

Ref ID	Description	Charge Amount
100001	Fine needle aspiration biopsy, without imaging guidance; first lesion	\$495.15
100002	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$611.70
100003	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$1,036.40
100004	Incision and drainage of pilonidal cyst; simple	\$1,224.30
100005	Incision and drainage of pilonidal cyst; complicated	\$1,672.90
100006	Incision and removal of foreign body, subcutaneous tissues; simple	\$735.60
100007	Incision and removal of foreign body, subcutaneous tissues; complicated	\$1,287.35
100008	Incision and drainage of hematoma, seroma or fluid collection	\$823.00
100009	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$632.85
100010	Incision and drainage, complex, postoperative wound infection	\$1,276.20
100011	Debridement of extensive eczematous or infected skin; up to 10% of body surface	\$282.25
100012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	\$2,200.65
100013	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	\$2,414.30
100014	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$626.00
100015	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$1,125.40
100016	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$193.20
100017	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$347.75
100018	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	\$400.50
100019	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$444.75
100020	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	\$89.70
100021	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$836.70
100022	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	\$963.00
100023	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	\$1,091.45
100024	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$1,546.00
100025	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	\$621.65
100026	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	\$780.85

100027	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$874.70
100028	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$997.05
100029	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	\$699.10
100030	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	\$848.65
100031	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	\$1,112.40
100032	Avulsion of nail plate, partial or complete, simple; single	\$561.00
100033	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	\$162.90
100034	Evacuation of subungual hematoma	\$277.10
100035	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	\$777.30
100036	Repair of nail bed	\$910.65
100037	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$803.85
100038	Excision of pilonidal cyst or sinus; extensive	\$3,055.60
100039	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$457.15
100040	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$553.05
100041	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	\$642.50
100042	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	\$859.45
100043	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	\$998.50
100044	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	\$1,125.15
100045	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$546.65
100046	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$572.05
100047	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$695.75
100048	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$838.25
100049	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$1,068.55
100050	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$741.20

100051	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$836.90
100052	Treatment of superficial wound dehiscence; simple closure	\$1,462.20
100053	Treatment of superficial wound dehiscence; with packing	\$862.65
100054	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$1,283.70
100055	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$1,481.55
100056	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$1,629.90
100057	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$1,893.85
100058	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$2,099.60
100059	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$2,351.70
100060	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$1,289.05
100061	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$1,512.20
100062	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$1,859.05
100063	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	\$2,018.90
100064	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	\$2,420.75
100065	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	\$2,652.55
100066	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,384.65
100067	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,542.15
100068	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,777.75
100069	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,877.75
100070	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$2,472.75
100071	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$2,824.60
100072	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$2,969.55
100073	Repair, complex, trunk; 1.1 cm to 2.5 cm	\$1,664.95
100074	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$1,939.90
100075	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$567.75
100076	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	\$1,736.75

100077	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$2,076.75
100078	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$619.95
100079	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$1,895.80
100080	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$2,301.95
100081	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$819.45
100082	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$2,068.35
100083	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	\$2,425.80
100084	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$903.45
100085	Initial treatment, first degree burn, when no more than local treatment is required	\$381.30
100086	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$414.20
100087	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	\$759.30
100088	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	\$858.00
100089	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); first lesion	\$326.75
100090	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	\$552.55
100091	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	\$645.60
100092	Chemical cauterization of granulation tissue (ie, proud flesh)	\$425.00
100093	Cryotherapy (CO2 slush, liquid N2) for acne	\$256.00
100094	Mastotomy with exploration or drainage of abscess, deep	\$2,284.50
100095	Exploration of penetrating wound (separate procedure); abdomen/flank/back	\$2,953.45
100096	Exploration of penetrating wound (separate procedure); extremity	\$2,741.85
100097	Removal of foreign body in muscle or tendon sheath; simple	\$1,055.25
100098	Removal of foreign body in muscle or tendon sheath; deep or complicated	\$2,264.05
100099	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	\$281.60
100100	Injection(s); single tendon origin/insertion	\$281.60
100101	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$257.35
100102	Injection(s); single or multiple trigger point(s), 3 or more muscles	\$297.70
100103	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	\$257.35
100104	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	\$268.10
100105	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$313.45

100106	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	\$485.10
100107	Aspiration and/or injection of ganglion cyst(s) any location	\$311.75
100108	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	\$1,102.55
100109	Closed treatment of nasal bone fracture with manipulation; without stabilization	\$736.65
100110	Closed treatment of nasal septal fracture, with or without stabilization	\$2,043.60
100111	Closed treatment of mandibular fracture; without manipulation	\$2,885.25
100112	Closed treatment of mandibular fracture; with manipulation	\$3,753.50
100113	Closed treatment of temporomandibular dislocation; initial or subsequent	\$690.20
100114	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	\$4,730.20
100115	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	\$2,375.95
100116	Division of scalenus anticus; with resection of cervical rib	\$2,542.85
100117	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	\$1,519.65
100118	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	\$2,511.80
100119	Removal of foreign body, shoulder; subcutaneous	\$1,467.30
100120	Closed treatment of clavicular fracture; without manipulation	\$2,444.00
100121	Closed treatment of clavicular fracture; with manipulation	\$1,783.60
100122	Closed treatment of acromioclavicular dislocation; without manipulation	\$1,194.65
100123	Closed treatment of acromioclavicular dislocation; with manipulation	\$1,789.25
100124	Closed treatment of scapular fracture; without manipulation	\$1,192.45
100125	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	\$1,659.75
100126	Closed treatment of greater humeral tuberosity fracture; without manipulation	\$1,352.70
100127	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$1,650.05
100128	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$2,011.35
100129	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	\$2,152.45
100130	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	\$1,755.90
100131	Incision and drainage, upper arm or elbow area; bursa	\$1,481.90
100132	Excision, olecranon bursa	\$1,590.00
100133	Removal of foreign body, upper arm or elbow area; subcutaneous	\$891.00
100134	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	\$2,061.05
100135	Closed treatment of humeral shaft fracture; without manipulation	\$1,802.30
100136	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$2,495.05
100137	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	\$1,907.35
100138	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	\$3,062.30
100139	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$1,661.20

100140	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	\$2,678.30
100141	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	\$1,750.05
100142	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	\$5,281.10
100143	Treatment of closed elbow dislocation; without anesthesia	\$1,878.60
100144	Treatment of closed elbow dislocation; requiring anesthesia	\$2,355.15
100145	Open treatment of acute or chronic elbow dislocation	\$3,489.90
100146	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	\$2,887.45
100147	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$511.15
100148	Closed treatment of radial head or neck fracture; without manipulation	\$1,317.20
100149	Closed treatment of radial head or neck fracture; with manipulation	\$2,222.95
100150	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	\$1,459.15
100151	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	\$2,284.00
100152	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	\$3,468.20
100153	Excision of ganglion, wrist (dorsal or volar); primary	\$1,600.50
100154	Closed treatment of radial shaft fracture; with manipulation	\$2,516.45
100155	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	\$2,852.40
100156	Closed treatment of ulnar shaft fracture; without manipulation	\$1,318.55
100157	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$1,448.00
100158	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$2,581.95
100159	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	\$3,309.30
100160	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	\$1,688.15
100161	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	\$2,676.45
100162	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$3,621.90
100163	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$1,535.65
100164	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	\$2,308.15
100165	Open treatment of ulnar styloid fracture	\$3,055.50
100166	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	\$2,218.25
100167	Closed treatment of distal radioulnar dislocation with manipulation	\$2,269.00
100168	Closed treatment of lunate dislocation, with manipulation	\$2,424.40
100169	Drainage of finger abscess; simple	\$1,683.60
100170	Drainage of finger abscess; complicated (eg, felon)	\$2,354.20

100171	Osteotomy; phalanx of finger, each	\$3,577.25
100172	Closed treatment of metacarpal fracture, single; without manipulation, each bone	\$1,501.55
100173	Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$1,645.50
100174	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	\$2,507.90
100175	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	\$2,822.80
100176	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	\$2,080.05
100177	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	\$1,735.30
100178	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	\$2,292.00
100179	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	\$1,695.10
100180	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	\$2,173.25
100181	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$1,003.50
100182	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$1,704.35
100183	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	\$2,917.15
100184	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	\$1,161.30
100185	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	\$1,863.20
100186	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	\$3,631.65
100187	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$939.10
100188	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$1,597.00
100189	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	\$2,473.60
100190	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$1,435.00
100191	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$1,966.75
100192	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	\$3,396.65
100193	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	\$791.90
100194	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$3,283.25
100195	Removal of foreign body, deep, thigh region or knee area	\$2,873.40
100196	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	\$3,684.05
100197	Closed treatment of patellar fracture, without manipulation	\$1,621.15

100198	Closed treatment of knee dislocation; without anesthesia	\$2,542.50
100199	Closed treatment of patellar dislocation; without anesthesia	\$1,859.30
100200	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	\$1,728.20
100201	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	\$2,645.70
100202	Closed treatment of medial malleolus fracture; without manipulation	\$1,651.25
100203	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	\$2,394.30
100204	Closed treatment of proximal fibula or shaft fracture; without manipulation	\$1,540.50
100205	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$1,559.80
100206	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	\$2,111.10
100207	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	\$1,667.10
100208	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	\$2,349.60
100209	Closed treatment of trimalleolar ankle fracture; with manipulation	\$2,437.35
100210	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	\$1,579.65
100211	Closed treatment of ankle dislocation; without anesthesia	\$1,912.25
100212	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	\$2,422.30
100213	Incision and drainage, bursa, foot	\$833.65
100214	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	\$2,222.80
100215	Removal of foreign body, foot; subcutaneous	\$1,168.20
100216	Removal of foreign body, foot; deep	\$2,220.20
100217	Closed treatment of calcaneal fracture; without manipulation	\$1,223.20
100218	Closed treatment of talus fracture; without manipulation	\$1,187.35
100219	Closed treatment of metatarsal fracture; without manipulation, each	\$1,075.65
100220	Closed treatment of metatarsal fracture; with manipulation, each	\$1,274.50
100221	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	\$698.15
100222	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	\$877.30
100223	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	\$3,167.90
100224	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	\$596.10
100225	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	\$807.40
100226	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	\$1,077.50
100227	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	\$754.90
100228	Closed treatment of interphalangeal joint dislocation; without anesthesia	\$608.95
100229	Application, cast; figure-of-eight	\$484.60
100230	Application, cast; shoulder to hand (long arm)	\$471.55
100231	Application, cast; elbow to finger (short arm)	\$427.60
100232	Application, cast; hand and lower forearm (gauntlet)	\$468.65
100233	Application of long arm splint (shoulder to hand)	\$403.70

100234	Application of short arm splint (forearm to hand); static	\$322.95
100235	Application of short arm splint (forearm to hand); dynamic	\$377.55
100236	Application of finger splint; static	\$203.80
100237	Application of finger splint; dynamic	\$260.60
100238	Strapping; thorax	\$158.80
100239	Strapping; shoulder (eg, Velpeau)	\$147.50
100240	Strapping; elbow or wrist	\$143.65
100241	Strapping; hand or finger	\$145.25
100242	Application of short leg cast (below knee to toes);	\$389.20
100243	Application of long leg splint (thigh to ankle or toes)	\$430.15
100244	Application of short leg splint (calf to foot)	\$348.70
100245	Strapping; hip	\$170.05
100246	Strapping; knee	\$145.90
100247	Strapping; ankle and/or foot	\$137.20
100248	Strapping; toes	\$93.20
100249	Strapping; Unna boot	\$306.60
100250	Removal or bivalving; gauntlet, boot or body cast	\$302.60
100251	Drainage abscess or hematoma, nasal septum	\$1,326.95
100252	Removal foreign body, intranasal; office type procedure	\$1,029.05
100253	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	\$1,365.15
100254	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$767.75
100255	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$1,202.20
100256	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$1,718.00
100257	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	\$1,824.15
100258	Intubation, endotracheal, emergency procedure	\$682.70
100259	Tracheotomy tube change prior to establishment of fistula tract	\$169.65
100260	Laryngoscopy, indirect; diagnostic (separate procedure)	\$442.00
100261	Laryngoscopy direct, with or without tracheoscopy; for aspiration	\$1,050.20
100262	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	\$1,222.35
100263	Laryngoscopy, flexible; diagnostic	\$631.20
100264	Tracheostomy, planned (separate procedure);	\$1,471.15
100265	Tracheostomy, emergency procedure; transtracheal	\$1,546.00
100266	Tracheostomy, emergency procedure; cricothyroid membrane	\$1,598.70
100267	Insertion of indwelling tunneled pleural catheter with cuff	\$3,840.25
100268	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	\$1,294.00
100269	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	\$9,596.75
100270	Introduction of needle or intracatheter, vein	\$147.35
100271	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	\$3,913.50

100272	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	\$133.90
100273	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$1,039.50
100274	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$4,051.60
100275	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	\$669.00
100276	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	\$703.60
100277	Collection of blood specimen from a completely implantable venous access device	\$156.00
100278	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	\$166.00
100279	Placement of needle for intraosseous infusion	\$286.35
100280	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	\$1,685.60
100281	Drainage of lymph node abscess or lymphadenitis; simple	\$1,644.35
100282	Repair lip, full thickness; vermilion only	\$2,344.00
100283	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	\$985.20
100284	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	\$1,414.25
100285	Removal of embedded foreign body, vestibule of mouth; simple	\$911.75
100286	Closure of laceration, vestibule of mouth; 2.5 cm or less	\$1,104.45
100287	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	\$1,449.80
100288	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	\$512.00
100289	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	\$1,910.90
100290	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	\$1,388.90
100291	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$1,606.50
100292	Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$1,418.50
100293	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	\$1,145.85
100294	Incision and drainage abscess; peritonsillar	\$944.50
100295	Removal of foreign body from pharynx	\$996.30
100296	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	\$195.50
100297	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$105.15
100298	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	\$1,148.25
100299	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	\$1,716.10
100300	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$2,698.65
100301	Incision and drainage, perianal abscess, superficial	\$1,153.30
100302	Incision of thrombosed hemorrhoid, external	\$1,012.80
100303	Excision of thrombosed hemorrhoid, external	\$1,040.15
100304	Anoscopy; with removal of foreign body	\$1,426.15
100305	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$1,435.35

100306	Repair initial inguinal hernia, age 5 years or older; reducible	\$2,532.45
100307	Bladder irrigation, simple, lavage and/or instillation	\$369.50
100308	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$216.05
100309	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$298.45
100310	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$727.75
100311	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	\$963.15
100312	Incision and drainage of penis, deep	\$1,474.65
100313	Repair incomplete circumcision	\$1,059.85
100314	Irrigation of corpora cavernosa for priapism	\$1,067.65
100315	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	\$435.95
100316	Repair of traumatic corporeal tear(s)	\$3,281.70
100317	Foreskin manipulation including lysis of preputial adhesions and stretching	\$331.70
100318	Drainage of scrotal wall abscess	\$1,118.45
100319	Scrotoplasty; simple	\$1,772.55
100320	Incision and drainage of vulva or perineal abscess	\$722.45
100321	Incision and drainage of Bartholin's gland abscess	\$910.35
100322	Pelvic examination under anesthesia (other than local)	\$511.50
100323	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	\$860.25
100324	Fetal non-stress test	\$235.30
100325	Vaginal delivery only (with or without episiotomy and/or forceps);	\$3,854.50
100326	Spinal puncture, lumbar, diagnostic;	\$643.55
100327	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	\$860.65
100328	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	\$541.05
100329	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	\$361.40
100330	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	\$657.50
100331	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	\$1,666.00
100332	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	\$364.30
100333	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	\$1,073.95
100334	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)	\$242.65
100335	Destruction by neurolytic agent; other peripheral nerve or branch	\$1,196.95
100336	Removal of foreign body, external eye; conjunctival superficial	\$150.00
100337	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	\$187.35
100338	Removal of foreign body, external eye; corneal, without slit lamp	\$292.50
100339	Removal of foreign body, external eye; corneal, with slit lamp	\$327.75
100340	Removal of foreign body, intraocular; from anterior chamber of eye or lens	\$3,536.65
100341	Blepharotomy, drainage of abscess, eyelid	\$1,381.35

100342	Removal of embedded foreign body, eyelid	\$1,325.15
100343	Drainage external ear, abscess or hematoma; simple	\$911.80
100344	Drainage external ear, abscess or hematoma; complicated	\$1,072.55
100345	Drainage external auditory canal, abscess	\$1,148.70
100346	Removal foreign body from external auditory canal; without general anesthesia	\$390.90
100347	Removal foreign body from external auditory canal; with general anesthesia	\$468.00
100348	Removal impacted cerumen using irrigation/lavage, unilateral	\$73.70
100349	Removal impacted cerumen requiring instrumentation, unilateral	\$231.15
100350	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	\$381.40
100351	Radiologic examination, eye, for detection of foreign body	\$160.40
100352	Radiologic examination, mandible; partial, less than 4 views	\$190.15
100353	Radiologic examination, mandible; complete, minimum of 4 views	\$217.15
100354	Radiologic examination, facial bones; less than 3 views	\$158.85
100355	Radiologic examination, facial bones; complete, minimum of 3 views	\$235.40
100356	Radiologic examination, nasal bones, complete, minimum of 3 views	\$188.40
100357	Radiologic examination; orbits, complete, minimum of 4 views	\$240.50
100358	Radiologic examination, sinuses, paranasal, less than 3 views	\$197.00
100359	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$187.15
100360	Radiologic examination, skull; less than 4 views	\$176.95
100361	Radiologic examination, skull; complete, minimum of 4 views	\$222.30
100362	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$171.95
100363	Cephalogram, orthodontic	\$79.65
100364	Radiologic examination; neck, soft tissue	\$155.45
100365	Computed tomography, head or brain; without contrast material	\$550.00
100366	Computed tomography, head or brain; with contrast material(s)	\$834.00
100367	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	\$1,038.00
100368	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	\$3,636.50
100369	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$817.85
100370	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	\$933.60
100371	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	\$1,198.00
100372	Computed tomography, maxillofacial area; without contrast material	\$657.80
100373	Computed tomography, maxillofacial area; with contrast material(s)	\$784.90
100374	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	\$1,009.00
100375	Computed tomography, soft tissue neck; without contrast material	\$783.00
100376	Computed tomography, soft tissue neck; with contrast material(s)	\$955.75
100377	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,423.10
100378	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,421.45
100379	Magnetic resonance angiography, head; without contrast material(s)	\$1,118.95

100380	Magnetic resonance angiography, neck; without contrast material(s)	\$1,122.25
100381	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	\$1,018.05
100382	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	\$1,800.00
100383	Radiologic examination, chest; single view	\$139.00
100384	Radiologic examination, chest; 2 views	\$166.00
100385	Radiologic examination, chest; 3 views	\$220.00
100386	Radiologic examination, ribs, unilateral; 2 views	\$182.20
100387	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	\$224.00
100388	Radiologic examination, ribs, bilateral; 3 views	\$217.45
100389	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$260.65
100390	Radiologic examination; sternum, minimum of 2 views	\$167.15
100391	Computed tomography, thorax, diagnostic; without contrast material	\$683.70
100392	Computed tomography, thorax, diagnostic; with contrast material(s)	\$859.50
100393	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	\$1,253.00
100394	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,453.35
100395	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	\$1,785.00
100396	Radiologic examination, spine, single view, specify level	\$120.60
100397	Radiologic examination, spine, cervical; 2 or 3 views	\$195.40
100398	Radiologic examination, spine, cervical; 4 or 5 views	\$263.55
100399	Radiologic examination, spine, cervical; 6 or more views	\$306.75
100400	Radiologic examination, spine; thoracic, 2 views	\$162.20
100401	Radiologic examination, spine; thoracic, 3 views	\$193.85
100402	Radiologic examination, spine; thoracic, minimum of 4 views	\$220.45
100403	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	\$175.00
100404	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$197.05
100405	Radiologic examination, spine, lumbosacral; minimum of 4 views	\$253.55
100406	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	\$306.75
100407	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	\$202.05
100408	Computed tomography, cervical spine; without contrast material	\$876.00
100409	Computed tomography, cervical spine; with contrast material	\$1,217.00
100410	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	\$1,068.00
100411	Computed tomography, thoracic spine; without contrast material	\$870.00
100412	Computed tomography, thoracic spine; with contrast material	\$878.50
100413	Computed tomography, lumbar spine; without contrast material	\$666.55
100414	Computed tomography, lumbar spine; with contrast material	\$871.90
100415	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	\$994.90

100416	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$993.25
100417	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$996.55
100418	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	\$1,673.50
100419	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$1,675.15
100420	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$1,668.55
100421	Radiologic examination, pelvis; 1 or 2 views	\$137.20
100422	Radiologic examination, pelvis; complete, minimum of 3 views	\$208.85
100423	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,703.00
100424	Computed tomography, pelvis; without contrast material	\$685.45
100425	Computed tomography, pelvis; with contrast material(s)	\$1,206.50
100426	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	\$1,407.00
100427	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$1,950.00
100428	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$1,845.00
100429	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$160.35
100430	Myelography, thoracic, radiological supervision and interpretation	\$624.00
100431	Myelography, lumbosacral, radiological supervision and interpretation	\$724.00
100432	Radiologic examination; clavicle, complete	\$158.60
100433	Radiologic examination; scapula, complete	\$129.00
100434	Radiologic examination, shoulder; 1 view	\$105.65
100435	Radiologic examination, shoulder; complete, minimum of 2 views	\$170.30
100436	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	\$140.60
100437	Radiologic examination; humerus, minimum of 2 views	\$156.95
100438	Radiologic examination, elbow; 2 views	\$143.70
100439	Radiologic examination, elbow; complete, minimum of 3 views	\$160.35
100440	Radiologic examination; forearm, 2 views	\$143.70
100441	Radiologic examination; upper extremity, infant, minimum of 2 views	\$156.95
100442	Radiologic examination, wrist; 2 views	\$166.85
100443	Radiologic examination, wrist; complete, minimum of 3 views	\$201.65
100444	Radiologic examination, hand; 2 views	\$153.65
100445	Radiologic examination, hand; minimum of 3 views	\$180.15
100446	Radiologic examination, finger(s), minimum of 2 views	\$184.80
100447	Computed tomography, upper extremity; without contrast material	\$858.00
100448	Computed tomography, upper extremity; with contrast material(s)	\$1,252.00
100449	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	\$1,599.35
100450	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$2,165.85
100451	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$1,051.75

100452	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$2,704.00
100453	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$231.75
100454	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	\$1,997.00
100455	Radiologic examination, femur; minimum 2 views	\$173.60
100456	Radiologic examination, knee; 1 or 2 views	\$168.50
100457	Radiologic examination, knee; 3 views	\$201.70
100458	Radiologic examination, knee; complete, 4 or more views	\$228.45
100459	Radiologic examination; tibia and fibula, 2 views	\$155.30
100460	Radiologic examination; lower extremity, infant, minimum of 2 views	\$156.95
100461	Radiologic examination, ankle; 2 views	\$158.60
100462	Radiologic examination, ankle; complete, minimum of 3 views	\$181.80
100463	Radiologic examination, foot; 2 views	\$138.75
100464	Radiologic examination, foot; complete, minimum of 3 views	\$170.25
100465	Radiologic examination; calcaneus, minimum of 2 views	\$142.05
100466	Radiologic examination; toe(s), minimum of 2 views	\$143.50
100467	Computed tomography, lower extremity; without contrast material	\$858.00
100468	Computed tomography, lower extremity; with contrast material(s)	\$948.00
100469	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	\$1,008.40
100470	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	\$1,050.10
100471	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	\$1,999.00
100472	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$2,655.00
100473	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	\$1,783.00
100474	Radiologic examination, abdomen; 1 view	\$148.85
100475	Radiologic examination, abdomen; 2 views	\$182.30
100476	Radiologic examination, abdomen; 3 or more views	\$300.00
100477	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	\$247.40
100478	Computed tomography, abdomen; without contrast material	\$706.40
100479	Computed tomography, abdomen; with contrast material(s)	\$1,230.85
100480	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$1,377.65
100481	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,978.85
100482	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,622.00
100483	Computed tomography, abdomen and pelvis; without contrast material	\$1,162.00
100484	Computed tomography, abdomen and pelvis; with contrast material(s)	\$1,598.40
100485	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	\$1,789.95

100486	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$1,021.85
100487	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	\$1,776.25
100488	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	\$498.85
100489	Urography (pyelography), intravenous, with or without KUB, with or without tomography	\$684.35
100490	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$2,115.95
100491	Radiologic examination from nose to rectum for foreign body, single view, child	\$147.20
100492	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	\$116.95
100493	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$236.05
100494	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	\$558.00
100495	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	\$580.00
100496	Ultrasound, abdominal, real time with image documentation; complete	\$586.40
100497	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$437.65
100498	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	\$555.45
100499	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	\$542.90
100500	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	\$288.20
100501	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	\$586.15
100502	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	\$673.75
100503	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	\$596.00
100504	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	\$405.05
100505	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	\$569.25
100506	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$463.65

100507	Ultrasound, transvaginal	\$624.65
100508	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$529.30
100509	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$245.70
100510	Ultrasound, scrotum and contents	\$504.10
100511	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	\$317.00
100512	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	\$331.00
100513	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	\$258.00
100514	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$1,067.00
100515	Adrenal imaging, cortex and/or medulla	\$2,080.80
100516	Bone and/or joint imaging; whole body	\$1,387.95
100517	Bone and/or joint imaging; 3 phase study	\$1,693.95
100518	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	\$1,121.25
100519	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	\$196.75
100520	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$109.25
100521	Hemoperfusion (eg, with activated charcoal or resin)	\$436.90
100522	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	\$413.35
100523	Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$1,589.40
100524	Cardioversion, elective, electrical conversion of arrhythmia; external	\$755.10
100525	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$70.00
100526	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$158.40
100527	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	\$109.00
100528	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$72.65
100529	Rhythm ECG, 1-3 leads; with interpretation and report	\$64.00
100530	Rhythm ECG, 1-3 leads; interpretation and report only	\$50.00
100531	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	\$697.00

100532	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	\$98.65
100533	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	\$184.45
100534	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	\$91.65
100535	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	\$72.65
100536	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$1,924.00
100537	Echocardiography, transthoracic, real-time with image documentation (2D), includes M mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	\$1,024.35
100538	Echocardiography, transthoracic, real-time with image documentation (2D), includes M mode recording, when performed, follow-up or limited study	\$488.00
100539	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	\$361.00
100540	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$1,135.15
100541	Echocardiography, transthoracic, real-time with image documentation (2D), includes M mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	\$972.45
100542	Echocardiography, transthoracic, real-time with image documentation (2D), includes M mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	\$1,159.95
100543	Duplex scan of extracranial arteries; complete bilateral study	\$951.60
100544	Duplex scan of extracranial arteries; unilateral or limited study	\$652.35
100545	Transcranial Doppler study of the intracranial arteries; complete study	\$1,338.15
100546	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	\$423.95
100547	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$711.60
100548	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$647.15
100549	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$934.95
100550	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$621.20

100551	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$1,322.65
100552	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$821.90
100553	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$688.00
100554	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	\$280.30
100555	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	\$759.55
100556	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	\$57.10
100557	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	\$300.10
100558	Continuous positive airway pressure ventilation (CPAP), initiation and management	\$307.10
100559	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$82.00
100560	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$25.00
100561	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$17.40
100562	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	\$5,123.45
100563	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	\$3,106.75
100564	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$232.90
100565	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	\$423.00
100566	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$146.00
100567	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$138.40
100568	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	\$489.10

100569	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	\$152.30
100570	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$292.70
100571	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	\$242.25
100572	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	\$200.00
100573	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$457.00
100574	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	\$369.80
100575	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	\$314.90
100576	Screening test of visual acuity, quantitative, bilateral	\$25.00
100577	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	\$147.10
100578	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$2,565.50
100579	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	\$3,073.56
100580	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	\$3,566.45

100581	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	\$1,522.35
100582	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	\$2,076.12
100583	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	\$2,568.69
100584	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$2,550.32
100585	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	\$4,091.31
100586	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	\$5,014.21
100587	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	\$2,065.87
100588	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	\$2,534.27
100589	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional	\$500.00
100590	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	\$2,061.29
100591	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	\$3,518.87
100592	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	\$5,049.58
100593	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	\$6,042.13

100594	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$7,532.49
100595	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	\$1,775.41