 49650 LAP SURG REP INITIAL INGUINAL \$333.95 \$283.86 49651 LAP REP RECURRENT INGUINAL HER \$431.27 \$366.58 49900 REPAIR OF ABDOMINAL WALL \$647.17 \$550.09 49904 OMENTAL FLAP, EXTRA ABDOMINAL \$1,228.21 \$1,043.98 49905 OMENTAL FLAP \$306.96 \$260.92 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 \$636.70 \$749.06 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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	<u> </u>	-		SPECIALIST	NONSPECIALIST
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	1		EXPLORE AND DRAIN KIDNEY	\$800.74	\$680.63
50130	1		REMOVAL OF KIDNEY STONE	\$825.37	\$701.56
50135	1		EXPLORATION OF KIDNEY	\$909.07	\$772.71
50200	1		RENAL BIOPSY:PERCUTANEOUS TROC	\$131.65	\$111.90
50205	1		RENAL BIOPSY:SURG EXPOSURE OF	\$565.66	\$480.81
50220			REMOVAL OF KIDNEY	\$827.15	\$703.08
50225	1		REMOVAL OF KIDNEY	\$959.84	\$815.86
50230	1		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	\$1,110.28
50360			HOMOTRANSPLANT/IMPLANT GRF.NO	\$1,634.03	\$1,388.93
50365			SEE 50360-W/UNILAT RECI NEPHRE	\$1,911.29	\$1,624.59
50365	50		SEE 50360-W/UNILAT RECI NEPHRE	\$3,822.58	\$3,249.19
50370			REMOVE TRANSPLANTED KIDNEY	\$725.39	\$616.58
50380			RENAL AUTOTRANSPLANT, REIMPLANT	\$1,138.07	\$967.36
50382			REMOVAL (VIA SNARE/CAPTURE) AN	\$1,184.58	\$1,006.89
50384			REMOVAL (VIA SNARE/CAPTURE) OF	\$935.14	\$794.87
50385			REMOVAL (VIA SNARE/CAPTURE) AN	\$202.90	\$172.46
50386	1		REMOVAL (VIA SNARE/CAPTURE) OF	\$153.86	\$130.78
50387	1		REMOVAL AND REPLACEMENT OF EXT	\$528.50	\$449.23
50389			REMOVAL OF NEPHROSTOMY TUBE, R	\$320.95	\$272.81

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =	1.000		NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
50390			ASPIR&/OR INJ RENAL CYST/PELVI	\$87.23	\$74.15
50391			INSTILLATION(S) OF THERAPEUTIC	\$119.71	\$101.76
50391	26		INSTILLATION(S) OF THERAPEUTIC	\$87.48	\$74.36
50396			MANOMETRIC STUDIES NEPH/PYE TU	\$106.57	\$90.58
50400			REVISION OF KIDNEY/URETER	\$924.06	\$785.45
50405			REVISION OF KIDNEY/URETER	\$1,114.98	\$947.73
50500			REPAIR OF KIDNEY WOUND	\$962.16	\$817.84
50520			CLOSE KIDNEY-SKIN FISTULA	\$840.26	\$714.22
50525			REPAIR RENAL-ABDOMEN FISTULA	\$1,063.26	\$903.77
50526			REPAIR RENAL-ABDOMEN FISTULA	\$1,151.30	\$978.60
50540			REVISION OF HORSESHOE KIDNEY	\$952.34	\$809.49
50541			LAP SURG ABLATION OF RENAL CYS	\$759.17	\$645.29
50542			LAPOROSCOPY SURG RENAL MASS LE	\$948.98	\$806.64
50543			LAPOROSCOPY SURG PARTIAL NEPHR	\$1,204.91	\$1,024.18
50544			LAPAROSCOPY SURGICAL PYELOPLAS	\$1,043.71	\$887.16
50545			SURG LAP: RADICAL NEPHRECTOMY	\$1,120.26	\$952.22
50546			LAPAROSCOPY SURGICAL NEPHRECTO	\$977.27	\$830.68
50547			LAP SURG DONOR NEPHRECTOMY/LIV	\$1,264.10	\$1,074.49
50548			LAP ASSISTED NEPHROURETERECTOM	\$1,133.16	\$963.19
50551			KIDNEY ENDOSCOPY	\$329.36	\$279.96
50553			RENALENDOSCOPY W URETERAL CATH	\$348.86	\$296.53
50555			KIDNEY ENDOSCOPY & BIOPSY	\$382.97	\$325.52
50557			KIDNEY ENDOSCOPY & TREATMENT	\$378.60	\$321.81
50561			RENAL ENDOSCOPY:REMOVE FOREIGN	\$428.30	\$364.06
50562			RENAL ENDOSCOPY W/WO IRRIG W/R	\$512.77	\$435.85
50570			RENAL ENDOSCOPY:EXCLUSIVE OF R	\$430.66	\$366.06
50572			RENAL ENDOSCOPY W URETERAL CAT	\$470.81	\$400.1
50574			KIDNEY ENDOSCOPY & BIOPSY	\$497.78	\$423.1
50575			RENAL ENDOSCOPY W ENDOPYELOTOM	\$628.06	\$533.8
50576			REANL ENDOSCOPY W FULGURATION/	\$494.41	\$420.25
50580	1	1	RENAL ENDOSCOPY:REM FOREIGN BO	\$533.57	\$453.5
50590	1	1	LITHOTRIPSY.ESW	\$728.00	\$618.80
50592	1	1	ABLATION, ONE OR MORE RENAL TU	\$1,386.30	\$1,178.3
50592	50		ABLATION RENAL TUMOR(S) PERC B	\$2,079.45	\$1,767.53
50592			ABLATION, RENAL TUMOR(S), UNIL	\$390.50	\$331.92
50593	50		ABLATION, RENAL TUMOR(S), BILA	\$390.50	\$663.84

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

NA = CPT/HCPCS/CDT	MOD	MOD 2	NOT APPLICABLE  PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	2		SPECIALIST	NONSPECIALIST
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	1		INJECTION FOR URETER XRAY	\$100.83	\$85.71
50700	1		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	1		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			REIMPLANT URETER IN BLADDER	\$986.50	\$838.52
50785			REIMPLANT URETER IN BLADDER	\$972.62	\$826.73
50785	50		REIMPLANT URETER IN BLADDER	\$1,945.25	\$1,653.46
50800			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	1		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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =					ONGS
NA =	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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
51060			REMOVAL OF URETER STONE	\$450.83	\$383.21
51065			REMOVAL OF URETER STONE	\$446.04	\$379.13
51080	1	1	DRAINAGE OF BLADDER ABSCESS	\$321.27	\$273.08
51100	1	1	ASPIRATION OF BLADDER: BY NEED	\$32.74	\$27.83
51101	1	1	ASPIRATION OF BLADDER: BY TROC	\$43.39	\$36.88
51102	1	1	ASPIRATION OF BLADDER: WITH IN	\$209.41	\$178.00
51500	1	1	REMOVAL OF BLADDER CYST	\$520.37	\$442.31
51520	1	1	REMOVAL OF BLADDER LESION	\$472.58	\$401.69
51525	1		REMOVAL OF BLADDER LESION	\$678.63	\$576.84

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =		-	NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			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
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	1	CHANGE OF BLADDER TUBE	NA	\$77.98
51710	0,1	1	CHANGE OF BLADDER TUBE	\$98.71	\$83.90
51715		1		\$259.15	\$220.28
51720			TREATMENT OF BLADDER LESION	\$88.76	\$75.45
51725			SIMPLE CYSTOMETROGRAM	\$200.24	\$170.20
51726		-	COMPLEX CYSTOMETROGRAM	\$200.24	\$170.20

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =	1400	1400	NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
51736				\$14.68	\$12.48
51784	то		EMG OF ANAL OR URETHRAL SPHINC	\$71.22	\$60.54
51784	TC		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				\$229.47	\$195.05
51797			VOIDING PRESSURE STUDIES (VP):	\$121.29	\$103.10
51800				\$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		CYSTOSCOPY	\$224.98	\$191.23
52001			CYSTOURETHROSCOPY W/IRRIG/EVAC	\$355.87	\$302.49
52005			CYSTOURETHROSCOPY	\$269.26	\$228.87
52005	22		CYSTOURETHROSCOPY	\$336.58	\$286.09
52007			CYSTOURETHOSCOPY W/BRUSH BIOPS	\$478.90	\$407.07
52010			CYSTOSCOPY W/ DUCT CATHETER	\$394.79	\$335.57
52204			CYSTOURETHROSCOPY WITH BIOPSY:	\$398.04	\$338.33
52214			CYSTOURETHROSCOPY WITH FULGURA	\$707.11	\$601.04
52224			CYSTOURETHROSCOPY WITH FULGURA	\$750.41	\$637.85
52234			CYSTOURETHROSCOPY WITH FULGURA	\$212.14	\$180.32
52235			CYSTOURETHROSCOPY WITH FULGURA	\$249.34	\$211.94
52240	1	1	CYSTOURETHROSCOPY WITH FULGURA	\$405.39	\$344.58

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 52250 CYSTOURETHROSCOPY, INSERT RADI \$207.40 \$176.29 52260 \$153.06 CYSTOSCOPY & TREATMENT \$180.07 52265 CYSTOSCOPY AND TREATMENT \$390.52 \$331.94 52270 CYSTOSCOPY & REVISE URETHRA \$380.71 \$323.60 52275 CYSTOSCOPY & REVISE URETHRA \$512.44 \$435.57 52276 CYSTOURETHROSCOPY W/DIRECT VIS \$228.85 \$194.52 52277 CYSTOSCOPY AND TREATMENT \$283.42 \$240.91 52281 CYSTOURETHROSCOPY FOR URETHRAL \$290.66 \$247.06 52282 CYSTOURETHROSCOPY W/URETHRAL S \$291.33 \$247.63 CYSTOURETHROSCOPY, STEROID INJ \$259.62 \$220.68 52283 52285 CYSTOSCOPY AND TREATMENT \$257.89 \$219.20 52290 CYSTOSCOPY AND TREATMENT \$210.25 \$178.71 52300 CYSTOSCOPY AND TREATMENT \$243.60 \$207.06 52301 CYSTOURETHROSCOPY W/RESEC UNIL \$255.00 \$216.75 CYSTOSCOPY AND TREATMENT 52305 \$241.90 \$205.62 52310 CYSTOSCOPY AND TREATMENT \$254.21 \$216.08 52315 CYSTOSCOPY AND TREATMENT \$436.91 \$371.37 52317 LITHOLAPAXY.SIMPLE:SMALL \$363.63 \$734.09 52318 LITHOLAPAXY:COMPLICATED OR LAR \$414.63 \$352.44 52320 CYSTOSCOPY AND TREATMENT \$213.34 \$181.34 52325 CYSTOURETHEROSCOPY, FRAGMENT CA \$279.38 \$237.47 52327 CYSTOSCOPE/SUBURETER INJ IMPLA \$270.59 \$230.00 52330 CYSTOSCOPY AND TREATMENT \$527.10 \$448.04 52332 CYSTOURETHROSCOPY/INSERT STENT \$291.10 \$247.43 52334 CYSTO TO EST PERC NEPHROSTOMY, \$189.94 \$161.45 52341 CYSTOURETHROSCOPY W/TX URETERA \$277.42 \$235.80 52342 CYSTOURETHROS W/TX URETEROPELV \$298.52 \$253.74 52343 CYSTOURETHROS W/TX INTRA-RENAL \$330.27 \$280.73 52344 CYTOURETHROS W/URETEROSCOPY \$354.38 \$301.23 52345 CYSTOURETHROS W/URETEROSCOPY W \$376.51 \$320.04 52346 CYSTOURETHROS W/URETEROSCOPY W \$422.34 \$358.99 52351 DIAG CYSTOURETH W/URETEROSCOPY \$270.02 \$229.52 52352 CYSTOURETHROS W/URETEROSCOPY/P \$316.85 \$269.32 52353 CYSTOURETH W/URETERO/PYEL W/LI \$365.55 \$310.72 CYTOURETHROSCOPY W/URETEROS W/ 52354 \$338.05 \$287.34 52355 CYTOURETHROS W/URETEROS W/RESE \$404.04 \$343.43

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	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
52400			CYSTOURETHROS W/INCIS/FULG/RES	\$452.72	\$384.81
52402			CYSTOURETHROSCOPY WITH TRANSUR	\$236.12	\$200.70
52450			TRANSURETHRAL INCISION PROSTAT	\$382.05	\$324.74
52500			REVISION OF BLADDER NECK	\$418.54	\$355.76
52601			PROSTATECTOMY (TUR)	\$589.55	\$501.12
52640			RELIEVE BLADDER CONTRACTURE	\$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			INCISION OF URETHRA	\$129.06	\$109.70
53010			INCISION OF URETHRA	\$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			URETHRECTOMY,TOT,W/CYSTOSTOMY:	\$749.75	\$637.29
53220			TREATMENT OF URETHRA LESION	\$361.70	\$307.44
53230			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			TREATMENT OF URETHRA LESION	\$177.94	\$151.25
53265			TREATMENT OF URETHRA LESION	\$198.02	\$168.31
53270			REMOVAL OF URETHRA GLAND	\$181.54	\$154.31
53275			REPAIR OF URETHRA DEFECT	\$229.04	\$194.68
53400			REVISE URETHRA, 1ST STAGE	\$637.00	\$541.45
53405			REVISE URETHRA, 2ND STAGE	\$704.45	\$598.78
53410			URETHROPLASTYMALE ANTERIOR	\$793.30	\$674.31
53415		[	URETHROPLASTY, TRANSPUBIC, ONE S	\$902.60	\$767.21
53420			RECONSTRUCT URETHRA, STAGE 1	\$686.66	\$583.66
53425			RECONSTRUCT URETHRA, STAGE 2	\$772.10	\$656.29

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	IT THE PROCEDORE CODE BEE	JNGS
NA =	1400	4400	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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
54304			REVISE PENIS/CORRECT CHORDEE	\$635.37	\$540.06
54308			URETHROPLASTY, SEC STAGE HYPOSP	\$600.77	\$510.65
54312		1	URETHROPLASTY:MORE THAN 3 C	\$702.54	\$597.16
54316		1	URETHROPLASTY/RELEASE FROM SCR	\$836.67	\$711.17
54318	t –	1	URETHROPLASTY/RELEASE FROM SCR	\$592.89	\$503.95
54322	t –	1	ONE STAGE REP.W/ SIMP.MEATAL A	\$657.41	\$558.80
54324	1		1 STAGE REP.URETHROPLASTY-SKIN	\$819.14	\$696.27
54326	1		1 STAGE REP.URETHROPLASTY-MOB.	\$793.49	\$674.46
54328	1	1	1 STAGE REP.CORRECT CHORDEE&UR	\$769.46	\$654.04

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE PROCEDURE CODE BEL	JNGS
NA =	1.000	1.000	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	-			SPECIALIST	NONSPECIALIST
54332	-		1 STAGE PROX PEMILE/PENOSCROTA	\$837.43	\$711.82
54336	-		1 STAGE PERINEAL HYPOSPADIAS R	\$1,047.42	\$890.31
54340			REP.HYPOSPADIAS COMPLICATIONS,	\$471.00	\$400.35
54344			REP.HYPOSPADIAS COMPLICATION/F	\$812.11	\$690.30
54348			REP.HYPOSPADIAS COMPLICATION/E	\$861.26	\$732.07
54352			REP HYPOSPADIAS CRIPPLEEXTE	\$1,227.10	\$1,043.04
54360			PLASTIC PENILE REPAIR/ANGULATI	\$606.30	\$515.36
54380			REPAIR PENIS	\$668.17	\$567.94
54385			REPAIR PENIS	\$791.96	\$673.17
54390			REPAIR PENIS AND BLADDER	\$1,047.74	\$890.58
54400			INSERT PENILE PROSTH,NON-INFLA	\$450.42	\$382.85
54401			INSERTION OF PENILE PROSTHESIS	\$540.70	\$459.60
54405			INSERT INFLATABLE PENILE PROST	\$653.25	\$555.26
54406			REMOVAL COMPON INFLAT PENILE P	\$591.58	\$502.84
54408			REPAIR COMPON INFLAT PENILE PR	\$623.82	\$530.25
54410			REMOVE/REPLACE COMPON INFLAT P	\$746.88	\$634.85
54411			REMOVE/REPLACE COMP INFLAT PEN	\$777.82	\$661.15
54415			REMOVE NONINFLAT/INFLAT PENILE	\$418.58	\$355.79
54416			REMOVE/REPL NONINFLAT/INFLAT P	\$548.33	\$466.08
54417			REM/REPLACE NONINFLAT/INFLAT P	\$687.24	\$584.15
54420			REVISION OF PENIS	\$573.69	\$487.63
54430			REVISION OF PENIS	\$514.93	\$437.69
54435			PENILE FISTULATION FOR PRIAPIS	\$328.70	\$279.40
54440			PLASTIC REPAIR-PENIS,FOR INJUR	\$718.66	\$610.86
54450			PREPUTIAL STRETCHING	\$70.01	\$59.51
54500	1		BIOPSY OF TESTIS	\$65.07	\$55.31
54505	1		BIOPSY OF TESTIS	\$182.20	\$154.87
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	1	1	PARTIAL ORCHIECTOMY	\$491.56	\$417.83
54530	1	1	RADICAL ORCHIECTOMY:INGUINAL A	\$434.31	\$369.17
54535	1	1	EXTENSIVE TESTIS SURGERY	\$600.20	\$510.17
54550	1	1	EXPLORATION FOR TESTIS	\$392.36	\$333.51
54550	50	1	EXPLORATION FOR UNDESCENDED TE	\$784.72	\$667.01

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		0100
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
54560	50		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			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			FUSION OF SPERMATIC DUCTS	\$640.98	\$544.83
54901			FUSION OF SPERMATIC DUCTS	\$875.50	\$744.17
55000			DRAINAGE OF HYDROCELE	\$118.69	\$100.88
55040			REMOVAL OF HYDROCELE	\$280.25	\$238.21
55041			REMOVAL OF HYDROCELES	\$396.82	\$337.30
55060			REPAIR OF HYDROCELE	\$292.30	\$248.45
55100			DRAINAGE OF SCROTUM ABSCESS	\$197.22	\$167.63
55110			SCROTAL EXPLORATION	\$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	1		INCISION OF SPERM DUCT	\$447.79	\$380.62
55300	1	1	VASOTOMY FOR VASOGRAM, SEMINAL	\$162.50	\$138.12
55400		1	REPAIR OF SPERM DUCT	\$424.77	\$361.05

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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			PERINEOPLASTY, REPAIR OF PERIN	\$222.77	\$189.35
56820			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		COLPOSCOPY OF VULVA W/BIOPSY	\$103.07	\$87.61
57000			EXPLORATION OF VAGINA	\$161.42	\$137.20
57010			DRAINAGE OF PELVIC ABSCESS	\$340.57	\$289.48
57020			COLPOCENTESIS(SEPARATE PROCEDU	\$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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	<u> </u>	-		SPECIALIST	NONSPECIALIST
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	1		CLOSURE OF VAGINA	\$416.66	\$354.16
57130			REMOVE VAGINA LESION	\$158.67	\$134.87
57135	1		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			REPAIR ENTEROCELE, VAGINAL APPR	\$379.24	\$322.35
57270			REPAIR OF BOWEL POUCH	\$636.57	\$541.08
57280			SUSPENSION OF VAGINA	\$774.59	\$658.40
57282			FIXATION FOR VAGINAL PROLAPSE	\$400.02	\$340.01
57283			COLPOPEXY, VAGINAL: INTRA-PERI	\$574.05	\$487.94
57284			PARAVAGINAL DEFECT REPAIR	\$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

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 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 \$349.80 \$411.53 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 REPAIR URETHRA-VAGINA LESION 57310 \$360.28 \$306.24 CLOSE FISTULA:W/BULBOCAV.TRANS 57311 \$410.98 \$349.33 57320 REPAIR BLADDER-VAGINA LESION \$421.58 \$358.35 57330 \$615.22 \$522.94 REPAIR BLADDER-VAGINA LESION 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 FP 57420 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 COLPOSCOPY ENTIRE VAG W/CERV W NA \$140.30 57421 26 COLPOSCOPY ENTIRE VAG W/CERV W \$110.10 \$93.59 57423 PARAVAGINAL DEFECT REPAIR (INC \$722.83 \$614.41 57425 SURGICAL LAPAROSCOPY COLPOPEXY \$658.44 \$774.64 57452 EXAMINATION OF VAGINA: COLPOSC \$96.17 \$81.74 57452 FP EXAMINATION OF VAGINA:COLPOSCO \$96.17 \$96.17 57454 VAGINA EXAMINATION & BIOPSY \$137.58 \$116.94 FP 57454 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 COLPOSCOPY CERV W/CONIZATION C 57461 26 \$170.43 \$144.87 57500 BIOPSY OF CERVIX \$120.72 \$102.61

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
57500	FP			\$120.72	\$120.72
57505			ENDOCERVICAL CURETTAGE (NOT AS	\$89.71	\$76.26
57510				\$119.79	\$101.82
57511				\$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			ENDOMETRIAL BIOPSY, SUCTION TY	\$96.45	\$81.98
58100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	\$96.45	\$96.45
58100	SA		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			REMOVAL OF UTERUS LESION	\$755.99	\$642.59
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	1		TAH,W/PART VAGINECTOMY,BX	\$1,096.63	\$932.14
58210	1		RAD HYSTERECTOMY, BILAT PELVIC,	\$1,459.27	\$1,240.38
58240			PELVIC EXENTERATION/MALIG,W/TA	\$1,935.68	\$1,645.33
58260	1	1	VAGINAL HYSTERECTOMY	\$683.78	\$581.21

## CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
58262			VAGINAL HYSTERECTOMY W. REM. T	\$770.27	\$654.73
58263			VAG HYSTERECT:REPAIR ENTEROCEL	\$832.46	\$707.59
58267			VAG HYSTERECT.W/COLPO-URETHROC	\$883.29	\$750.79
58270			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			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	_		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	1		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			ENDOMET ABLATION THERM WO NUST	\$1,064.00	\$904.40
58356			ENDOMETRIAL CRYOABLATION WITH	\$1,978.28	\$1,681.54
58356	26		ENDOMETRIAL CRYOABLATION WITH	\$316.90	\$269.37
58400			UTERINE SUSPENSION	\$356.59	\$303.10
58410			UTERINE SUSPENSUON WITH SYMPAT	\$663.50	\$563.98
58520			REPAIR OF RUPTURED UTERUS	\$624.91	\$531.18
58540			HYSTGEROPLASTY, STRASSMAN TYPE	\$751.28	\$638.59
58541	1		LAPAROSCOPY, SURGICAL, SUPRACE	\$671.72	\$570.96
58542	1		LAPAROSCOPY, SURGICAL, SUPRACE	\$742.80	\$631.38
58543	1		LAPAROSCOPY, SURGICAL, SUPRACE	\$755.20	\$641.92
58544	1		LAPAROSCOPY, SURGICAL, SUPRACE	\$817.15	\$694.58
58545	1	1	LAP SURG MYOMECTOMY EXCIS 1-4	\$757.53	\$643.90

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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## CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
58920			PARTIAL REMOVAL OF OVARY(S)	\$590.42	\$501.85
58925			REMOVAL OF OVARIAN CYST(S)	\$593.56	\$504.53
58940			REMOVAL OF OVARY(S)	\$396.49	\$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
59000			AMNIOCENTESIS, ANY METHOD	\$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	\$46.22	\$39.28
59051			FETAL MONITORING INTERPRETATIO	\$38.26	\$32.52
59070			TRANSABDOMINAL AMNIOINFUSION W	\$349.02	\$296.66
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	_		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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
59140			SURG TX ECTOPIC PG: CERVICAL	\$285.70	\$242.85
59150				\$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			SALINE ABORTION WITH HYSTEROTO	\$484.67	\$411.97
59855			TOP, >/= 1 VAGINAL SUPP/ D & C	\$356.42	\$302.95
59856			TOP, D & C &/OR D & E	\$426.80	\$362.78
59857			TOP >1=1 VAG SUPPOS W/HYSTEROT	\$512.87	\$435.94
59866			MULTIFETAL PREGNANCY REDUCTION	\$216.30	\$183.85
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	1	1	PARTIAL REMOVAL OF THYROID	\$748.18	\$635.96

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

			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				SPECIALIST	NONSPECIALIST
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
60260			REMAINING LOBE C/S ISTHMUS	\$902.55	\$767.17
60260	50		THYROIDECTOMY,SECONDARY:BILATE	\$1,805.10	\$1,534.34
60270			REMOVAL OF THYROID	\$1,064.01	\$904.41
60271			THYROIDECTOMY W CERVICAL APPRO	\$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	\$1,127.97	\$958.77
60512			PARATHYROID AUTOTRANSPLANTATIO	\$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
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	l		TWIST DRILL HOLE:EVAC/DRAIN	\$282.02	\$545.77
61120				\$542.24	\$460.90
61140 61150			PIERCE SKULL FOR BIOPSY PIERCE SKULL FOR DRAINAGE	\$959.60 \$1.034.62	\$815.66 \$879.42

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	I 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
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			CRANIECT/CRANIOT DECOMP WO LOB	\$1,689.04	\$1,435.68
61323			CRANIECT/CRANIOT DECOMP W/LOBE	\$1,762.21	\$1,497.88
61330			EXPLORATION OF EYE SOCKET	\$1,271.43	\$1,080.72
61330	50		EXPLORATION EYE SOCKET: BILATE	\$2,542.86	\$2,161.43
61333			EXPLORE ORBIT: REMOVE LESION	\$1,527.82	\$1,298.65
61340			RELIEVE CRANIAL PRESSURE	\$1,109.86	\$943.38
61340	50		OTHER CRANIAL DECOMP, SUPRATENT	\$2,219.73	\$1,886.77
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =	1.000	1.000	NOT APPLICABLE		
	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
61516			REMOVAL OF BRAIN LESION IMPLANT BRAIN INTRACAV CHEMOTH	\$1,448.82	\$1,231.49
61517				\$75.67	\$64.32
61518				\$2,179.54	\$1,852.61
61519			REMOVE BRAIN LINING LESION	\$2,390.07	\$2,031.56
61520				\$3,093.09	\$2,629.12
61521			CRANIECTOMY-EXCISE BRAIN TUMOR	\$2,563.15	\$2,178.68
61522				\$1,712.61	\$1,455.72
61524				\$1,623.31	\$1,379.82
61526				\$2,858.33	\$2,429.58
61530				\$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				\$1,233.22	\$1,048.24
61536				\$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
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	\$1,617.25
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

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 61575 TANSORAL.: TO BX, DECOMPRESS, EXC \$1,909.88 \$1,623.40 61576 \$3,001.05 SEE 61575:SPLIT TONGUE/MAND-TR \$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 ORBITOCRANIAL EXTRADURAL WO EX \$2.169.06 61584 \$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 INFRATEMPORAL PREAURICULAR W/W 61590 \$2,448.98 \$2,081.63 61591 INFRATEMPORAL POSTAURICULAR W/ \$2,549.94 \$2,167.45 \$2,082.09 61592 ORBITOCRANIAL ZYGOMATIC CRANIA \$2,449.51 61595 TRANSTEMPORAL APP.TO POSTERIOR \$1,539.50 \$1.811.18 61596 TRANSCOCHLEAR APP.POSTERIOR CR \$2,056.62 \$1,748.13 TRANSCONDYLAR LATERAL TO POST. 61597 \$2,240.68 \$1,904.58 61598 TRANSPETROSAL POSTERIOR CRANIA \$2.012.93 \$1.710.99 61600 RESECT.NEOPLASTIC ETC.CRANIAL \$1.600.42 \$1.360.35 61601 RESECTION NEOPL.INTRADURAL W/W \$1.772.83 \$1.506.91 61605 RESECT.NEOPLA.ETC.INFRATEMPORA \$1.757.32 \$1.493.72 61606 RES.NEOPLASTIC ETC.INTRADURAL \$2.345.30 \$1.993.51 61607 RES.NEOPLAS.EXTRADURALPARASELL \$2,157.42 \$1,833.81 61608 RES.NOWPLASTIC INTRADURAL PARA \$2,550.07 \$2,167.56 61611 TRANSECTION CAROTID ARTERY PET \$399.81 \$339.84 61613 OBLITERATION CAROTID ANEURYSM \$2,067.34 \$2,432.16 61615 RESEC.NEOPLA.BASE POSTERIOR CR \$1,924.94 \$1,636.20 61616 RES.NEOPL.POSTERIOR CRANIAL IN \$2,586.03 \$2,198.13 61618 SECOND.REPAIR DURA CSF LEAK W \$1,000.95 \$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 \$636.75 \$749.11 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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
61692			SURGMALFORM:DURAL,COMPLEX	\$2,967.34	\$2,522.24
61697			SURG COMPLEX INTRACRANIAL ANEU	\$2,925.86	\$2,486.98
61698			SURG COMPL INTRACRAN ANEUR VER	\$2,805.53	\$2,384.70
61700			INNER SKULL VESSEL SURGERY	\$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	\$913.3 <sup>,</sup>
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	\$985.8
61864			TWIST DRILL BURR HOLE CRAN EA	\$294.68	\$250.48
61867			TWIST DRILL BURR HOLE CRAN 1ST	\$1,762.07	\$1,497.76
61868			TWIST DRILL BURR HOLE CRAN EA	\$518.82	\$441.00
61870			IMPLANT NEUROELECTRODES	\$915.76	\$778.40
61880			REVISE/REMOVE NEUROELECTRODE	\$402.94	\$342.50
61885			IMPLANT NEURORECEIVER	\$412.06	\$350.25
61886			INCIS/PLACE CRAN NEUROSTIM PUL	\$526.58	\$447.60
61888			REVISE/REMOVE NEURORECEIVER	\$324.09	\$275.47
62000			ELEVATION DEPRESSED SKULL FX:S	\$614.46	\$522.29
62005	1	t	ELEVATE DEPRESSED SKULL FX:COM	\$923.78	\$785.22
62010	1	1	ELEVATE DEPRESSED SKULL FX:REP	\$1,174.80	\$998.58
62100	1	1	REPAIR BRAIN FLUID LEAKAGE	\$1,273.09	\$1.082.12
62115		1	REDUC CRANIOMEGALIC SKULL:WO B	\$1,241.84	\$1,055.56
62117	1	1	REDUCE CRANIOMEGALIC SKULL:W/W	\$1,496.01	\$1,271.6
62120	1	1	REPAIR ENCEPHACELE, SKULL VAULT	\$1,453.95	\$1,235.86

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
62121			CRANIOTOMY W REP ENCEPHALOCELE	\$1,329.67	\$1,130.22
62140			CRANIOPLASTY/SKULL DEFECT:UP T	\$811.58	\$689.85
62141			REPAIR OF SKULL DEFECT	\$889.18	\$755.80
62142			REMOVE BONE FLAP/PROSTH.PLATE-	\$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
62163			INTRACRAN NEUROEND W/RET FOREI	\$945.06	\$803.30
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
62252			REPROGRAM OF PROGRAMMABLE CSF	\$79.46	\$67.54
62252	TC		REPROGRAM OF PROGRAMMABLE CSF	NA	\$37.91
62252	26		REPROGRAM OF PROGRAMMABLE CSF	\$41.56	\$35.33
62256			REMOVE BRAIN CAVITY SHUNT	\$418.28	\$355.54
62258			REPLACE BRAIN CAVITY SHUNT	\$865.69	\$735.83
62263	1 1		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	1 1		REDUCE SPINAL FLUID PRESSURE	\$170.81	\$145.19

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 62273 TREAT LUMBAR SPINE LESION \$164.10 \$139.48 62280 \$278.63 TREAT SPINAL CORD LESION \$327.80 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 IMPLANT DEV/INTRATH/EPID INFUS \$328.00 62361 \$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 RELIEVE SPINAL CORD PRESSURE \$934.19 \$794.06 63003 RELIEVE SPINAL CORD PRESSURE \$949.00 \$806.65 63005 RELIEVE SPINAL CORD PRESSURE \$908.95 \$772.61 63011 RELIEVE SPINAL CORD PRESSURE \$839.18 \$713.30 63012 LAMINECTOMY WITH REM. OF ABN \$793.34 \$933.34 63015 RELIEVE SPINAL CORD PRESSURE \$1,154.77 \$981.55 63016 RELIEVE SPINAL CORD PRESSURE \$1,141.96 \$970.67 63017 RELIEVE SPINAL CORD PRESSURE \$964.01 \$819.41 63020 NECK SPINE DISK SURGERY \$906.21 \$770.28 63020 50 LAMINOTOMY: ONE INTERSPACE. CERV \$1.812.42 \$1.540.55 63030 LOW BACK DISK SURGERY \$753.66 \$640.61 63030 50 LAMINOTOMY:ONE INERSP.LUMBAR:B \$1,507.33 \$1,281.23 63035 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 LAMINOTOMY W/DECOMP NERVE ROOT \$197.48 63043 \$232.33 63044 LAMINOTOMY EACH ADDIT LUMBAR I \$247.42 \$210.31

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE PROCEDURE CODE BEL	JNGS
NA =	1		NOT APPLICABLE		
007//0000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
63045				\$990.68	\$842.08
63046				\$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	1		VERTEBRAL CORPECT EA ADDIT SEG	\$257.93	\$219.24
63170	1		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		1	REVISE SPINAL CORD LIGAMENTS	\$1,176.15	\$999.73
63185		1	INCISE SPINAL COLUMN/NERVES	\$832.40	\$707.54
63190		1	INCISE SPINAL COLUMN/NERVES	\$991.11	\$842.45
63191		1	LAMINECTOMY/SEC.SPINE ASS.NERV	\$1,096.94	\$932.40
63191	50	1	LAMINECTOMY/SECT.SPINE ASS.NER	\$2,193.89	\$1,864.80
63194		1	INCISE SPINAL COLUMN & CORD	\$1.100.33	\$935.28
63195	1	1	INCISE SPINAL COLUMN & CORD	\$1,114.02	\$946.92

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	ONGS
NA =		MOD	NOT APPLICABLE		MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	ALLOWANCE
PRACTITIONER	- '	2		SPECIALIST	NONSPECIALIST
63196			INCISE SPINAL COLUMN & CORD	\$1.329.42	\$1,130.00
63190			INCISE SPINAL COLUMN & CORD	\$1,329.42	\$1,130.00
63198			INCISE SPINAL COLUMN & CORD	\$1,239.95	\$1,033.90
63199			INCISE SPINAL COLUMN & CORD	\$1,401.60	\$1,080.00
	-	-	LAMINECTOMY, RELEASE TETHERL	\$1,401.80	\$965.53
63200 63250	-	-	REVISE SPINAL CORD VESSELS	\$1,135.91	
63251	-	-	REVISE SPINAL CORD VESSELS REVISE SPINAL CORD VESSELS	\$2,230.63	\$1,896.04 \$2,019.96
63252	-	-	LAMINECTOMY,MALFORM.SP.CRD:THO	\$2,370.42	\$2,019.96
63265	-	-	,		
				\$1,275.25	\$1,083.96
63266				\$1,315.80	\$1,118.43
63267				\$1,072.15	\$911.33
63268				\$1,046.02	\$889.12
63270				\$1,573.23	\$1,337.25
63271	-	-		\$1,583.12	\$1,345.65
63272				\$1,481.09	\$1,258.92
63273				\$1,423.66	\$1,210.11
63275				\$1,386.81	\$1,178.79
63276			LAMINECTOMY, BX/EXC:THORACIC-	\$1,377.37	\$1,170.76
63277				\$1,231.30	\$1,046.60
63278				\$1,204.78	\$1,024.06
63280	-	-		\$1,664.36	\$1,414.71
63281	-	-		\$1,647.17	\$1,400.09
63282				\$1,553.75	\$1,320.69
63283			LAMINECTOMY,BX/EXC:SACRAL-IN	\$1,472.31	\$1,251.47
63285				\$2,085.78	\$1,772.92
63286				\$2,073.61	\$1,762.57
63287				\$2,130.08	\$1,810.57
63290				\$2,146.43	\$1,824.47
63295			OSTEOPLASTIC RECONSTRUCTION OF	\$269.34	\$228.94
63300	<b> </b>	<b> </b>		\$1,433.52	\$1,218.49
63301	<b> </b>	<b> </b>	SEE 63300:EXTRADUR,THOR-TRANST	\$1,559.40	\$1,325.49
63302	<b> </b>	<b> </b>	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	1	1	SEE 63300:INTRA,THOR-THORACOLU	\$1,868.24	\$1,588.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		51100
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	\$829.91
63702			REPAIR MENINGOCELE,> 5CM DIAME	\$1,080.18	\$918.15
63704			REPAIR OF SPINAL HERNIATION	\$1,242.95	\$1,056.51
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	\$416.81
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	\$85.97
64410			INJECTION FOR NERVE BLOCK	\$132.10	\$112.29
64413			INJECTION FOR NERVE BLOCK	\$109.39	\$92.98
64415			INJECTION FOR NERVE BLOCK	\$123.66	\$105.11
64416			INJECT ANESTH AGENT BRACH PLEX	\$80.17	\$68.14
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	1		INJECTION FOR NERVE BLOCK	\$134.61	\$114.42
64435	1		INJECTION FOR NERVE BLOCK	\$136.40	\$115.94
64435	UD			\$136.40	\$115.94
64445	00		INJECTION FOR NERVE BLOCK	\$130.40	\$119.57
64446			INJ ANESTH AGENT SCIATIC NERVE	\$140.07	\$68.14
64447	l		INJ ANESTH AGENT FEMORAL NERVE	\$64.67	\$54.97

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 64448 INJ ANESTH AGENT FEM NERVE CON \$72.39 \$61.53 64449 \$73.15 INJECT ANESTH AGENT LUMBAR PLE \$86.06 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 \$81.74 \$96.17 64505 INJECTION FOR NERVE BLOCK \$88.02 \$74.82 64510 INJECTION FOR NERVE BLOCK \$134.26 \$114.12 INJECT ANESTH AGENT SUP HYPOGA 64517 \$165.43 \$140.62 64517 26 INJECT ANESTH AGENT SUP HYPOGA \$102.33 \$86.98 64520 INJECTION FOR NERVE BLOCK \$199.31 \$169.41 64530 INJECTION FOR NERVE BLOCK \$199.68 \$169.73 64553 IMPLANT NEUROELECTRODES \$174.70 \$148.50 IMPLANT NEUROELECTRODES \$182.90 \$155.46 64555 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 REVISE/REMOVE NEUROELECTRODE \$260.05 \$221.04 64590 IMPLANT NEURORECEIVER \$281.87 \$239.59 64595 REVISE/REMOVE NEURORECEIVER \$257.42 \$218.81 64600 INJECTION TX FACIAL NERVES (5 \$425.33 \$361.53 64605 INJECTION TREATMENT NERVES IN \$446.58 \$525.39 64610 DESTRUC NERVE IN HEAD/RAD MONI \$574.30 \$488.16 64612 \$139.72 \$118.76 DESTR BY NEUROLYTIC AGENT.> NE 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 DESTRUCT BY NEURO AGENT SUP HY 26 \$190.42 \$161.86 REVISE FINGER/TOE NERVE 64702 \$282.73 \$240.32 64704 **REVISE HAND/FOOT NERVE** \$274.82 \$233.60

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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			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		TRANSECT/AVULSION OBTURATOR NE	\$846.61	\$719.62
64766			INCISE HIP/THIGH NERVE	\$483.56	\$411.03
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	1		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	1		INSERT CAP ON NERVE END	\$225.03	\$191.28

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH NOT APPLICABLE	I THE PROCEDURE CODE BELL	JNGS
NA =					
007/100000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			REPAIR OF MEDIAN MOTOR THENAR	\$657.91	\$559.23
64836			SUTURE 1 NERVE, HAND/FOOT: ULNAR	\$655.12	\$556.85
64837			REPAIR ADDITIONAL NERVE	\$336.17	\$285.74
64840			SUTURE OF POSTERIOR TIBIAL NER	\$732.06	\$622.25
64856			REPAIR/TRANSPOSE NERVE	\$810.74	\$689.13
64857			REPAIR ARM/LEG NERVE	\$850.48	\$722.91
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	1		REPAIR OF FACIAL NERVE	\$985.57	\$837.73
64866	1		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	\$350.02	\$040.02
64890		<u> </u>	NERVE GRAFT, HAND OR FOOT	\$885.93	\$753.04

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =	1.000	1.000	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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
65155			REINSERT OCULAR IMPLANT	\$644.84	\$548.11
65175			REMOVAL OF OCULAR IMPLANT	\$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	1	1	REMOVE FOREIGN BODY FROM EYE	\$777.09	\$660.52
65270	1	1	REPAIR OF EYE WOUND	\$240.50	\$204.43
65272	1	1	REPAIR OF EYE WOUND	\$388.33	\$330.08

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	IT THE PROCEDORE CODE BEE	JNGS
NA =		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			CORNEAL RELAX INCISION, CORR SU	\$329.82	\$280.35
65775			CORN WDGE RESECT,CORR SURGAS	\$393.57	\$334.53
65780			OCULAR SURFACE RECONSTRUCTION	\$686.58	\$583.60
65781			LIMBAL STEM CELL ALLOGRAFT	\$1,035.91	\$880.53
65782			LIMBAL CONJUNCTIVAL AUTOGRAFT	\$894.46	\$760.29
65800			PARACENTESIS ANTERIOR CHAMBER	\$124.12	\$105.50
65810			PARACENTHESIS EYE REMOVE VIT	\$320.55	\$272.47
65815			DRAINAGE OF EYE	\$507.02	\$430.97
65820	1		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		1	SERV. ADH. ANT. SEGM.: LASER T	\$254.65	\$216.45
65865	1	1	INCISE INNER EYE ADHESIONS	\$376.37	\$319.91
65870	1	1	INCISE INNER EYE ADHESIONS	\$425.24	\$361.45
65875	1	1	INCISE INNER EYE ADHESIONS	\$446.97	\$379.92
65880			INCISE INNER EYE ADHESIONS	\$473.38	\$402.38
65900	1		REMOVE EYE LESION	\$709.68	\$603.23

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD = NA =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC NOT APPLICABLE		51100
NA =	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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
66030			INJECTION TTREATMENT OF EYE	\$142.06	\$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
66250			FOLLOW-UP SURGERY OF EYE	\$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			REMOVAL OF IRIS	\$398.02	\$338.31
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
66700			CILIARY BODY DESTR.:DIATHERMY	\$336.37	\$285.91
66710			CILIARY BODY DESTR.:CYCLOPHOTO	\$333.36	\$283.36
66711			CILIARY BODY DESTRUCTION: CYCL	\$437.73	\$372.07
66720			CILIARY BODY DESTR.:CRYOTHERAP	\$355.62	\$302.27
66740			CILIARY BODY DESTR.:CYCLODIALY	\$330.64	\$281.04
66761			REVISION OF IRIS	\$314.14	\$267.02
66762			REVISION OF IRIS	\$343.66	\$292.11
66770	1	1	REMOVAL OF INNER EYE LESION	\$378.10	\$321.39
66820	1	1	INCISION OF LENS LESION	\$326.09	\$277.17
66821	1	1	DISCISSION SECONDARY: LASER	\$216.65	\$184.15
66825		1	REP. INTR. LENS PROSTH. REQ.IN	\$580.11	\$493.10
66830		1	REMOVAL OF LENS LESION	\$506.06	\$430.15
66840	1	t	REMOVAL OF LENS MATERIAL	\$494.73	\$420.52

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
66850			REMOVAL OF LENS MATERIAL	\$560.90	\$476.77
66852			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	\$887.35
67043			VITRECTOMY, MECHANICAL, PARS P	\$1,097.20	\$932.62
67101			REPAIR DETACHED RETINA	\$345.99	\$294.09
67105			PHOTOCOAGULATION/DETACHED RET	\$311.82	\$265.05
67107			REPAIR DETACHED RETINA	\$874.54	\$743.36
67108			REPAIR DETACHED RETINA	\$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	1	1	REMOVE EYE IMPLANT MATERIAL	\$489.10	\$415.73
67121	1	1	REMOVE IMPLANT, POSTERIOR, INTRA	\$642.47	\$546.10
67141	1	1	TREAT RETINAL DETACH.CRYOTHER/	\$370.93	\$315.29
67145		1	TREAT RETINAL DETACH, PHOTOCOAG	\$372.19	\$316.36
67208		1	DEST.LOC.RETINAL LESION.CRYO.D	\$429.59	\$365.15
67210		+	DEST.LOC.RETINAL LESION, OKTOD	\$515.14	\$305.15

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 67218 TREAT RETINAL LESION: IMPLANT R \$1,025.70 \$871.84 67220 \$475.29 DESTRUCTION LOCAL LESION OF CH \$559.17 67225 DESTRUCTION LOCALIZED LESION C \$23.94 \$20.35 67227 DESTROY 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 \$1.352.93 \$1.591.68 67250 REINFORCE EYE WALL:WO GRAFT \$599.51 \$509.59 67255 REINFORCE/GRAFT EYE WALL \$630.64 \$536.04 **REVISE EYE MUSCLE: ONE HORIZONT** 67311 \$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 ORBITOTOMY .... W REMOVAL OF LES \$686.08 \$583.17 67413 ORBITOTOMY ...: W REMOVAL FOREIG \$697.05 \$592.49 67414 ORBITOTOMY WO BONE FLAP... \$779.98 \$662.98 67415 TRANSCONJUNCTIVAL OR ASPIRATIO \$84.10 \$71.48 67420 EXPLORE/TREAT EYE SOCKET \$1,258.98 \$1,070.13 67430 EXPLORE/TREAT EYE SOCKET \$954.66 \$811.46 67440 EXPLORE/DRAIN EYE SOCKET \$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 ORBITAL IMPLANT: REMOVAL OR REV \$628.16 67560 \$739.01 67570 OPTIC NERVE DECOMPRESSION .... \$910.92 \$774.28 67700 DRAINAGE OF EYELID ABSCESS \$249.66 \$212.21 67710 INCISION OF EYELID \$216.59 \$184.10 67715 CANTHOTOMY(SEPARATE PROCEDURE) \$223.21 \$189.73 67800 EXCISION CHALAZION, SINGLE \$100.66 \$85.56

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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	- '	-		SPECIALIST	NONSPECIALIST
67801			EXCISE CHALAZION:MULTIPLE,SAME	\$128.94	\$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
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		Ī	REPAIR ENTROPIAN: SUTURE	\$322.89	\$274.45
67922		Ī	REPAIR EYELID DEFECT	\$302.37	\$257.01
67923		[	REPAIR ENTROPIAN:BLEPHAROPLAST	\$470.62	\$400.03
67924			REPAIR ENTROPIAN:BLEPHAROPLAST	\$495.26	\$420.97
67930		Ī	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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =		1	NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	\$386.1 <i>′</i>
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			HARVEST CONJUNCT ALLOGRAFT LIV	\$328.42	\$279.15
68400			INCISE/DRAIN TEAR GLAND	\$256.64	\$218.14
68420			INCISE/DRAIN TEAR SAC	\$286.66	\$243.66
68440			INCISE TEAR DUCT OPENING	\$102.10	\$86.79
68500			REMOVAL OF TEAR GLAND	\$695.18	\$590.90
68505			PARTIAL REMOVAL TEAR GLAND	\$723.86	\$615.28
68510		1	BIOPSY OF TEAR GLAND	\$401.60	\$341.36
68520		1	REMOVAL OF TEAR SAC	\$500.49	\$425.4
68525	1	1	BIOPSY OF TEAR SAC	\$215.13	\$182.86
68530	1		CLEARANCE OF TEAR DUCT	\$398.58	\$338.80
68540	1	1	REMOVE TEAR GLAND LESION	\$669.48	\$569.06
68550	1	1	REMOVE TEAR GLAND LESION	\$828.34	\$704.09

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51100
NA =			NOT APPLICABLE		
007/10000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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
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	1		EXTENSIVE EAR/NECK SURGERY	\$1,378.37	\$1,171.61
69200	1		CLEAR OUTER EAR CANAL	\$85.96	\$73.07
69200	SA	1	CLEAR OUTER EAR CANAL	NA	\$69.41
69205		1	CLEAR OUTER EAR CANAL	\$87.03	\$73.98
69210	1	1	REMOVE IMPACTED CERUMEN.UNILAT	\$42.14	\$35.82
69210	SA	1	REMOVE IMPACTED CERUMEN 1-2 EA	NA	\$34.02

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	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
69220			DEBRIDEMENT, MASTOIDECTOMY CAV/	\$84.47	\$71.80
69220	50		DEBRIDEMENT, MASTOIDESTOMT CAVITY	\$217.42	\$184.81
69222	00		DEBRID,MASTOID,CAV,COMPLEX/W A	\$178.77	\$151.95
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W A	\$357.54	\$303.91
69300	50		REVISE EXTERNAL EAR	\$365.54	\$310.71
69300	50		OTOPLASTY, PROTRUD EAR/W/WO/SZ	\$731.09	\$621.42
69310	00		RECONSTRUCT EXTERNAL EAR CANAL	\$919.65	\$781.70
69320			REBUILD OUTER EAR CANAL	\$1.318.74	\$1,120.93
69420				\$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	1		REMOVE MASTOID STRUCTURES	\$1,025.99	\$872.09
69511			EXTENSIVE MASTOID SURGERY	\$1,053.42	\$895.41
69530	1		EXTENSIVE MASTOID SURGERY	\$1,387.15	\$1,179.08
69535			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
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	1		MASTOID SURGERY REVISION	\$1,100.90	\$935.77
69604	1		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	1		REPAIR OF EARDRUM	\$578.37	\$491.61
69631	1		REPAIR EARDRUM STRUCTURES	\$716.06	\$608.65

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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
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	1	1	EXPLORE INNER EAR	\$873.47	\$742.45
69806	1	1	EXPLORE INNER EAR	\$794.95	\$675.71
69905	1	1	REMOVE INNER EAR	\$762.99	\$648.54
69910	1	1	REMOVE INNER EAR & MASTOID	\$867.35	\$737.25
69915	1	1		\$1,280.35	\$1,088.30
69930	1	1		\$1.072.50	\$911.62

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH		1100
NA =			NOT APPLICABLE		
007/100000/007	-	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
69950				\$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 OF INFANT ARM, MINIMUM O	\$20.00	\$13.79
73592			X-RAY OF INFANT LEG, MINIMUM O	\$20.00	\$13.79
80500			CLINICAL PATH CONSULT:LIMITED	NA	\$19.12
80502			CLINICAL PATH CONSULT:COMPREHE	NA	\$61.56
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	\$16.41
85396			COAGULATION/FIBRINOLYSIS ASSAY	NA	\$18.31
85576	26		PLATELET:AGGREGATION (IN VITRO	NA	\$17.42
86077			BLOOD BANK PHYSICIAN SERVICES:	NA	\$43.84
86078			BLOOD BANK PHYSICIAN SERVICES:	NA	\$46.22
86079			BLOOD BANK PHYSICIAN SERVICES:	NA	\$45.87
86255	26		FLUORESCENT ANTIBODY: SCREEN	NA	\$17.08
86256	26		FLUORESCENT ANTIBODY: TITER	NA	\$17.08
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	\$10.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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	1		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
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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
88189	1		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			SPECIAL STAINS	NA	\$69.53
88312	TC		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
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	1		COMPREHENSIVE REVIEW OF DATA	NA	\$172.01

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		JIIGS
NA =			NOT APPLICABLE		
007//0000/007		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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		SKELETAL MUSCLE NERVE:MORPHOME	NA	\$93.81
88356	26		MORPHOMETRIC ANALYSIS NERVE	NA	\$127.41
88358			MORPHOMETRIC ANALYSIS TUMOR	NA	\$63.55
88358	26		MORPHOMETRIC ANALYSIS TUMOR	NA	\$43.66
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	тс	1	TISSUE IN SITU HYBRIDIZATION I	NA	\$55.55
88365	26	1	TISSUE IN SITU HYBRIDIZATION I	NA	\$45.72
88367	-	1	MORPHOMETRIC ANALYSIS, IN SITU	NA	\$115.82
88367	26		MORPHOMETRIC ANALYSIS, IN SITU	NA	\$35.91

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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
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	20		CAFFEINE HALOTHANE CONTRACTURE	NA	\$166.82
89220			SPUTUM OBTAINING SPEC AEROSOL	NA	\$15.18
90465	HU			NA	\$16.18
90467	HU			NA	\$11.44
90468	HU			NA	\$8.77
90471	110		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	00		ADMINISTRATION OF VACCINE, EAC	NA	\$11.50
90472	U9		IMMUNIZ ADMIN EACH ADDITIONAL	NA	NA
90473	00		IMMUNIZATION ADMIN INTRANASAL/	\$9.30	\$7.91
90473	HU		IMMUNIZATION ADMIN INTRANASAL/	\$17.89	\$15.21
90474				NA	\$8.43
90474	HU			NA	\$8.43
90633			HEPATITIS A VACCINE PEDIATRIC	NA	\$38.24
90633	U9		HEPATITIS A VACC PED/ADOL DOSA	NA	NA
90634			HEPATITIS A VACCINE PEDIATRIC	NA	NA
90644			MENINGOCOCCAL CONJUGATE VACCIN	NA	NA
90647	U9		HEMOPHILUS INFLUENZA B VACC 3	NA	NA
90648	U9		HEMOPHILUS INFLUENZA B VACC 4	NA	NA
90649	U9		HUMAN PAPILLOMA VIRUS (HPV) VA	NA	NA
90655			INFLUENZA VACCINE, TRIVALENT,	NA	\$19.33
90656	U9		INFLUENZA VIRUS VACCINE, SPLIT	NA	NA
90657			INFLUENZA VACCINE, TRIVALENT,	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 VACCINE, PENTAVALENT	NA	\$88.64
90681	1	1	ROTAVIRUS VACCINE, HUMAN, ATTE	NA	\$130.44
90685	1	1	INFLUENZA VACCINE, QUADRIVALEN	NA	\$22.05
90687			INFLUENZA VACCINE, QUADRIVALEN	NA	\$15.72

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	1			SPECIALIST	NONSPECIALIST
90689			INFLUENZA VACCINE, QUADRIVALEN	NA	\$18.18
90696			DIPHTHERIA, TETANUS, ACELLULAR	NA	\$61.75
90697			DIPHTHERIA, TETANUS, ACELLULAR	NA	\$126.99
90698			DIPHTHERIA, TETANUS, ACELLULAR	NA	\$92.70
90700			DIPHTHERIA, TETANUS, AND ACELL	NA	\$30.73
90700	U9		IMMUN DIPTH/TETANUS/ACCELULAR/	NA	NA
90702			DIPHTHERIA AND TETANUS VACCINE	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			MEASLES, MUMPS, RUBELLA, AND V	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			DIPHTHERIA, TETANUS, ACELLULAR	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			HEPATITIS B VACCINE, ADOLESCEN	NA	\$74.28
90743	U9		HEPATITIS B VACCINE ADOL 2 DOS	NA	NA
90744			HEPATITIS B VACCINE, PEDIATRIC	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	1	1	PSYCHIATRIC DIAGNOSTIC EVALUAT	\$130.00	\$110.50
90791	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	\$104.98
90791	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	\$78.48

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

					ONGS	
	_	MOD		MAXIMUM FEE	MAXIMUM FEE	
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE	
PRACTITIONER	-			SPECIALIST	NONSPECIALIST	
90870			ELECTROCONVULSIVE THERAPY	\$126.45	\$107.48	
90887			CONSULTATION WITH FAMILY	\$69.84	\$59.30	
90887	SA			NA	\$56.40	
90887	UC			\$69.84	\$69.84	
90935			HEMODIALYSIS PROC W SINGLE PHY	\$62.49	\$53.1	
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	\$599.8	
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	\$406.4	
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	\$297.3	
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	\$186.3	
90962			ESRD RELAT SERV W/1 VS/MON 20	\$175.24	\$148.9	
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	\$297.3	
90966			ESRD RELAT SERV HOME/MONTH 20	\$219.29	\$186.3	
90967			ESRD RELAT SERV HOME/DAY <2 YR	\$18.28	\$15.54	
90968			ESRD RELAT SERV HOME/DAY 2-11	\$11.64	\$9.8	
90969			ESRD RELAT SERV HOME/DAY 12-19	\$13.24	\$11.2	
90970			ESRD RELAT SERV HOME/DAY 20 YR	\$7.44	\$6.3	
91010			ESOPHAGEAL MOTILITY STUDY	\$188.28	\$160.0	
91010	TC		ESOPHAGEAL MOTILITY STUDY	NA	\$123.24	
91010	26		ESOPHAGEAL MOTILITY STUDY	\$56.22	\$47.79	
91020	1		ESOPHAGOGASTRIC MANOMETRIC STU	\$203.06	\$193.42	
91020	TC	I	ESOPHAGOGASTRIC MANOMETRIC STU	NA	\$138.83	
91020	26		ESOPHAGOGASTRIC MANOMETRIC STU	\$64.22	\$54.59	
91022			DUODENAL MOTILITY (MANOMETRIC)	\$178.78	\$151.96	
91022	тс	1	DUODENAL MOTILITY (MANOMETRIC)	NA	\$102.14	

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

<b>MOD =</b> 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				
PRACTITIONER				SPECIALIST	NONSPECIALIST				
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	тс		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	тс		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		RECTAL SENSATION TONE, AND COM	NA	\$363.17				
91120	26		RECTAL SENSATION TONE AND COMP	\$44.27	\$37.63				
91122			ANORECTAL MANOMETRY	\$235.53	\$223.51				
91122	тс		ANORECTAL MANOMETRY	NA	\$154.64				
91122	26	1	ANORECTAL MANOMETRY	\$80.16	\$68.14				
91307			SEVERE ACUTE RESPIRATORY SYNDR	NA	\$0.01				
92002	1		EYE EXAM: INTERMEDIATE: NEW PT	\$61.33	\$61.33				
92002	1		EYE EXAM: COMPREHENSIVE: NEW P	\$111.66	\$111.66				
92004	22		EYE EXAM: COMPREHENSIVE: NEW P	\$139.58	\$139.58				
92012		1	EYE EXAM: INTERMEDIATE: ESTABL	\$56.72	\$56.72				

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	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
92270	26		ELECTRO-OCULOGRAPHY	\$37.70	\$32.04
92286	20		SPECULAR ENDOTHELIAL MICROSCOP	\$40.38	\$34.32
92286	тс		SPECULAR ENDOTHELIAL MICROSCOP	NA	\$18.01
92286	26		SPECULAR ENDOTHELIAL MICROSCOP	\$22.78	\$19.36
92326	20		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
92548	26		COMPUTERIZED DYNAMIC POSTUROGR	\$25.22	\$21.44
92552			PURE TONE AUDIOMETRY: AIR ONLY	\$16.10	\$13.69
92552	SA		PURE TONE AUDIOMETRY: AIR ONLY	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		ſ	BASIC COMPREHENSIVE AUDIOMETRY	\$38.87	\$33.04

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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			DIAG ANALYSIS COCHLEAR IMPL <7	\$121.14	\$102.97
92602			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
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	1		FLEX FIBEROPTIC ENDO EVAL SWAL	\$134.63	\$114.44
92612	26		FLEX FIBEROPTIC ENDO EVAL SWAL	\$63.73	\$54.17
92614	t		FLEX FIBER ENDO EVAL LARYNG SE	\$126.50	\$107.52

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 92614 26 FLEX FIBER ENDO EVAL LARYNG SE \$63.73 \$54.17 \$150.08 92616 FLEX ENDO EVAL SWALLOW/LARYN S \$176.57 92616 26 FLEX ENDO EVAL SWALLOW/LARYN S \$94.81 \$80.59 92620 EVALUATION OF CENTRAL AUDITORY \$40.45 \$34.38 92621 EVALUATION OF CENTRAL AUDITORY \$10.25 \$8.71 92625 ASSESSMENT OF TINNITUS (INCLUD \$39.77 \$33.80 92626 EVALUATION OF AUDITORY REHABIL \$76.41 \$64.95 92627 EVALUATION OF AUDITORY REHABIL \$19.25 \$16.36 92640 DIAGNOSTIC ANALYSIS WITH PROGR \$47.87 \$40.69 CARDIOPULMONARY RESUSCITATION \$270.94 \$230.30 92950 92950 SA CARDIOPULMONARY RESUSCITATION NA \$218.78 92960 ELECTRICAL CARDIOVERSION \$165.74 \$140.88 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 тс 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 \$965.02 \$1,135.31 92987 PERCUT BALLOON VALVULOPLASTY M \$1,179.36 \$1,002.46 92990 PERCU.BALLOON VALVULOPLASTY:PU \$915.92 \$778.53 92993 ATRIAL BLADE METHOD SEPTOSTOMY \$1.598.18 \$1.358.45 92997 PERC TRANSLUM PULM ART BALLOON \$554.49 \$471.31 PERC TRANSLUM PULM ART BALLOON \$272.65 92998 \$231.75 93000 ROUTINE ECG W/AT LEAST 12 LEAD \$17.74 \$15.08 93005 ECG...TRACING ONLY,WO I&R \$9.16 \$7.79 93010 ECG: INTERPRETATION AND REPORT \$6.55 \$7.70 CARDIOVASCULAR STRESS TEST 93015 \$74.49 \$63.32 93016 CARDIAC STRESS TEST PHY.SUPERV \$20.58 \$17.50

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
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	тс		TRANSTHORACIC ECHOCARDIOGRAPHY	\$138.08	\$138.08
93303	26		TRANSTHORACIC ECHOCARDIOGRAPHY	\$58.58	\$49.79
93304			TRANSTHORACIC ECHOCARD FU/LIMI	\$103.79	\$98.73
93304	тс		TRANSTHORACIC ECHOCARD FU/LIMI	\$69.99	\$69.99
93304	26		TRANSTHORACIC ECHOCARD FU/LIMI	\$33.81	\$28.74
93307			ECHOCARDIOGRAPHY: REAL-TIME SC	\$144.07	\$122.46
93307	тс		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
93307	26		ECHOCARDIOGRAPHY: REAL-TIME SC	\$41.85	\$35.57
93308			ECHOCARDIOGRAPHY: REAL-TIME SC	\$94.13	\$90.51
93308	тс		ECHOCARDIOGRAPHY: REAL-TIME SC	NA	\$69.99
93308	26		ECHOCARDIOGRAPHY: REAL-TIME SC	\$24.14	\$20.52
93312			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	\$98.73	\$9.92

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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				
PRACTITIONER				SPECIALIST	NONSPECIALIST				
93314			ECHOCARD/IMAGE ACQUISITION INT	\$193.78	\$185.30				
93314	TC		ECHOCARD/IMAGE ACQUISITION INT	\$137.14	\$137.14				
93314	26		ECHOCARD/IMAGE ACQUISITION INT	\$56.66	\$48.16				
93315			TRANSESOPHAGEAL ECHOCARDIOGRAP	\$253.77	\$233.18				
93315	TC		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	TC		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	TC		DOPPLER ECHOCARDIOGRAPHY	\$38.07	\$33.30				
93320	26		DOPPLER ECHOCARDIOGRAPHY	\$17.40	\$14.79				
93321			DOPPLER ECGFOLLOWUP/LIMITED	\$28.65	\$24.35				
93321	TC		DOPPLER ECG FOLLOW UP/LIMITED	NA	\$21.15				
93321	26		DOPPLER ECG FOLLOW UP/LIMITED	\$7.07	\$6.01				
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		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			RT HEART CATH FOR CONGEN CARD	\$813.83	\$782.66				
93530	TC		RT HEART CATH FOR CONGEN CARD	NA	\$606.02				
93530	26		RT HEART CATH FOR CONGEN CARD	\$207.82	\$176.64				
93531	-		RT HRT &RETROGR LT HRT CATH/CO	\$2,135.34	\$2,074.94				
93531	тс	1	RT HRT &RETROGR LT HRT CATH/CO	NA	\$1,732.70				
93531	26	1	RT HRT &RETROGR LT HRT CATH/CO	\$402.63	\$342.24				
93532			RT HRT & TRANSSEPTAL LT HRT CA	\$480.78	\$408.66				
93532	26		RT HRT & TRANSSEPTAL LT HRT CA	\$480.78	\$408.66				
93533			RT HRT & TRANSSEP LT HRT CATH	\$320.41	\$272.35				
93533	26	1	RT HRT & TRANSSEP LT HRT CATH	\$320.41	\$272.35				
93561		1	INDICATOR DILUTION STUDIES	\$39.77	\$33.80				

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =										
NA =	MOD	MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE					
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE					
PRACTITIONER	-			SPECIALIST	NONSPECIALIST					
93561	26		INDICATOR DILUTION STUDIES	\$12.53	\$10.65					
93571			INTRAVASCULAR DOPPLER VELOC IN	\$243.88	\$231.62					
93571	тс		INTRAVASCULAR DOPPLER VELOC IN	NA	\$162.12					
93571	26		INTRAVASCULAR DOPPLER VELOC IN	\$79.73	\$67.77					
93572			INTRAVASC DOPPLER VELOC EA ADD	\$63.68	\$54.13					
93572	26		INTRAVASC DOPPLER VELOC EA ADD	\$63.68	\$54.13					
93580			PERC TRANSCATH CLOS CONG INT C	\$856.17	\$727.74					
93581			PERC TRANS CLOS CONG VENT SEP	\$1,141.28	\$970.09					
93600			BUNDLE OF HIS RECORDING	\$170.25	\$144.71					
93602			INTRA-ATRIAL RECORDING	\$120.11	\$102.09					
93603			RIGHT VENTRICULAR RECORDING:	\$120.50	\$102.43					
93609			INTRAVENT.ATRIAL MAP TACHYCARD	\$288.06	\$244.85					
93610			INTRA-ATRIAL PACING	\$176.36	\$149.91					
93612			INTRAVENTRICULAR PACING	\$167.69	\$142.54					
93613			INTRACARD ELECTOPHYS 3-DIMENS	\$306.42	\$260.46					
93615			ESOPHAGEAL RECORDING OF ATRIAL	\$39.21	\$33.33					
93618			INDUCE ARRHYTHMIA BY ELEC. PAC	\$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			ELECTROPHYSIOLOGIC F/U STUDY	\$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			EPS EVAL OF COR-DEFIB INDUCED	\$354.26	\$301.12					
93642	TC		EPS EVAL OF COR-DEFIB INDUCED	\$89.72	\$76.94					
93642	26		EPS EVAL OF COR-DEFIB INDUCED	\$234.06	\$198.95					
93660			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			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					

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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	
93724	тс		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	ТС		REPROGRAM/ANAL SING-CHAMB. PAC	NA	\$16.10	
93735	26		REPROGRAM/ANAL SING-CHAMB. PAC	\$33.49	\$28.46	
93736	ТС		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			DUPLEX SCAN EXTRACRAN.ART:7/U	\$137.75	\$117.09	
93882	TC		DUPLEX SCAN EXTRACRAN.ART:7/U	\$112.59	\$97.89	
93882	26		DUPLEX SCAN EXTRACRAN.ART:7/U	\$18.58	\$15.79	
93886			TRANSCRANIAL DOPPLERCOMPLE	\$174.68	\$148.48	
93886	TC		TRANSCRANIAL DOPPLERCOMPLE	\$126.67	\$107.67	
93886	26		TRANSCRANIAL DOPPLERCOMPLE	\$44.05	\$37.44	
93888			TRANSCRAN.DOPPLER STUDY7/U.	\$103.45	\$87.93	
93888	TC		TRANSCRAN.DOPPLER STUDY7/U.	\$70.90	\$70.90	
93888	26		TRANSCRAN.DOPPLER STUDY7/U.	\$26.41	\$22.45	
93890			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			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	

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =	1400	400	NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	- '	2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
93893			TRANSCRANIAL DOPPLER STUDY OF	\$167.76	\$142.60
93893	тс		TRANSCRANIAL DOPPLER STUDY OF	NA	\$142.00
93893	26		TRANSCRANIAL DOPPLER STUDY OF	\$53.74	\$45.68
93922	20		PHYSIO STUDIES U/L EXTREMITY A	\$92.71	\$78.80
93922	тс		PHYSIO STUDIES U/L EXTREMITY A	NA	\$79.90
93922	26		PHYSIO STUDIES U/L EXTREMITY A	\$11.21	\$9.53
93923	20		U/L EXT STUDIES MULTIPLE LEVEL	\$143.36	\$121.86
93923	тс		U/L EXT STUDIES MULTIPLE LEVEL	NA	\$120.98
93923	26		U/L EXT STUDIES MULTIPLE LEVEL	\$20.50	\$17.42
93924	20		LOWER EXT ARTERIES STUDY AT RE	\$177.41	\$150.80
93924	тс		LOWER EXT ARTERIES STUDY AT RE	NA	\$152.51
93925			DUPLEX SCAN LOWER EXTREM.ART.	\$200.89	\$170.76
93925	тс		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	тс		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
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	1		DUPLEX SCANPELVIC7/U LIM	\$160.31	\$136.26
93976	TC		DUPLEX SCANPELVIC7/U LIM	\$119.90	\$142.52
93976	26	Ī	DUPLEX SCANPELVIC7/U LIM	\$40.38	\$34.32
93978	1		DUPLEX SCAN AORTACOMPLETE	\$166.73	\$141.72

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		51105
NA =	400		NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	'	2		SPECIALIST	NONSPECIALIST
93978	тс		DUPLEX SCAN AORTACOMPLETE	\$126.62	\$107.63
93978	26		DUPLEX SCAN AORTACOMPLETE	\$120.02	\$107.00
93979	20		DUPLEX SCAN AORTA7/ULIMIT	\$128.58	\$109.29
93979	тс		DUPLEX SCAN AORTA7/ULIMIT	\$120.35	\$89.72
93979	26		DUPLEX SCAN AORTA7/ULIMIT	\$19.89	\$16.90
93980	20		DUPLEX SCAN FOR PENILE VESSELS	\$131.11	\$10.90
93980	тс		DUPLEX SCAN FOR PENILE VESSELS	\$131.11 NA	\$66.85
93980	26		DUPLEX SCAN FOR PENILE VESSELS	\$55.80	\$47.43
93980	20		PENILE DUPLEX SCAN FOLLOW UP	\$79.75	\$67.79
93981	тс		PENILE DUPLEX SCAN FOLLOW UP	\$79.75 NA	\$57.18
93981	26		PENILE DUPLEX SCAN FOLLOW UP	\$19.26	\$16.37
93990	20		DUPLEX SCAN FOLLOW OF	\$121.26	\$103.07
93990	тс		DUPLEX SCAN HEMODIALISIS ACCES	\$121.20	\$103.07
93990	26		DUPLEX SCAN HEMODIALYSIS ACCES	\$103.10	\$100.00
94010	20		SPIROMETRY WITH GRAPH, VITAL C	\$28.99	\$10.00
94010	тс		SPIROMETRY WITH GRAPH, VITAL C	\$20.33	\$20.53
94010	10		TEST TO MEASURE EXPIRATORY AIR	\$44.33	\$37.68
94012			TEST TO MEASURE EXPIRATORY AIR	\$72.27	\$61.43
94013			TEST TO MEASURE REMAINING AIR	\$17.36	\$14.75
94014			PATIENT INIT SPIROMETRY FOR 30	\$43.11	\$36.65
94015			PT INIT SPIROMETRIC REC TC ONL	NA	\$20.3
94016			PT SPIROM REC MD I&R ONLY	\$22.80	\$19.38
94060			BRONCHOSPASM EVALUATION	\$48.17	\$47.02
94060	SA		BRONCHOSPASM EVALUATION	NA	\$46.02
94060	SA	тс	BRONCHOSPASM EVALUATION	NA	\$35.02
94060	TC	10	BRONCHOSPASM EVALUTION	\$35.02	\$35.02
94070	26		BRONCHOSPASM EVALUATION: PROLO	\$25.97	\$22.07
94200	20		MAXIMUM BREATHING CAPACITY	\$19.29	\$18.57
94200	тс		MAXIMUM BREATHING CAPACITY	\$13.23	\$14.50
94200	26		MAXIMUM BREATHING CAPACITY	\$4.79	\$4.07
94250		<u> </u>	EXPIRED GAS COLLECTION	\$25.78	\$25.07
94250	тс		EXPIRED GAS COLLECTION	\$20.99	\$20.99
94375	, <u>, , , , , , , , , , , , , , , , , , </u>	1	RESPIRATORY FLOW VOLUME LOOP	\$31.04	\$29.08
94375	тс		RESPIRATORY FLOW VOLUME LOOP	\$31.04	\$29.00
94375	26		RESPIRATORY FLOW VOLUME LOOP	\$17.90	\$11.18
94400	20		CO2 BREATHING RESPONSE CURVE	\$43.80	\$41.20

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	JNGS
NA =	1400	1400	NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	· '	2		SPECIALIST	NONSPECIALIST
94400	тс		CO2 BREATHING RESPONSE CURVE	NA	\$26.20
94452	10		HIGH ALTITUDE SIMULATION TEST	\$45.58	\$43.57
94452	TC		HIGH ALTITUDE SIMULATION TEST	NA	\$32.14
94452	26		HIGH ALTITUDE SIMULATION TEST	\$13.45	\$11.43
94453	20		HIGH ALTITUDE SIMULATION TEST	\$65.06	\$62.46
94453	тс		HIGH ALTITUDE SIMULATION TEST	NA	\$47.74
94453	26		HIGH ALTITUDE SIMULATION TEST	\$17.31	\$14.72
94610	20			\$52.34	\$44.49
94621			PULMONARY STRESS TESTING COMPL	\$124.60	\$115.36
94621	тс		PULMONARY STRESS TESTING COMPL	NA	\$63.00
94621	26		PULMONARY STRESS TESTING COMPL	\$61.60	\$52.36
94644	20		CONTINUOUS INHALATION TREATMEN	\$31.85	\$27.07
94645				\$12.14	\$10.32
94664			AEROSOL/VAPOR INHALATIONS	\$11.70	\$9.94
94664	U9		AEROSOL/VAPOR INHALATIONS	NA	NA
94680			OXYGEN UPTAKE: DIRECT: SIMPLE	\$59.36	\$50.46
94680	тс		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		OXYGEN UPTAKE: RESET: INDIRECT	\$3.18	\$2.71
94750			PULMONARY COMPLIANCE STUDY	\$54.21	\$52.72
94750	TC		PULMONARY COMPLIANCE STUDY	NA	\$44.26
94750	26		PULMONARY COMPLIANCE STUDY	\$9.94	\$8.45
94761	U9		NONINVAS EAR/PULSE OXIMETRY MU	NA	NA
94762	1		SEE 94760:CONT.OVERNIGHT MONIT	\$17.22	\$14.64
94770			EXPIRED CARBON DIOXIDE ANALYSI	\$7.50	\$6.38
94770	TC		EXPIRED CARBON DIOXIDE ANALYSI	NA	\$10.62
94770	26		EXPIRED CARBON DIOXIDE ANALYSI	\$6.39	\$5.43
94772	1		CIRCADIAN RESP PATTERNINFAN	\$234.49	\$221.13
94772	TC		CIRCADION RESP PATTERN INFAN	\$145.41	\$145.41
94772	26	l	CIRCADIAN RESP PATTERN INFANT	\$89.08	\$75.72
94774	1	1	TEST TO MONITOR PEDIATRIC BREA	\$120.00	\$115.00
94775	İ –	İ	TEST TO MONITOR PEDIATRIC BREA	\$85.00	\$85.00

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		5105
NA =			NOT APPLICABLE		
	MOD	-		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
94777			TEST TO MONITOR PEDIATRIC BREA	\$35.00	\$30.00
94780			TEST OF CAR SEAT OR BED (1 YEA	\$26.82	\$22.80
94781			TEST OF CAR SEAT OR BED (1 YEA	\$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			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			SLEEP STUDY IN SLEEP LAB (YOUN	\$489.22	\$415.83
95782	TC		POLYSOMNOGRAPHY: YOUNGER THAN	NA	\$424.39
95782	26		POLYSOMNOGRAPHY: YOUNGER THAN	\$64.84	\$55.11
95783			SLEEP STUDY IN SLEEP LAB WITH	\$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	тс		SLEEP STUDY 3 OR MORE BY TECHN	NA	\$397.45
95808	10		POLYSOMNOGRAPHY 1-3 PARAMETERS	\$548.86	\$531.04
95808	тс		POLYSOMNOGRAPHY 1-3 PARAMETERS	NA	\$430.02
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS	\$89.72	\$76.26
95810	20		POLYSOMNOGRAPHY 4+ PARAMETERS	\$657.33	\$558.73
95810	тс		POLYSOMNOGRAPHY 4+ PARAMETERS		\$533.86
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS	\$123.48	
	20			\$123.48	\$104.96
95811 95811	тс		POLYSOMNOGRAPHY 4 OR MORE PARA POLYSOMNOGRAPHY 4 OR MORE PARA	\$689.23 NA	\$585.85
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARA	NA \$128.14	\$561.10 \$108.92

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 95812 EEG EXTENDED MONITORING UP TO \$176.22 \$168.55 95812 TC NA EEF EXTENDED MONITORING UP TO \$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 EEG-STD/PORT: SAME FACILITY 95819 \$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 26 EEG: SLEEP ONLY \$51.53 \$43.80 95822 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 \$17.81 95833 TEST MUSCLE, MANUAL: TOT BODY/NO \$35.13 \$29.86 95834 MUSCLE TESTING: MANUAL: TOTAL \$35.05 \$41.23 95851 RANGE OF MOTION:@ EXTREMITY,NO \$17.57 \$14.93 95852 RANGE OF MOTION: HAND \$12.59 \$10.70 95857 TENSILON TEST FOR MYASTHENIA G \$37.70 \$33.93 95857 TC TENSILON TEST FOR MYASTHENIA G \$12.55 \$12.55 26 TENSILON TEST FOR MYASTHENIA G 95857 \$25.15 \$21.38 95860 ELECTROMYOGRAPH:1 EXTREMITY&PA \$80.60 \$73.68 95860 TC ELECTROMYOGRAPH:1 EXTREMITY&PA \$34.51 \$34.51 95860 ELECTROMYOGRAPH:1 EXTREMITY&PA 26 \$46.08 \$39.17 ELECTROMYOGRAPH:2 EXTREMITIES& 95861 \$100.37 \$89.29 95861 TC ELECTROMYOGRAPH:2 EXTREMITIES& \$26.54 \$26.54

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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
95861	26		ELECTROMYOGRAPH:2 EXTREMITIES&	\$73.83	\$62.76
95863	-		ELECTROMYOGRAPH:3 EXTREMITIES&	\$122.59	\$109.25
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
95864	26		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
95866	26		NEEDLE ELECTROMYOGRAPHY,HEMIDI	\$60.59	\$51.50
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
95868	TC		MYOGRAPHY: CRANIAL NERVE: BILA	\$25.22	\$25.22
95868	26		MYOGRAPHY: CRANIAL NERVE: BILA	\$56.09	\$47.67
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
95875	тс		ISCHEMIC LIMB EXERCISE, EMG,	NA	\$35.02
95875	26	1	ISCHEMIC LIMB EXERCISE, EMG,	\$52.20	\$44.37
95921		1	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	\$34.7
95922	20		TESTING AUTO NERV SYST FUNCTIO	\$58.88	\$52.07
95922	тс	<u> </u>	TESTING AUTO NERV SYST FUNCTIO	\$13.48	\$13.48
95922	26	<del> </del>	TESTING AUTO SYST FUNCTION	\$13.48	\$38.59

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
95955			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
95990			REFILL/MAINT IMPL PUMP DRUG DE	\$52.66	\$44.76
95991			REFILL/MAINT IMPL PUMP BY PHYS	\$75.65	\$64.30
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	1		MD REVIEW/INTERPRETATION 96000	\$10.30	\$87.39
96105	<u> </u>		ASSESS APHASIA W/INTERP REP PE	\$65.36	\$55.56

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	- '	-		SPECIALIST	NONSPECIALIST
96105	UC		ASSESS APHASIA W/INTERP REP PE	\$65.36	\$65.36
96116			NEUROBEHAVIORAL STATUS EXAM (C	\$92.29	\$78.44
96116	UC		NEUROBEHAVIORAL STATUS EXAM(CL	\$92.29	\$92.29
96125			STANDARDIZED COGNITIVE PERFORM	\$78.72	\$66.91
96125	SA		STANDARDIZED COGNITIVE PERFORM	NA	\$63.57
96125	26		STANDARDIZED COGNITIVE PERFORM	\$65.36	\$55.56
96150			HEALTH & BEHAV ASSESS INIT EA	\$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
96153	UC		HEALTH & BEHAV INTERVEN EA 15	NA	\$5.00
96154			HEALTH & BEHAV INTERVEN FAM EA	\$19.06	\$16.20
96154	SA		HEALTH & BEHAV INTERVEN FAM EA	NA	\$15.39
96154	UC		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
96156	SA		HLTH BHV ASSMT/REASSESSMENT	NA	\$13.68
96156	UC		HLTH BHV ASSMT/REASSESSMENT	\$21.18	\$21.18
96158			HLTH BHV INDV 1ST 30	\$38.82	\$33.00
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	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
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			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			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			IV INFUSION, HYDRATION, EACH ADD	\$14.24	\$12.10
96361	SA		IV INFUSION, HYDRATION, EACH ADD	NA	\$11.50
96365			INTRAVENOUS INFUSION, FOR THER	\$68.42	\$58.15
96365	SA		INTRAVENOUS INFUSION FOR THERA	NA	\$55.25
96366			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
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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =					ONGS
NA =			NOT APPLICABLE		
	_	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			CHEMOTHERAPY ADMINISTRATION, I	\$30.72	\$26.11
96415	SA		CHEMO ADMIN IV INFUSION EACH A	NA	\$24.81
96416			CHEMOTHERAPY ADMINISTRATION, I	\$151.87	\$129.09
96416	SA		CHEMO ADMIN INIT PROLONGED INF	NA	\$122.64
96417			CHEMOTHERAPY ADMINISTRATION, I	\$68.94	\$58.60
96417	SA		CHEMO ADMIN IV INFUS EACH ADD	NA	\$60.45
96420			CHEMOTHERAPY INTRA-ARTERIAL:PU	\$98.32	\$83.57
96420	SA		CHEMOTHERAPY INTRA-ARTERIAL, P	NA	\$79.39
96422	1		CHEMOTHERAPY, INFUSION UP TO	\$171.94	\$146.15
96422	SA		CHEMOTHERAPY, INFUSION UP TO 1	NA	\$138.84
96423	1		CHEMOTHERAPY1 TO 8 HRS:EA A	\$70.09	\$59.57
96423	SA		CHEMOTHERAPY 1 TO 8 HRS, EACH	NA	\$56.60
96425	1		CHEMOTHERAPY INFUSION >8HRS PE	\$159.72	\$135.76
96425	SA	İ	CHEMOTHERAPY INFUSION >8HRS PE	NA	\$128.97

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

W,X,Y,Z PLUS FOUR MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BEL	ONGS
NA =			NOT APPLICABLE		51100
na -	MOD	MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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			LASER TX PSORIASIS 250-500 SQ	\$126.43	\$107.47
96921	26		LASER TX PSORIASIS 250-500 SQ	\$57.22	\$48.64
96922			LASER TX PSORIASIS >500 SQ CM	\$185.98	\$158.09
96922	26		LASER TX PSORIASIS >500 SQW CM	\$88.62	\$75.32
97151			BEHAVIOR IDENTIFICATION ASSESS	NA	\$25.00
97152			BEHAVIOR IDENTIFICATION ASSESS	NA	\$11.20
97153			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$11.20
97154			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$4.80
97155			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$21.25
97156			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$25.00
97157			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$12.40
97158			ADAPTIVE BEHAVIOR TREATMENT BY	NA	\$5.60
97535			SELF CARE/HOME MNGMNT TX DIR E	\$25.72	\$21.86
97597	1		REMOVAL OF DEVITALIZED TISSUE	\$42.21	\$35.88
97598	1		REMOVAL OF DEVITALIZED TISSUE	\$26.92	\$22.88
97605	1	1	NEGATIVE PRESSURE WOUND THERAP	\$29.52	\$25.09
97606			NEGATIVE PRESSURE WOUND THERAP	\$31.74	\$26.98
97802	1		MED NUTRITION THER INIT ASSESS	\$27.23	\$23.15

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 97803 MED NUTRITION THER RE-ASSESS 1 \$23.46 \$19.94 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 USE OF A DRUG TO INDUCE DEPRES 99151 \$42.98 \$36.53 99151 26 MODERATE SEDATION SERVICES BY \$12.53 \$10.65 99155 USE OF A DRUG TO INDUCE DEPRES \$36.70 \$43.18 99183 HYPERBARCI OXYGEN PHYSICIAN AT \$108.21 \$100.48 99201 E/M OFFICE/OP NEW PATIENT \$31.74 \$26.98 E/M OFFICE/OP NEW PATIENT \$25.63 99201 SA NA 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 PATIENT ... MIN \$83.37 \$70.86 FP 99203 SB E/M INITIAL FP VISIT BY CNM IN NA \$58.36 99203 SA E/M OFFICE/OP NEW PATIENT ... MIN NA \$67.32 99203 SA UD E/M OFFICE/OP NEW PATIENT.CNP/ NA \$67.32 SB NA 99203 E/M OFFICE/OP NEW PATIENT BY C \$58.36 99203 SB 52 E/M INITIAL FP VISIT BY CNM IN NA \$54.36 99203 UC E/M OFFICE/OP NEW PATIENT..MIN \$83.37 \$83.37 99203 UD E/M OFFICE/OP NEW PATIENT..MIN \$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 E/M OFFICE/OP NEW VISIT IN FL \$82.37 SB NA E/M INITIAL FP VISIT IN FP CLI 99204 FP 52 \$113.67 \$113.67 99204 SA E/M OFFICE/OP NEW PATIENT NA \$95.02

### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELC	DNGS
NA =			NOT APPLICABLE		
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
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	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
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	NA	\$36.73
99213	SB		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		E/M OFFICE/OP ESTAB PATIENT	\$45.48	\$45.48
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$45.48	\$38.66
99213	U9	1	E/M OFFICE/OP ESTAB PATIENT	NA	NA
99214		1	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

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	I THE PROCEDURE CODE BEL	JNGS
NA =			NOT APPLICABLE		
		MOD		MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER				SPECIALIST	NONSPECIALIST
99214	SA			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			\$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			E/M INITIAL HOSPITAL CARE	\$133.33	\$113.33
99231			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			E/M SUBSEQUENT HOSPITAL CARE	\$47.25	\$40.16
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	\$38.15
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	\$33.07
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		1	IP HOSP CARE/SAME DAY ADMIT/DI	\$189.17	\$160.79
99238		1	HOSPITAL DISCHARGE DAY MANAGEM	\$60.27	\$51.23
99238	SA	1	HOSP DISCH DAY MNGMNT BY CNP/C	NA	\$48.67
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	\$42.19
99239	00		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	\$105.38	\$89.58

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC		01100
NA =		MOD	NOT APPLICABLE	MAXIMUM FEE	MAXIMUM FEE
CPT/HCPCS/CDT	1	2	PROCEDURE CODE DESCRIPTION	ALLOWANCE	ALLOWANCE
PRACTITIONER	'	-		SPECIALIST	NONSPECIALIST
99244			E/M OFFICE/OP CONSULT NEW/EST	\$148.39	\$126.13
99244	SM		CONSULTATION FOR SECOND OPINIO	\$148.39	\$126.13
99244	SN		CONSULTATION FOR THIRD OPINION	\$148.39	\$126.13
99245	0.1		E/M OFFICE/OP CONSULT NEW/EST	\$191.69	\$162.93
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
99283			E.M EMERG DEPT. VISIT NEW/EST	\$52.38	\$44.53
99283	SA		E.M EMERG DEPT. VISIT NEW/EST	NA	\$42.30
99284	0, 1		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 CAREFIRST HOUR	\$219.90	\$186.91
99292			CRITICAL CAREEACH ADDITIONAL	\$97.02	\$82.47
99304			INITIAL NURSING FACILITY CARE,	\$56.05	\$47.64
99304	SA		INITIAL NURSING FACILITY CARE,	NA	\$45.26
99305	-		INITIAL NURSING FACILITY CARE,	\$74.35	\$63.20
99305	SA		INITIAL NURSING FACILITY CARE	NA	\$60.04
99306			INITIAL NURSING FACILITY CARE,	\$87.70	\$74.54
99306	SA		INITIAL NURSING FACILITY CARE,	\$70.82	\$60.19
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	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$38.82
99309			SUBSEQUENT NURSING FACILITY CA	\$67.70	\$57.55
99309	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$54.67
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			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	1		DOMICILIARY OR REST HOME VISIT	\$50.04	\$42.53
99325			DOMICILIARY OR REST HOME VISIT	\$73.20	\$62.22

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

MOD =			MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHIC	H THE PROCEDURE CODE BELO	ONGS
NA =	1400	400	NOT APPLICABLE		
CPT/HCPCS/CDT	1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE
PRACTITIONER	· '	2	PROCEDURE CODE DESCRIPTION	SPECIALIST	NONSPECIALIST
99325	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$59.11
99326	54		DOMICILIARY OR REST HOME VISIT	\$105.94	\$90.05
99326	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$85.55
99327	0/1		DOMICILIARY OR REST HOME VISIT	\$139.34	\$118.44
99327	SA		DOMICILIARY/REST HOME VISIT NE	NA	\$112.52
99328	07		DOMICILIARY OR REST HOME VISIT	\$172.42	\$146.56
99328	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$139.23
99334	0/1		DOMICILIARY OR REST HOME VISIT	\$38.78	\$32.97
99334	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$31.32
99335	0/1		DOMICILIARY OR REST HOME VISIT	\$61.29	\$52.09
99335	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$49.49
99336	0,1		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	1		E/M HOME VISIT NEW PATIENT	\$106.62	\$90.63
99344			E/M HOME VISIT NEW PATIENT 60	\$139.68	\$118.73
99344	SA		E/M HOME VISIT NEW PATIENT 60	NA	\$112.79
99345			E/M HOME VISIT NEW PATIENT 75	\$172.76	\$146.85
99345	SA		E/M HOME VISIT NEW PATIENT 75	NA	\$139.50
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	1		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

#### CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

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 99355 SA PROLONGED DETENTION SERVICE 30 NA \$67.41 99356 PROLONGED PHYS SERVIC INPATIEN \$65.60 \$77.18 99357 PROLONGED PHYS SERVICE INPT AD \$77.81 \$66.14 99381 E/M INITIAL PREV.MED.NEW PT.UN \$80.06 \$68.05 99381 EΡ EPSDT VISIT 0-2 YEARS NEW PATI \$80.06 \$68.05 99381 EΡ HU CHEC VISIT UNDER 1 YEAR OF AGE NA \$335.00 EP 99381 SA EARLY PERIODIC SCREENING EXAMI NA \$64.65 99381 EΡ 22 EARLY PERIODIC SCREENING EXAMI \$80.06 \$68.05 99381 HU SA CHEC VISIT UNDER 1 YR OF AGE NA \$318.25 E/M INITIAL EVAL PREV MED UNDE 99381 SA NA \$64.65 99381 SA 22 HEALTHSTART PED PREVENTION NA \$64.65 99381 22 HEALTHSTART PED PREVENT EXAM \$68.05 \$80.06 99382 E/M INITIAL EVAL PREV MED. 1 T \$86.53 \$73.55 99382 EΡ **EPSDT VISIT 2 TO 4 YEARS** \$86.53 \$73.55 EΡ CHEC VISIT FOR AGES 1 TO 4 YRS \$335.00 99382 HU NA 99382 EΡ SA EPSDT EXAM NEW PATIENT NA \$69.87 99382 EΡ 22 EPSDT EXAM 12-24 MONTHS \$86.53 \$73.55 HU CHEC VISIT AGES 1 TO 4 99382 SA NA \$318.25 99382 SA E/M INITIAL EVAL PREV MED 1 TO NA \$69.87 99382 HEALTHSTART PED PREV NEW PT NA \$69.87 SA 22 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 HEALTHSTART PED PREV NEW PT \$73.55 \$86.53 99383 E/M INITIAL PREV MED 5-11 YRS \$85.17 \$72.39 99383 EΡ EPSDT VISIT 5 TO 11 YEARS \$85.17 \$72.39 99383 EΡ CHEC VISIT FOR AGES 5 TO 11 NA \$335.00 HU 99383 HU SA CHEC VISIT AFES 5-11 NA \$318.25 E/M INITIAL PREV MED 5-11 YRS NA 99383 SA \$68.77 99383 SA 52 EPSDT VISIT NEW PT 5-11 YEARS NA \$68.77 E/M INITIAL PREV MED 5 - 11 YE 99383 U9 NA NA 99384 E/M INITIAL PREV.MEDICINE AGE1 \$92.67 \$78.77 99384 EΡ EPSDT VISIT AGE 12-17 \$92.67 \$78.77 99384 EP HU CHEC VISIT FOR AGES 12 TO 17 NA \$335.00 99384 CHEC VISIT AGES 12-17 NA HU SA \$318.25 SA E/M INITIAL PREV MEDICINE AGE 99384 NA \$74.83 99384 SA 52 EPSDT VISIT NEW PT 12 TO 17 YE NA \$74.83

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

, , , , = = = = =			FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REF						
MOD =       MODIFIER INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS         NA =       NOT APPLICABLE									
NA =	MOD	MOD	MAXIMUM FEE	MAXIMUM FEE					
CPT/HCPCS/CDT PRACTITIONER	1	2 2	PROCEDURE CODE DESCRIPTION	ALLOWANCE SPECIALIST	ALLOWANCE				
	- 1								
99384	SB		E/M INITIAL PREV MEDICINE AGE	NA	\$64.87				
99384	U9		E/M INITIAL PREV MEDICINE AGE	NA	\$04.67 NA				
99385	09		E/M INITIAL PREV.MED AGES 18-3	\$92.67	\$78.77				
	EP		EPSDT VISIT 18 TO 20 YEARS	\$92.67	\$78.77				
99385 99385	SA		E/M INITIAL PREV MED AGES 18 T	\$92.07 NA	\$74.83				
99385	SA	52	EPSDT VISIT NEW PT 18 TO 20 YE	NA	\$74.83				
	SA	52	E/M INITIAL PREV MED AGES 18-3	NA	+				
99385 99391	30		E/M EST.PT. PREV.MEDAGE UNDE	\$64.05	\$64.87 \$54.44				
	EP		EPSDT VISIT UNDER 1 YEAR OF A						
99391	EP	<u> </u>	EARLY PERIODIC SCREENING EXAMI	\$64.05 NA	\$54.44				
99391	EP	SA			\$51.72				
99391	SA	22		\$64.05	\$54.44				
99391	SA	22		NA NA	\$51.72				
99391	22	22	HEALTHSTART PED PREVENTION		\$51.72				
99391	22			\$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		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		E/M EST PT PREV MED AGES 5 TO	NA	\$57.22				
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				

# CHILDREN'S SERVICES: UPDATE DECEMBER 1, 2021

NA = NOT APPLICABLE								
CPT/HCPCS/CDT	MOD 1	MOD 2	PROCEDURE CODE DESCRIPTION	MAXIMUM FEE ALLOWANCE	MAXIMUM FEE ALLOWANCE			
PRACTITIONER				SPECIALIST	NONSPECIALIST			
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	\$50.04	\$42.53			
99460	SA		INITIAL HOSP/BIRTHING CENTER C	\$40.41	\$34.35			
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		DELIVERY/BIRTHING RM RESUSCITA	NA	\$103.15			
99466			CRITICAL CARE INTERFAC TRANSP	\$207.74	\$176.58			
99467			CRITICAL CARE INTERFAC TRANSP	\$106.91	\$90.88			
99468			INITIAL INPT NEONATAL CRIT CAR	\$800.82	\$680.69			
99469			SUBSEQ INPATIENT NEONATAL CRIT	\$348.61	\$296.32			
99471			INITIAL PEDIATRIC CRITICAL CAR	\$699.84	\$594.86			
99472			SUBSEQ PED CRITICAL CARE PER D	\$347.70	\$295.54			
99475			INITIAL INPATIENT HOSPITAL CRI	\$296.67	\$252.17			
99476			FOLLOW-UP INPATIENT HOSPITAL C	\$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	1		SUBSEQUENT INTENSIVE CARE PER	\$108.82	\$92.49			
99481			REDUCE TEMPERATURE OF TOTAL BO	NA	NA			
99482	1	1	REDUCE TEMPERATURE OF HEAD IN	NA	NA			