

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 18, 2023 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

**MEMBERS PRESENT:** Jose L. Melendrez –Chair, Consumer Member (*In-person*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)  
Donna Feliz-Barrows – Consumer Member (*In-person*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Luz Castro – Consumer Member (*via Webex*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*In-person*)

**ABSENT:** April Allen-Carter – Consumer Member  
Gary Costa – Community Member, Golden Rainbow  
Lucille Scott – Consumer Member

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Kyle Parkson, Donna Buss, Justin Tully, Jacques Graham, Cassondra Major, Greg Tordjman, Maria Arganoza-Priess, Fernando R. Lara, David Kahananui, Fidel Cortes Serna

#### I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

#### II. **PLEDGE OF ALLEGIANCE**

III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

#### IV. **ADOPTION OF THE APRIL 18, 2023 MEETING AGENDA** (*for possible action*)

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the April 18, 2023 Meeting Agenda, as presented.*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. Approve Minutes – Southern Nevada Community Health Center Governing Board Meeting:**  
March 21, 2023 *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Consent Agenda, as presented*

**VI. REPORT / DISCUSSION / ACTION**

**Recommendations from the April 13, 2023 Quality, Credentialing & Risk Management Committee**

Mr. Smith advised that the committee nominated Member Breen to chair the Quality, Credentialing and Risk Management Committee. Mr. Smith notified Member Breen of the nomination and Member Breen accepted the nomination and will chair the committee moving forward.

**1. Receive, Discuss and Approve the Quality, Credentialing & Risk Management Charter;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer advised the board of the changes made to the charter. Mr. Smith provided an overview of the changes noting most of the changes were made to the committee's duties and responsibilities to align with the HRSA requirements. The committee agreed to the changes that were presented and recommended approval by the board.

*A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to approve the Quality, Credentialing & Risk Management Charter, as presented.*

**2. Receive and Discuss the Quality, Credentialing & Risk Management Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised the committee would meet at least four (4) times per year. Mr. Smith proposed that the committee would meet quarterly to assess each quarter's activities.

- January – Quarter 4 activities
- April – Quarter 1 activities
- July – Quarter 2 activities
- October – Quarter 3 activities

Ms. Bellamy will reach out to committee member to confirm a date and time.

*No action required.*

**3. Receive, Discuss and Approve the Quality and Risk Management Activities Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Quality and Risk Management Activities Report on behalf of Cassandra Major, FQHC Quality Management Coordinator with the following highlights.

- Quality Management Plan – no changes.
- Uniform Data Systems (UDS) – Required to report annually to HRSA in these areas:
  - Patient Demographics
  - Clinical Services and Outcomes
  - Financial Costs
- Clinical Performance Measures

- Every FQHC across the country are required to address eighteen (18) measures with patients and report to HRSA within the following categories:
  - Screening and Preventive Care
  - Maternal Care and Children's Health
  - Chronic Disease Management
- Cervical Cancer Screening and Tobacco Use: these measures have been changed and may impact what patients are included in the measure.
- Quality of Care Measures – UDS data for 2021 and 2022.
  - Eight of the 15 measures showed improvement in CY22.
- Quality Measures we are focusing on in 2023:
  - Controlling High Blood Pressure
  - Poor Controlled Hemoglobin A1c (HbA1c)
  - HIV Screening
  - HIV Linkage to Care
  - Tobacco Use Screening and Cessation Intervention
- Quarter 1 2023 Performance Measures
  - Controlling High Blood Pressure: 55.56% (CY22 – 50.84%)
  - Poor Controlled Hemoglobin A1c (HbA1c): 0.00%\*
  - HIV Screening: 53.49% (CY22 = 52.55%)
  - HIV Linkage to Care: 100% (CY22 – 94.69%)
  - Tobacco Use Screening and Cessation Intervention: 0.00%\*
  - Exceeding our performance in High Blood Pressure, HIV Screen and HIV Linkage to Care.

\* Working to correct data not calculating correctly in eCW

Risk Management Plan – no changes

- Risk Management Reports January, February and March:
  - Medical Event(s) (Dr. Bluebird) – Four (4)
  - Patient Complaint(s)/Grievance(s) – Two (2)
  - Medication Error(s) – Zero (0)
  - Patient Issue(s) – One (1) – patient was discharged from our clinic
  - Employee Incident(s) – One (1)
  - Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)

Mr. Smith further reviewed the following:

- Activities Ms. Major is working on:
  - Clinical Practice Audits/Guidelines – developing a robust peer review process.
  - Incident Reporting
  - Patient Complaints/Grievances
  - Patient Safety
  - Patient Satisfaction Surveys
  - Policies and Standard Operating Procedures
  - Workflows
- Standard Operating Procedure (SOP)
  - Provides clear-cut direction and instructions as to the steps necessary to complete a specific task or process.
  - Finalized eight SOPs so far and working on more.
    - Basic Infertility (Family Planning)
    - Bus Passes
    - Late Arrival, No-Show and Same Day Cancellation
    - Prescription Refill
    - Prevention, Detection and Control of High Blood Pressure
    - Ryan White Outpatient Ambulatory Health Services
    - Telehealth Process
    - Vaccine Administration
- Survey Results
  - January 2023
    - Completed Surveys: 145 (81/64) 17% response rate.
  - February 2023

- Completed Surveys: 219 (109/110) 28% response rate.
- March 2023
  - Completed Surveys: 262 (144/118) 24% response rate.

Member Father Rafael inquired about the numbers in parentheses. Mr. Smith commented that the first number represents English, and second number is Spanish.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Quality and Risk Management Activities Report, as presented.*

**4. Receive, Discuss and Approve the Credentialing and Privileging of Providers;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the following providers for Credentialing and Privileging:

- Chris Mariano, MSN, APRN, CPNP-PC
- Maria Arganoza-Priess, DO, MS
- Matthew Bonello, DO

*A motion was made Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Credentialing and Privileging of Providers, as presented.*

**Recommendations from the April 17, 2023 Finance & Audit Committee**

Mr. Smith commented that the Finance and Audit committee was unable to meet quorum on April 17, 2023. He proceeded with items the board could act on.

**5. Review, Discuss and Approve the Finance and Audit Committee Charter;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the recommended changes to the Finance and Audit Committee Charter. The charter is consistent with HRSA requirements. There were minor changes to:

- Composition section – Changed the title of Financial Services Manager to Chief Financial Officer.
- Meetings section – Changed the meeting cadence from as deemed necessary to monthly and as necessary.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to the Finance and Audit Committee Charter, as presented.*

Member Feliz-Barrows commented that they need a third member on the Finance and Audit Committee. Ms. Anderson-Fintak advised that there is a new board member being brought to the board, if approved, they will need to serve on at least one committee.

**6. Review and Discuss the Finance and Audit Committee Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented a recommendation for the Finance and Audit Committee to meet. The recommendation is on the third Monday, 4-5 p.m., a day before the Governing Board.

Chair Melendrez inquired if the meeting time will give staff enough time to respond to issues or concerns prior the board meeting. Mr. Smith commented that is would tight, but it is better than meeting on the same day. Mr. Smith further advised that we are trying to balance the time staff needs to prepare the materials and the time needed to announce the meeting.

*No action required.*



**7. Receive, Discuss and Approve the SNHD Sliding Fee Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the SNHD/SNCHC Sliding Fee Discount Schedule and advised the HRSA requirements for a sliding fee discount program, including billing and collection. Mr. Smith further explained how the sliding fee program works and advised patients are placed on a sliding fee schedule based on income and family size and charged at the point of care. Patients may make full or partial payments, but outstanding balances are written off after 12 months without being sent to collections. The fees have been analyzed against other FQHCs in Nevada and found to be consistent with prevailing market rates. Patients at all income levels pay their nominal fees at reasonable rates, indicating that they do not present a financial barrier to accessing care.

Father Rafael inquired about previous history of outstanding balances and how much was written off. Mr. Smith advised the information can be provided in a report.

Mr. Smith further explained changes to the fee schedule for healthcare services, including adjustments based on income and HRSA requirements. Staff recommends a new sliding fee schedule for adoption which includes nursing-only. Mr. Smith emphasized that no patient is denied services due to inability to pay. The Family Planning and Ryan White programs have different schedule parameters but sliding fee discounts are still available in the same manner. The nominal fee for the other programs remains at \$20, which some board members expressed concerns which may discourage people from seeking care, but others note the importance of revenue for sustainability and suggest outreach efforts to educate the community to let them know they can still receive services if they cannot pay. Medicaid eligibility was also discussed to address uninsured patients.

Ms. Anderson-Fintak advised the board to make a vote. If no vote is taken, staff would continue to use the fee schedule that was previously approved. No vote would limit staff from incorporating the Sexual Health fees.

Member Feliz-Barrows made a motion to approve the Sliding Fee Schedule, with a contingent to revisit it in six months. Dr. Leguen commented the annual fee is brought to the board every year and can bring to the board if it is requested. The financial situation of the organization will not change in six months. He would love to see the organization go to zero dollars for the population at the lowest level of the federal poverty level. That would have further implications into the program.

Member Breen advised of a class she offered for people who received tickets for illegally crossing the street and was adamant about it being a free class. Member Breen further commented she will have a sliding fee schedule for the class because of the lack of respect from people who dismiss it because the service was offered for free. Member Breen noted it is a double-edged sword and we could look at posting signs that services are offered on a sliding fee scale. Services could be offered for free, but that is not our opening position.

Member Knudsen commented that the sliding fee scale presented is consistent with everything else the Health District is doing. There is complication with changing things outside of HRSA requirements. Member Knudsen further commented that he tends to follow staff's recommendation as it has implications for future grant opportunities.

Ms. Anderson-Fintak advised of the motion presented by Member Feliz-Barrows. No one seconded the motion, and a new motion was made.

*A motion was made by Member Father Rafael, seconded by Member Breen to approve the SNHD Sliding Fee Schedule, as presented. The motion passes with Members Black, Breen, Castro, Knudsen, Melendrez, Father Rafael voting in favor and Member Feliz-Barrows voting against.*

Mr. Smith commented that he will work with Ms. Whitaker through the monthly financials to have a metric to see if there are drastic changes and if a new decision needs to be made.

**8. Receive, Discuss and Approve the Billing Fee Schedule Updates;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the Billing Fee Schedule updates with the following highlights:

Billing Fee Schedule Review

- The billing fee schedule is reviewed annually to add new fees or adjust existing fees.
- Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.
- Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

Billing Fee Review Methodology

- Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2023)
- Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2023.
- Propose fee changes based on comparison of current fees to 50th percentile of reported fees and Medicare reimbursement rate.
- Proposed changes to individual fees are included in Exhibit A (85 fees). All other fees on the billing fee schedule remain the same.

Ms. Whitaker advised the complete SNHD billing fee schedule is included in the Informational Section and the complete Master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing is available upon request. The Health District only use a small percentage of the entire schedule.

Member Father Rafael inquired about seeing a report of the changes in billing since done internally versus externally. Mr. Leguen commented that we can bring a report to the board regarding the billing activities of the health center during the last twelve months and the impact it has on the operations.

Member Feliz-Barrows inquired about the health clinic not paying for COVID tests. Ms. Whitaker commented the grant will not pay for the vaccines anymore.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Billing Fee Schedule Updates, as presented.*

**9. Receive, Discuss and Accept the February 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the February 2023 YTD Financial Report with the following highlights.

FQHC – All Funds by Divisions

- Net Position – negative \$3.2M was budgeted, negative \$1.5M actuals, which is better than the anticipated budgeted at this point in the year.
- Charges For Services are ahead by \$1.7M, mostly related to pharmacy operations.
- Supplies - \$7.8M budgeted, \$9.3M actuals, variance \$1.4M mostly due to pharmacy operations.
- Other - \$712K in actuals is from Wrap Reimbursements.
- Federal Revenue – \$1.7M was budgeted, actuals was \$2.7M, currently ahead of budget.
- Pass-Thru Revenue – \$3.16M budgeted, \$1.18M actuals, is slightly behind due to estimates that were made a year ago.
- Total Other Operating – \$9.1M was budgeted, \$10.4M actuals, about \$1.3M over budgeted due to pharmacy operations.

Ms. Whitaker further reviewed the:

- Revenue vs. Expenses (graphically)
- Patients Count by Department
- Revenue by Department (with and without Pharmacy)
- Expenses by Department (with and without Pharmacy)
- FQHC General Fund
- FQHC Special Revenue Fund
- FQHC Revenue by Fund
- FQHC Expenses by Fund

Member Father Rafael advised the health center to pay attention to the shortage of medical professional that is happening nation-wide.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the February 2023 YTD Financial Report, as presented.*

### **SNCHC Governing Board**

#### **10. Receive, Discuss and Approve the Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the new board member candidate with the following qualifications:

- Member of the Nevada Immigrant Coalition, Las Vegas, Nevada
- Master of Business Administration Candidate - Lee Business School, University of Nevada, Las Vegas. (Commenced January 2023)
- Juris Doctorate - William S. Boyd of Law, University of Nevada, Las Vegas
- BA Sarah Lawrence College, Bronxville, New York.
- Believes there should be health care for all, regardless of income and lack of medical insurance.
- The vision and mission of CHC resonates with them.
- They would like to help CHC promote and develop its services for the community.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the new Board Member Candidate, Jasmine Coca, as presented.*

Mr. Smith shared that there is another opening for a board member. Ms. Coca will fill the position vacated by Tim Burch. Mr. Smith advised to fill the open position by a community board member after member Gary Costa transitions to California.

#### **11. Highlights from the March 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*Member Knudsen left the meeting at 4:03 p.m.*

Mr. Smith presented the March 2023 Operational Report with the following highlights:

##### Unduplicated/New Patients Seen in March

- 1,350 unduplicated patients served.
- 318 new patients seen.
- New annual unduplicated patient goals will be established with the submission of the Service Area Competition (SAC) grant.

##### Program Updates

- 2022 UDS Report received final acceptance by HRSA.
- 2022 FPAR Report received final acceptance by HRSA.
- Service Area Competition (SAC) grant notice of funding opportunity (NOFO) anticipated to be released in a few weeks and due to HRSA in August 2023.

- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023; second round of space plan reviews in April.
- Ryan White services projected to begin at Fremont in Q2 of 2023.
- Title X Family Planning program audit scheduled to occur in September 2023.
- Oral Health Services – Fremont Dental Clinic
  - Henry Schein – operatory design and equipment list.
  - Community Partnerships.
  - Potential grant funding available through a competitive grant from the State targeting FQHCs.
- Provider Staffing Update:
  - New mid-level provider starting May 1<sup>st</sup> (backfill of vacancy)
  - New contracted Infectious Disease doctor starting in May
  - Active recruitment for a mid-level provider (backfill of vacancy)
  - Active recruitment for a family practice doctor (new position)
  - Active recruitment for a Licensed Clinical Social Worker (backfill for vacancy)
- Azara – DRVS implementation
  - Population Health, Care Gaps, Reporting
- Sexual Health Clinic integration
  - Go live: July 1, 2023
  - Transition Plan and Team created.
  - General and Focus meeting with SHC to discuss process and address questions/concerns.
  - Goal is to minimize disruptions to patients or staff.
  - Majority of changes are administrative in nature.
  - Ensure compliance with HRSA requirements.

Member Father Rafael again advised staffing is going to be the biggest challenge we are going to face. It is going to keep growing nation-wide. Member Father Rafael urge the health center to create packages that are competitive to the market.

*No action required.*

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

There were no Board reports.

- VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Dr. Leguen advised the health center will put together an application to receive funds to help support dental services. The grant would support the initial staffing. If we are awarded the grant, the maximum amount is \$700K a year, for two years. Dr. Leguen further advised the health center has been meeting with Catholic Charities and the African Community Center with the intention to review our refugee services and expand our collaborations with them. Dr. Leguen also advised the intention is also to have the refugee service available at the Fremont location. That facility will be a better space and the resources would be closer to Catholic Charities and the African Community Center. Dr. Leguen advised that he and Mr. Smith are looking at a new behavioral health provider to help organize and lead the behavioral health services.

- IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2023 Operations Reports

- X. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments

will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 4:13 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

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## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 18, 2023 – 2:30 p.m.

Meeting will be conducted In-person and via Webex Event  
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

## NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m895723375307683fe616c05e425f68e8>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2552 422 6783](https://snhd.webex.com/snhd/j.php?MTID=m895723375307683fe616c05e425f68e8)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25524226783@snhd.webex.com](mailto:25524226783@snhd.webex.com)

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#### NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

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#### I. CALL TO ORDER & ROLL CALL

#### II. PLEDGE OF ALLEGIANCE

- #### III. FIRST PUBLIC COMMENT:
- A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex:** Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** [public-comment@snchc.org](mailto:public-comment@snchc.org) For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

#### IV. ADOPTION OF THE APRIL 18, 2023 AGENDA *(for possible action)*

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES – SNCHC Governing Board Meeting:** March 21, 2023 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

**Recommendations from the April 13, 2023 Quality, Credentialing & Risk Management Committee**

1. **Receive, Discuss and Approve the Quality, Credentialing & Risk Management Charter;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive and Discuss the Quality, Credentialing & Risk Management Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive, Discuss and Approve the Quality and Risk Management Activities Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Receive, Discuss and Approve the Credentialing and Privileging of Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**Recommendations from the April 17, 2023 Finance & Audit Committee**

5. **Review, Discuss and Approve the Finance and Audit Committee Charter;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **Review and Discuss the Finance and Audit Committee Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
7. **Receive, Discuss and Approve the SNHD Sliding Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
8. **Receive, Discuss and Approve the Billing Fee Schedule Updates;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
9. **Receive, Discuss and Accept the February 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**SNCHC Governing Board**

10. **Receive, Discuss and Approve the Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
11. **Highlights from the March 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **BOARD REPORTS:** The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

VIII. **EXECUTIVE DIRECTOR & STAFF REPORTS *(Informational Only)***

- Executive Director Comments

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March Operations Reports

**X. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

**See above for instructions for submitting public comment.**

**XI. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Tawana Bellamy or Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Tawana Bellamy or Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



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Brian Knudsen – Consumer Member (*via Webex, Call-in User 2*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)  
Donna Feliz-Barrows – Consumer Member (*In-person*)  
Gary Costa – Community Member, Golden Rainbow (*via Webex*)  
Lucille Scott – Consumer Member (*In-person*)

**ABSENT:** April Allen-Carter – Consumer Member  
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Luz Castro – Consumer Member  
Father Rafael Pereira – Community Member, All Saints Episcopal Church

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Fernando R. Lara, David Kahananui, Cassondra Major, Justin Tully, David Kahananui, Greg Tordjman, Jonna Arqueros, Kyle Parkson, Maria Arganoza-Priess, Joe Ginty, Sean Beckham, Fidel Cortes Serna

#### II. PLEDGE OF ALLEGIANCE (Heard out of order)

III. **FIRST PUBLIC COMMENT (Heard out of order):** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

#### VI. REPORT / DISCUSSION / ACTION (Heard out of order)

6. **Highlights from the February 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, FQHC Operations Officer presented the following highlights from the February 2023 Operational Report:

- Served 1,088 unduplicated patients in Primary Care, Ryan White, Family Planning and Behavioral Health.

- Still waiting on a final response from HRSA regarding 2022 UDS report.
- HRSA supported COVID-19 funding for the Health Center will end May 31, 2023:
  - Testing, vaccines, outreach and education.
  - Services will continue with other funding through July 31, 2023.
- Service Area Competition (SAC) grant Notice of Funding Opportunity (NOFO) is anticipated to be released soon and due to HRSA in August 2023.
  - Focus area: Needs Assessment portion of the narrative and the Community Characteristics.
  - This is a useful tool in helping to inform some of the Strategic Planning work.
- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023.
  - To support the growth and the program, a Behavioral Health Manager position is planned for FY24.
- Title X Family Planning program audit is scheduled to occur in September 2023.
- Oral Health services at Fremont
  - Met with Henry Schein, a dental company, in January 2023. Expecting schematics back from them soon.
  - Had conversations with UNLV School of Dentistry to engaged them for support.
- Azara DRVS Population Health software implementation
  - Had a kickoff meeting this month.
  - Data Integrity - Intent is to overlay on top of the Electronic Health Record (EHR)
  - Care Gap Reports & Pursuit Lists
  - Reporting – UDS, FPAR and Ryan White
- Sexual Health Clinic integration with the FQHC – July 1, 2023
  - Leveraging FQHC benefits:
    - PPS Reimbursement
    - FTCA Medical Malpractice Insurance
    - NHSC Loan Repayment
    - Supplemental Grants opportunities

*Member Knudsen joined at 2:45 p.m.*

#### **I. CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:50 p.m. Tawana Bellamy administered the roll call and confirmed a quorum. There was a delay in calling the meeting to order due to lack of quorum.

Mr. Smith continued to provide highlights from the February 2023 Operational Report.

- Governing Board Updates:
  - One candidate for a Community Board Member position has been identified.
    - One phone conversation and one in-person orientation with the FQHC Operations Officer
    - Nominating Committee (March/April) – **to be scheduled**
    - Provided the committee recommends moving forward with the candidate, bring forward to the April 2023 board meeting for a vote
- Tim Burch's resignation last month created another vacancy for a Community Board Member.
  - Recruitment for this seat is commencing
- Committee Assignments approved February 21, 2023.
- Finance Committee meeting schedule needs to be set.
- Quality, Credentialing & Risk Management Committee meeting in April – **to be scheduled**

#### **IV. ADOPTION OF THE MARCH 21, 2023 MEETING AGENDA (for possible action)**

*A motion was made by Member Feliz-Barrows, seconded by Member Breen, and carried unanimously to approve the March 21, 2023 Agenda, as presented.*

#### **V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately

per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES – SNCHC Governing Board Meeting: February 21, 2023** *(for possible action)*
2. **Approval of Against Medical Advice Policy**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve Credentialing and Privileging for Provider Cortland Lohff, MD, MPH**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #03-23: Approval of an Interlocal Agreement between the City of Las Vegas on behalf of the Department of Health and Human Services to identify and implement best practices for improving health literacy to enhance COVID-19 vaccination and other mitigation practices among underserved populations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #04-23: Approval of an Agreement with Lambda-Cade Health Care LTD, (Jerry Cade, MD), to Provide Professional Services in the Southern Nevada Community Health Center Clinics**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #05-23: Approval / Ratification of a non-exclusive Client Services Agreement between RPh on the Go USA, LLC, and the Southern Nevada Community Health Center for the purpose of referring and placing licensed pharmacists for assignments at the Southern Nevada Community Health Center Clinic**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Scott, and carried unanimously to approve the Consent Agenda, as presented.*

## VI. REPORT / DISCUSSION / ACTION

### Recommendations from the March 20, 2023 Finance & Audit Committee

1. **Receive, Discuss and Approve the Recommendations from the March 20, 2023 Finance & Audit Committee meeting regarding the FY24 Annual Budget**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie Whitaker, Chief Financial Officer presented the FY24 Annual Budget with the following highlights:

- FY24 Budget is effective July 1, 2023 through June 30, 2024.
- Nevada Revised Statutes (NRS) outlines the purpose of Local Government Budget and Finance Act - NRS 354.472.
- FQHC's Budget is included in the County's budget, which is due by April 1, 2023.
- Sexual Health Department will be part of FQHC Division effective July 1, 2023 (FY24) formerly from Primary & Preventive Care Division.
- Combined Revenue (General Funds and Special Revenue) – proposed FY2024 Annual Budget Revenue was \$30.1M.
- Combined Revenue (General Funds and Special Revenue) FY2023 Augmented Budget Revenue was \$24.5M.
- General Fund:
  - Total charges for services revenue were projected at \$20.3M, an increase of \$4.9M or 32.3% compared to FY2023 augmented budget of \$15.4M
  - Based on new FQHC revenue model, revenues increased by \$2.6M in anticipation of new providers and projected patient visits of over 29,000.

- Sexual Health revenue was projected at \$1.3M and Pharmacy revenue was expected to increase of \$1.0M.
- Special Revenue Fund:
  - Federal and Pass Thru (Intergovernmental) revenue was projected at \$8.4M compared to \$7.7M in FY2023.
- Combined Expenditures (General Funds and Special Revenue)
  - FY2024 is \$37.5M, an increase of 26.3% compared to \$29.7M in the augmented FY2023 budget.
  - Sexual Health department will be part of FQHC in July 2023 and projected total expenses is \$3.5M.
  - General Fund Pharmacy Medical supplies increased \$1.1M from \$10.7M to \$11.8M. Contractual also increased by \$600K.
  - Total salaries and benefits for General & Grants funds increased by \$4.8M from \$8.9M to \$13.7M in FY2024 due to additional personnel and Sexual Health reorganization.
  - Net Income/Loss for FY2023 Augmented Budget was negative \$5.25M and the projected FY2024 Annual Budget is negative \$7.4M – this includes Sexual Health.

At the request of Member Father Rafael, Ms. Whitaker provided additional detail to show revenue, expenses and combined funds net income/loss by department.

- Staffing (includes Sexual Health)
  - Out of the 21 vacant positions, 10 are additional employees requested for FY2024.
  - 123.3 active full-time employees (FTE).

*A motion was made by Member Feliz-Barrows, seconded by Member Costa, and carried unanimously to approve the FY24 Annual Budget, as presented.*

**2. Receive, Discuss and Approve the Recommendations from the March 20, 2023 Finance & Audit Committee meeting regarding the January 2023 YTD Financial Report; direct staff accordingly or take other action as deemed necessary (for possible action)**

Ms. Whitaker presented the January 2023 YTD Financial report as of January 31, 2023 and provided the following highlights:

FQHC – All Funds by Division:

- Pass-Thru Revenue – Delay in approval of Ryan White budget from the county lead to backlog of requests for reimbursement. We get to post back to the date of the award and will see some change in February or March.
- Net Position – Budget was negative \$2.8M, Actuals was negative \$1.97M.
- Charges for Services – The increase is significantly related to Pharmacy. Payer mix includes a higher percentage of commercially insured patients combined with an increase in prescription medications per encounter.

Patients by Department (number of encounters from July 1, 2022 through January 31, 2023):

- Total patients for all departments: 14,372
  - Behavioral Health: 925 patients
  - Pharmacy: 6,329 (largest number of encounters)

Revenue by Department:

- Total Revenue – Budget was \$13.6M, Actuals was \$14.5M,

There were no further questions.

*A motion was made by Member Feliz-Barrows, seconded by Member Scott, and carried unanimously approve the January 2023 YTD Financial Report, as presented.*

**3. Receive, Discuss and Approve the Recommendations from the March 20, 2023 Finance & Audit Committee meeting regarding the Federal Poverty Levels/Sliding Fee Schedule; direct staff accordingly or take other action as deemed necessary (for possible action)**

Ms. Whitaker presented the Federal Poverty Levels/Sliding Fee Schedule and provided the following highlights:

- HRSA requires the Health Center to provide a Sliding Fee Schedule for qualifying patients.
- No changes to the Sliding Fee Schedule policy this year.
- Purpose of the Sliding Fee Policy is to ensure that the Health Center provides services to all patients without regards to patient's ability to pay and no patient will be denied services due to an individual inability to pay.
- Sliding Schedule is tied to the Federal Poverty Guidelines (FPG).
  - The Federal Poverty Guidelines are published annually by Health and Human Services (HHS).
  - It was published January 19, 2023 to account for last calendar year's increase in prices as measured by the Consumer Price Index.
- 2023 rates reflect the 8% increase to the Consumer Price Index for all Urban consumers (CPI-U) from calendar year 2021 and 2022.
  - After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes of 1 to 8.

Ms. Whitaker commented that the information presented today is related to adjusting the poverty levels to qualify for the sliding fee not related to the actual fees. The billing fee schedule will be presented in April 2023.

- Current sliding fees:

	Sliding Fee Range	Charge
Primary Care	\$20 to \$55	Full charge for incomes 200% above FPG
Family Planning	\$0 to \$60	Full charge for incomes 250% above FPG
Sexual Health Clinic	\$20 to \$60	Full charge for incomes 250% above FPG
Ryan White	\$0 t \$55	Full charge for incomes 200% above FPG

- Ryan White Limits:
  - Equal to and below 100% - No charge to patients.
  - Over 100% up to and equal to 200% of FPG, patient pays no more than 5% of their total income.
  - Over 200% and up to and equal to 300% of FPG, patient pays no more than 7% of their total income.
  - Over 300% of FPG, patients pay no more than 10% of their total income.
- Application for Sliding Fee Requires:
  - Proof of income to determine Sliding Fee.
    - Income and employment status, patient or partner weekly income before taxes and if they are living with parents.
  - All income types identified.
  - Number of people supported by the income.

Ms. Whitaker reviewed the FPG for each poverty level from 100% to 250%. Each illustrated the poverty level, family size, income levels and what the charge is currently for each program.

Mr. Smith commented that the policy states that no patient is denied service for inability to pay. As people's income increases, what they are responsible for increases, but if they are unable to pay, we will provide care for them regardless.

Member Feliz-Barrows commented that at the Finance & Audit Committee meeting, she inquired about Primary Care and Sexual Health charge to patients was \$20 and the other programs were \$0

at the 0-100% of FPG. Member Feliz-Barrows further commented that a person could choose to feed their children for \$20 over going to see if they had an STD. Member Feliz-Barrows commented that it is more important for us to get them in the door and to have a \$0 charge at that point. If people call and ask, they will not come in the door and we will not get the chance to tell them do not worry, we will still provide the service.

Mr. Smith advised that is a good point. Mr. Smith commented that this is a conversation the board can provide input on. Mr. Smith advised we can do some market analysis to see what the nominal fee is at other health centers in Las Vegas to benchmark ourselves against them. Mr. Smith further advised we can also look at the rate of participation amongst our existing patients to find out for those who are currently charged a fee if they participated. These are good pieces of information to help guide a decision about nominal and sliding fees. Also, it is important that we are training our staff on how to interact with our clients, whether on the phone or in person so that the charge to the patient is not a barrier to individuals seeking care. We want people to come in and receive the care they need and address the fees later. The messaging is important.

Member Costa inquired about the percentage of clients that have an inability to pay and what has been the trend. Mr. Smith commented that we need to do some research on the data for that. We have some of that information available to us. We can bring that information to the board later.

Member Breen commented that there are people today that have never been in a position to ask for help. However, because of the wild prices of everything and post COVID-19, there are people that are really asking for help that never thought they needed it. Member Breen further commented that she is all for doing whatever we can to make sure people will not be turned away.

Ms. Anderson-Fintak advised the Chair that they are not voting on the fee schedule but on the change to the federal poverty levels that allows more people to qualify for our services. This allow us to adjust what the federal poverty levels are. This was voted on and recommended by the Finance & Audit committee yesterday. The fee schedule will be presented next month.

There were no further comments.

*A motion was made by Member Feliz-Barrows, seconded by Member Scott, and carried unanimously approve the Federal Poverty Levels/Sliding Fee Schedule, as presented.*

#### SNCHC Governing Board

#### 4. **Review and Approve the Submittal of the Federal Tort Claims Act (FTCA) Deeming Application;** direct staff accordingly or take other action as deemed necessary (for possible action)

Mr. Smith advised that the FTCA Deeming application was submitted to HRSA in December 2022. We received feedback that our application has some gaps that needed to be addressed. Mr. Smith commented that staff has worked hard to address gaps in the following areas:

- Claims Management
- Employee Training Program
- Risk Management Assessments/Plan
- Privileging and modification/removal of privileges

Mr. Smith commented that HRSA requires the Governing Board to approve the submission of application. Our intent is to submit the application before the April 2023 Governing Board meeting.

*A motion was made by Member Feliz-Barrows, seconded by Member Scott, and carried unanimously to approve the Submittal of the Federal Tort Claims Act (FTCA) Deeming Application, as presented.*

5. **Review and Discuss FQHC Assessments;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Sean Beckham, Facilities Services Manager presented the Physical Security Assessment with the following highlights:

- Security Assessment conducted at Decatur on September 26-27 in 2022 by Legal and Liability Risk Management Institute.
- Recommendations:
  - Add new procedures to the Security Manual to cover a wider variety of types of emergency situations.
  - Encouraged to evaluate personnel staff at Decatur – added one security personnel to have good coverage of the facility.
  - Provide De-escalation training – Choose Crisis Prevention Institute’s training for security officers and other areas, including the FQHC and Immunizations.
  - Encouraged to improve Emergency Action Plan to have clear communication for different types of emergencies that may occur as Decatur.
    - Chemical Spills/ Toxic Emissions
    - Deceased Persons
    - Natural Disasters
    - Power Failure
  - Encouraged to provide emergency card to employees. On March9, 2023, The Central Safety Committee adopted that and setup the cards to be distributed over the next few months.

There were no further questions.

Kyle Parkson, Compliance Officer presented the Health Insurance Portability and Accountability Act (HIPAA) Inspection Assessment with the following highlights:

- Conducted a HIPAA audit in the clinical areas at Decatur and Fremont.
  - Looked for paperwork that could personally identify the patients, such as name, date of birth, medical records.
- HIPAA Deficiencies Identified:
  - Unlocked doors and draws in clinical spaces.
  - Protected Health Information (PHI) / Personal Identifying Information (PII) left out on desks and common employee areas
  - PHI/PII left on printer
  - Lab results
  - Unlocked Computers
- Contacted Mr. Smith and supervisors to inform them of the findings.
- Attended staff meetings to let staff know about the issues and why it is important to secure PHI/PII information.
- Reminded staff to clear their desk when they are not actively using PHI/PII.
- Annual HIPAA training refreshers to all staff.
- Working with management to create Standard Operating Procedures on how to follow regulations.

There were no further questions.

VII. **BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (**Information Only**)

There were no Board reports.

**VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Dr. Leguen advised that the Sexual Health Clinic will transition into the Health Center on July 1, 2023. Dr. Leguen commented that we do not want to create disruption with the financial and Human Resources in the middle of the fiscal year. Dr. Leguen advised staff will present the sliding fee schedule to the board next month. Dr. Leguen advised that the board recently approved the FY24 budget for the Health Center. The ten new positions will enhance the services we deliver to the community. Dr. Leguen advised the financial operations of the Health Center is being supported by SNHD. There are things we plan to do to break even. Dr. Leguen advised that it is going to take a while, maybe a year. Dr. Leguen advised that we must emphasize the importance of the Health Center and its services in the community, make sure services are available and people in the community know about the Health Center. Dr. Leguen advised that for the Health Center to be sustainable, the most important item is volume of services to break even. The Health Center's operation is having an impact on the finances of the rest of the organization. That is why we must make sure the Health Center is efficient about what we do, how we deliver services, and how we train our staff and clinicians to be able to deliver quality service. Dr. Leguen also advised that we must make sure the revenues are there so that we can continue delivering the services to the community.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) February 2023 Operations Reports

- X. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:40 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

Southern Nevada Community Health Center  
Quality/Credentialing Committee Charter  
(As approved by the Governing Board on 04/ \_\_/2023)

***Committee Purpose:***

The Quality/Credentialing Committee (the “Committee”) supports the Board in fulfilling its oversight responsibilities in areas relating to patient safety, operational and clinical quality, patient satisfaction, employee satisfaction, risk management and regulatory preparedness and compliance.

***Scope of Duties and Responsibilities:***

The Committee’s responsibilities and duties include but are not limited to:

1. Reviews and recommends the approval of the Quality Management (QM) Plan to the Board.
2. Monitors patient and employee satisfaction.
3. Monitors progress towards clinical quality performance goals and risk management mitigation activities. Performs benchmarking against relevant sources.
4. Reviews and recommends to the Board the annual Risk Management Plan.
5. Overseeing the effectiveness of the medical staff credentialing process.
6. Reviews and recommends for approval medical staff appointments, reappointments, and clinical privileges to the Board.

***Composition:***

The Committee shall be comprised of at least three Board members. In addition, the Executive Director, FQHC Operations Officer, Medical Director, and the FQHC Quality Management Coordinator will be subject matter Committee members. The Committee shall determine whether members should undergo any initial or annual training to help them fulfill their Committee responsibilities. The members of the Committee shall serve at the pleasure of the Board.

***Meetings:***

The Committee shall meet four (4) times per year and as deemed necessary to carry out its responsibilities. Meetings may be called by the Chairman of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada’s Open Meeting Law.

***Voting and Quorum:***

Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and, the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee’s action or decision.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members. Board members who are not also Committee members may attend Committee meetings but may not vote.

***Reports:***

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

DRAFT

SNCHC Governing Board Meeting

April 18, 2023



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

# Quality, Credentialing and Risk Management Committee

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Randy Smith, FQHC Operations Officer

# QCRM Chair Nomination

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The Committee nominated Member Erin Breen to Chair the Quality, Credentialing & Risk Management Committee.

# Quality, Credentialing and Risk Management Committee Charter

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

# QCRM Charter

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Southern Nevada Community Health Center  
Quality/Credentialing Committee Charter  
(As approved by the Governing Board on 04/\_\_/2023)

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# QCRM Charter

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5. Overseeing the effectiveness of the medical staff credentialing process.
6. Reviews and recommends for approval medical staff appointments, reappointments, and clinical privileges to the Board.



# QCRM Charter

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# QCRM Charter

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## **Voting and Quorum:**

Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members. Board members who are not also Committee members may attend Committee meetings but may not vote.

## **Reports:**

All actions authorized or taken by the Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

***Motion to Approve the QCRM Charter, as presented.***

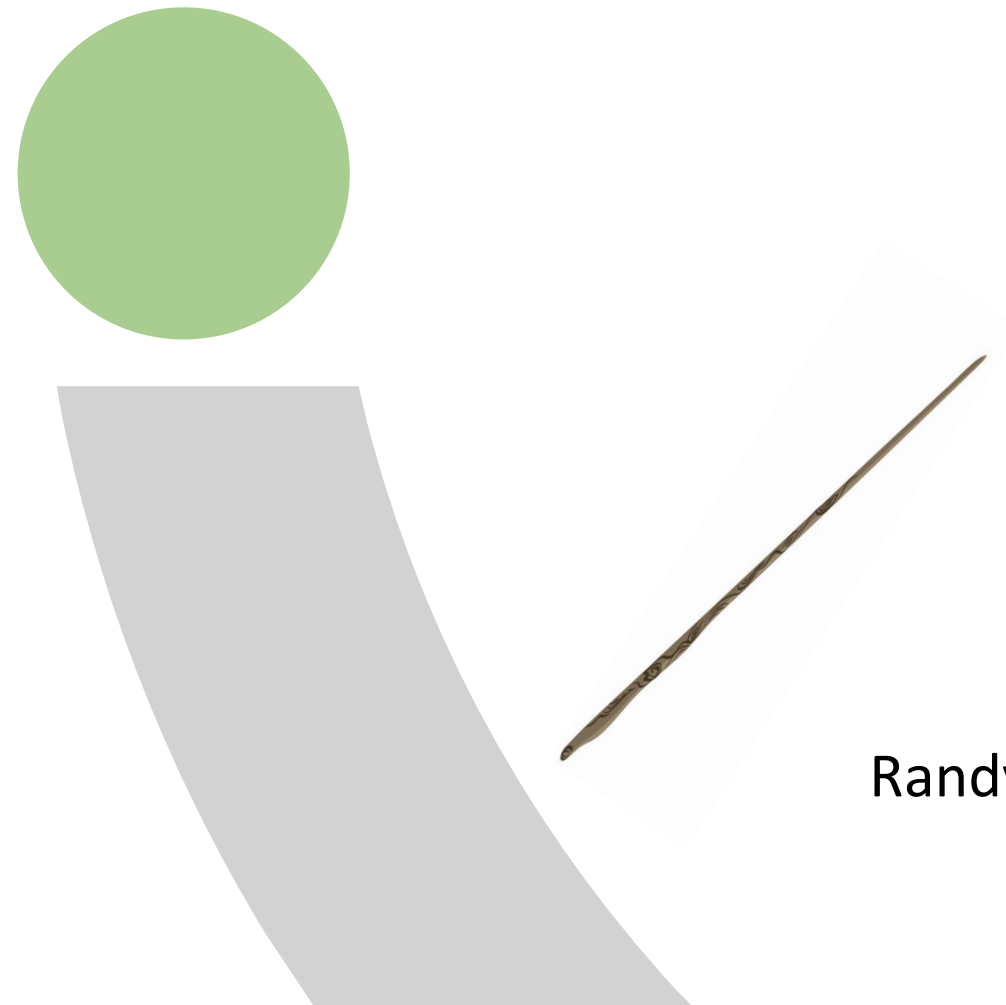
# QCRM Meeting Schedule

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Meets four (4) times per year and as deemed necessary to carry out its responsibilities.

- January – Q4 activities
- April – Q1 activities
- July – Q2 activities
- October – Q3 activities

# Quality and Risk Reports



Randy Smith, FQHC Operations Officer

# Quality Management Plan

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## Goal:

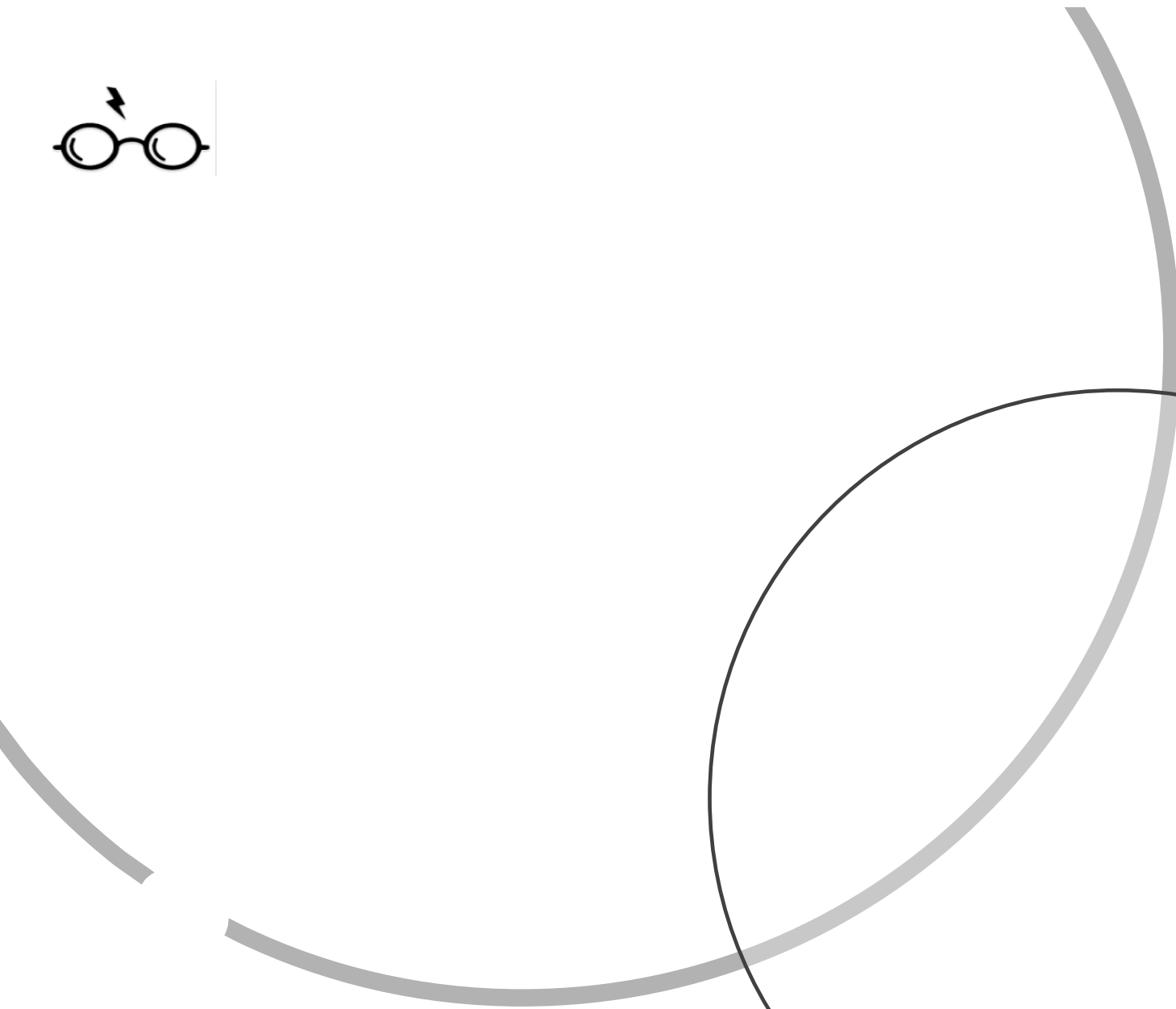
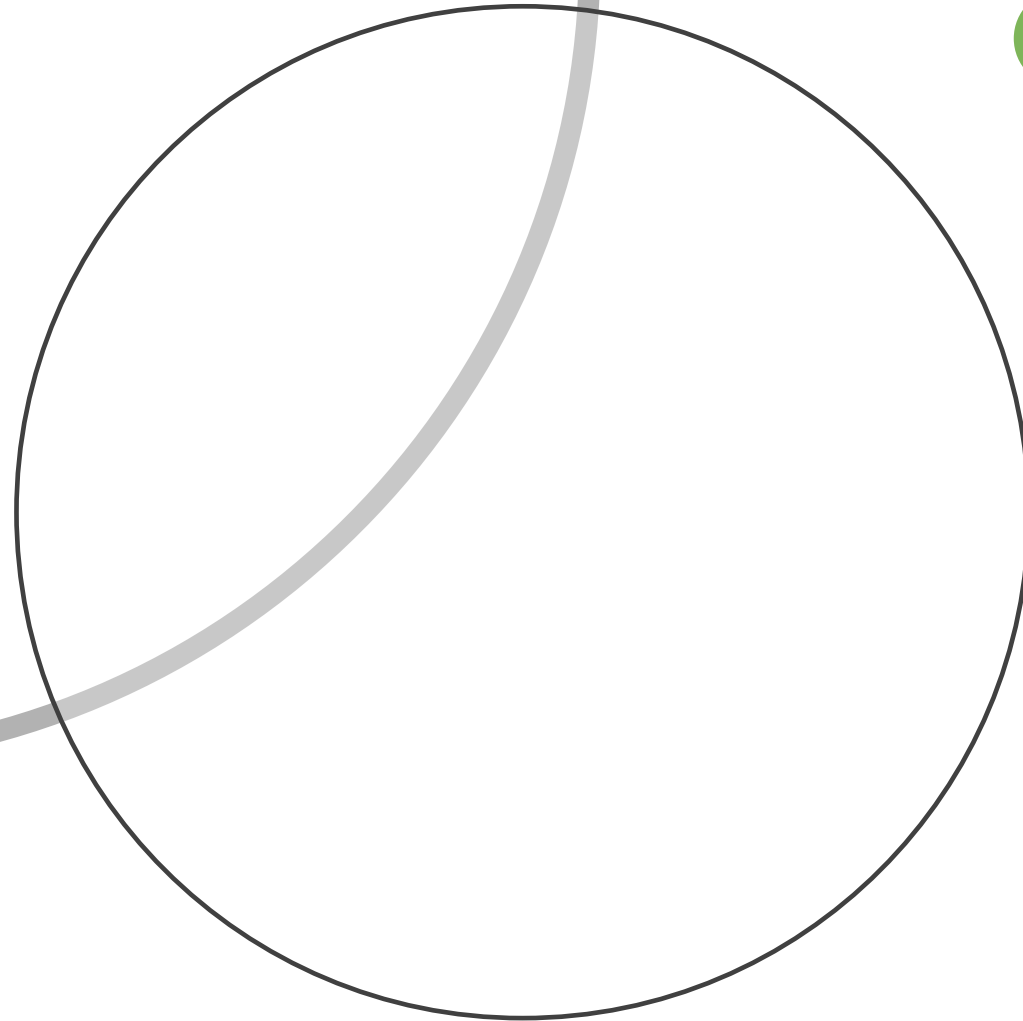
- To increase the value of services by enhancing quality and strengthening the ability to deliver cost effective care.

## Objectives:

- To design effective processes to meet the needs of patients which are consistent with the health center's mission, vision, goals, and plans.
- To collect data to monitor the stability of existing processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.
- To aggregate and analyze data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
- To achieve improved performance and sustain the improvement throughout the organization.
- To promote collaboration at all levels of the organization enabling the creation of a culture focused on performance.
- To educate leaders and staff regarding responsibilities and effective participation in performance improvement activities.



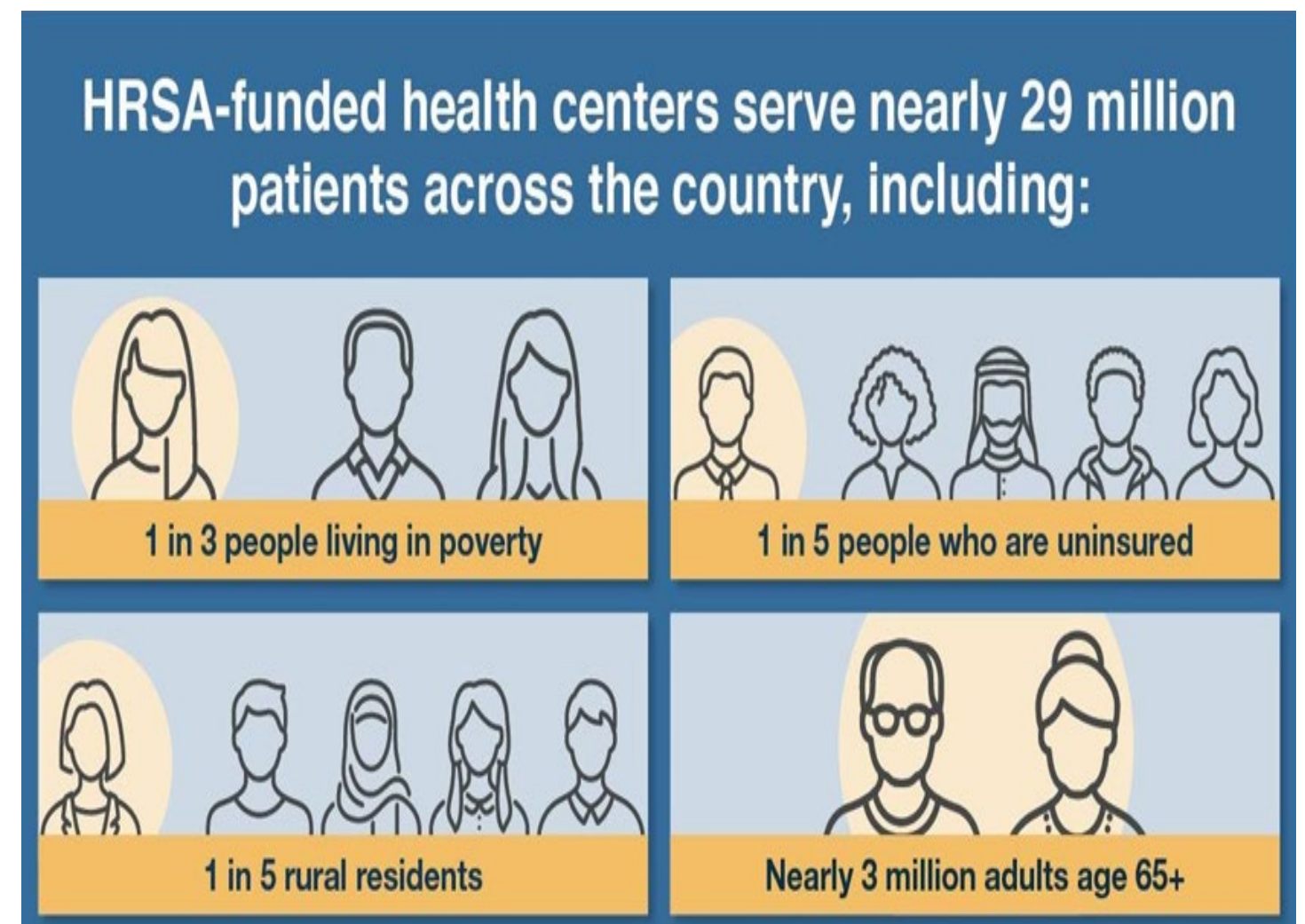
# Uniform Data System (UDS)



# UDS

## What we're reporting?

- Patient Demographics
- Clinical Services & Outcomes
- Financial Costs



# Clinical Performance Measures

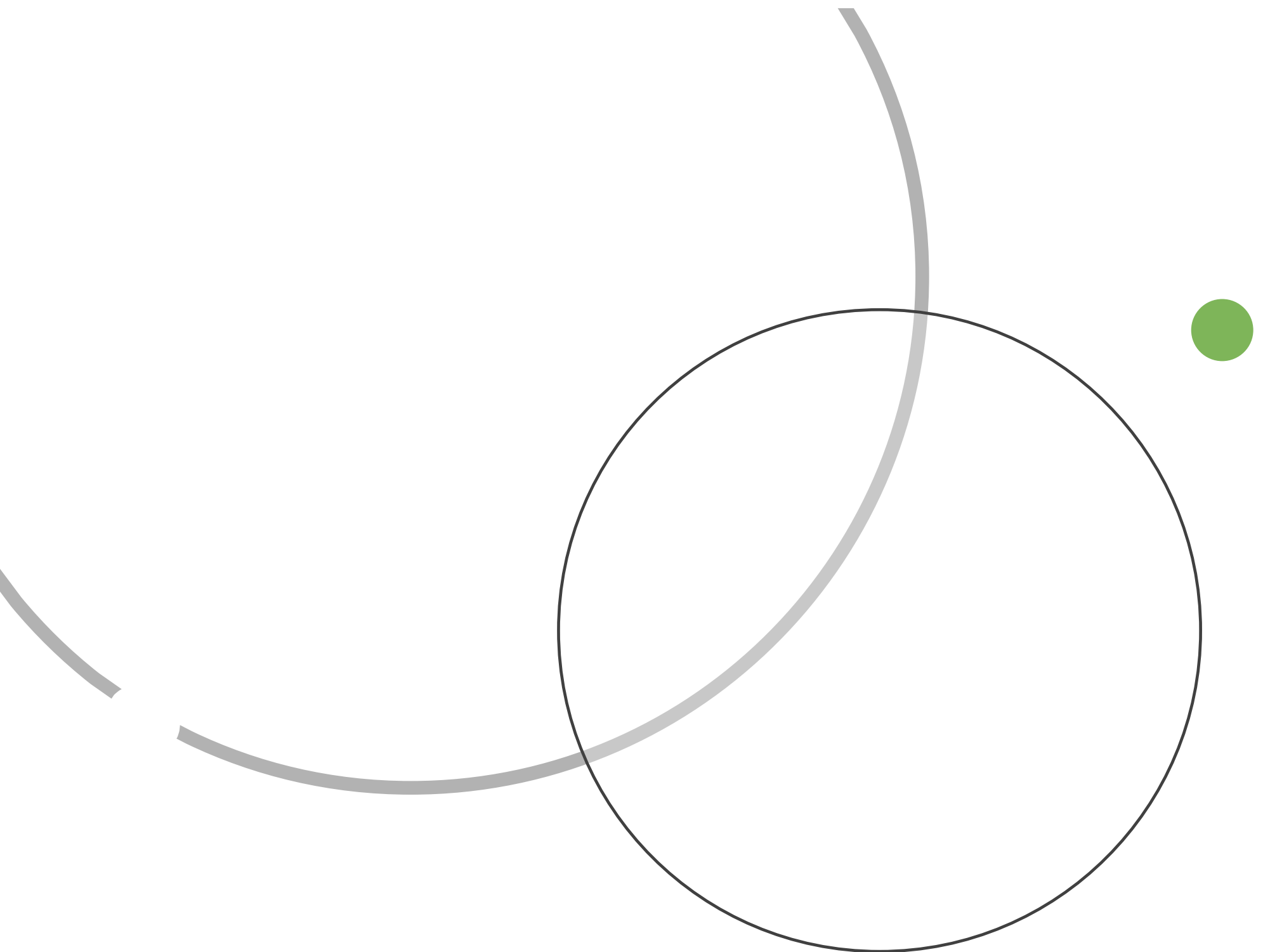
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Screening and Preventive Care	Maternal Care and Children's Health	Chronic Disease Management
<b>Cervical Cancer Screening</b>	Early Entry into Prenatal Care	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Breast Cancer Screening	Low Birth Weight	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
Body Mass Index (BMI) Screening and Follow-Up Plan	Childhood Immunization Status	HIV Linkage to Care
<b>Tobacco Use: Screening and Cessation Intervention</b>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Depression Remission at Twelve Months
Colorectal Cancer Screening	Dental Sealants for Children between 6-9 Years	Controlling High Blood Pressure
HIV Screening		Diabetes: Hemoglobin A1c (HbA1c) Poor Control
Screening for Depression and Follow-Up Plan		



# UDS Data

Quality of Care Measures		
	2021	2022
Childhood Immunization Status	4.76%	0.00%
Cervical Cancer Screening	33.96%	43.94%
Breast Cancer Screening	5.84%	10.00%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	1.90%	0.06%
Preventive Care and Screening: Body Mass index (BMI) Screening and Follow-up Plan	26.27%	29.76%
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	54.10%	0.14%*
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	46.29%	68.35%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	62.50%	66.67%
Colorectal Cancer Screening	4.20%	1.96%
HIV Linkage to Care	82.71%	94.69%
HIV Screening	27.50%	52.55%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	21.58%	55.88%
Depression Remission at Twelve Months	9.38%	8.57%
Controlling High-Blood Pressure	61.79%	50.84%
Diabetes: Hemoglobin A1C Poor Control	32.71%	41.45%



# 2023 Quality Measure Focus



# 2023 Quality Measure Focus

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- **Controlling High Blood Pressure**: Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period. Patient whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic pressure less than 90 mmHg during the measurement period)
- **Poor Controlled Hemoglobin A1c (HbA1c)**: Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period. Patient whose most recent HbA1c level performed during the measurement period was greater than 9.0% or patients who had no HbA1c test conducted during the measurement period

# 2023 Quality Measure Focus

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- **HIV Screening**: Patient aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period. Patient with documentation of an HIV test performed on or after their 15<sup>th</sup> birthday and before their 66<sup>th</sup> birthday
- **HIV Linkage to Care**: Patients first diagnosed with HIV by the health center between December 1<sup>st</sup> of the prior year through November 30<sup>th</sup> of the current measurement period and who had at least one medical visit during the measurement period or prior year. Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health centers providers and had a medical visit with a health center provider who initiates treatment for HIV or had a visit with a referral resource who initiates treatment for HIV
- **Tobacco Use Screening and Cessation Intervention**: Patient aged 18 years and older seen for a least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and who received tobacco cessation intervention if identified as a tobacco user

# Q1 2023 Measures

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## January - March

- Controlling High Blood Pressure: **55.56%** (CY22 = 50.84)
- Poor Controlled Hemoglobin A1c (HbA1c): **0.00%\***
- HIV Screening: **53.49%** (CY22 = 52.55)
- HIV Linkage to Care: **100%** (CY22 = 94.69)
- Tobacco Use Screening and Cessation Intervention: **0.00%\***

**\*Correcting data mapping**

# Risk Management



# Risk Management Plan

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## Goals and Objectives:

- Engage in proactive risk management and patient safety activities.
- Enhance patient satisfaction.
- Continuously improve patient safety.
- Identify and analyze risk of loss, errors, events and system breakdowns leading to harm to patients, staff, and visitors and minimize/prevent the reoccurrence.
- Implement an effective process to manage identified risks.
- Enhance environmental safety for patients, visitors, and staff through participation in environment of care-related activities.
- Monitor the effectiveness of interventions and plans of action.

# Q1 2023 Risk Management Reports

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January, February and March:

- Medical Event(s) (Dr. Bluebird) – Four (4)
- Patient Complaint(s)/Grievance(s) – Two (2)
- Medication Error(s) – Zero (0)
- Patient Issue(s) – One (1)
- Employee Incident(s) – One (1)
- Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)



Projects



# Activities

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- Clinical Practice Audits/Guidelines
- Incident Reporting
- Patient Complaints/Grievances
- Patient Safety
- Patient Satisfaction Surveys
- Policies and Standard Operating Procedures
- Workflows

# Standard Operating Procedure (SOP)

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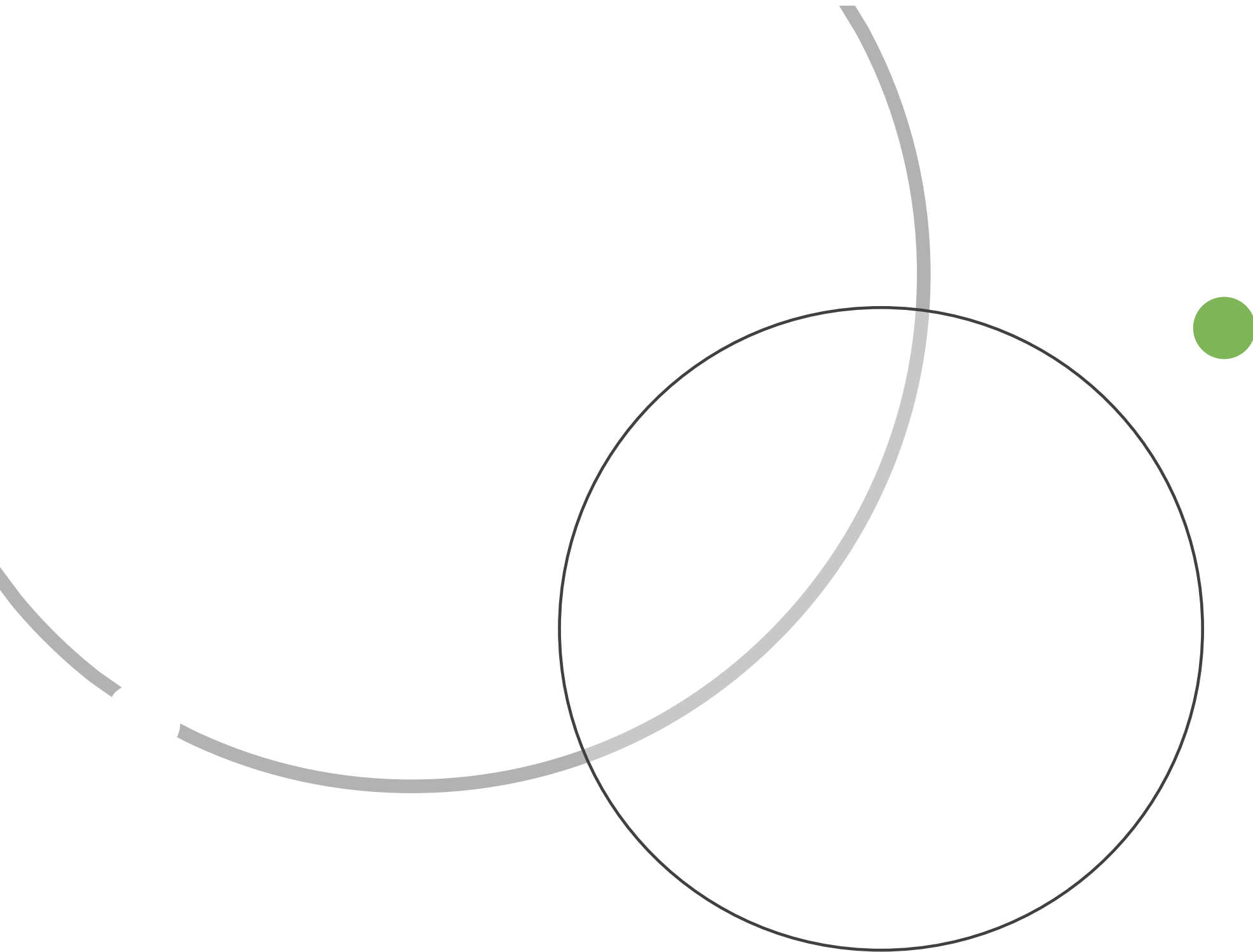
Provides clear-cut direction and instructions as to the steps necessary to complete a specific task or process.

- Best Practices
- Consistency and Efficiency
- Quality
- Proper Onboarding and Training
- Maintains Organizational Knowledge
- Reduces Misunderstandings
- Improves Safety
- Compliance

# Finalized SOP

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- Basic Infertility (Family Planning)
- Bus Passes
- Late Arrival, No-Show and Same Day Cancellation
- Prescription Refill
- Prevention, Detection and Control of High Blood Pressure
- Ryan White Outpatient Ambulatory Health Services
- Telehealth Process
- Vaccine Administration



Survey Results

# January 2023 Survey Results

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- **Completed Surveys: 145 (81/64) 17%**
  - Family Health: 11 (4/7)
  - Family Planning: 126 (70/56)
  - Ryan White: 8 (7/1)
- **Visit Count: 867**
  - Family Health: 259
  - Family Planning: 273
  - Ryan White: 335
  - Behavioral Health: 30 (22/8)
  - Dietitian: 1 (0/1)

# February 2023 Survey Results

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- **Completed Surveys: 219 (109/110) 28%**
  - Family Health: 103 (48/55)
  - Family Planning: 89 (39/50)
  - Ryan White: 27 (22/5)
- **Visit Count: 786**
  - Family Health: 294
  - Family Planning: 317
  - Ryan White: 175
  - Behavioral Health: 10 (6/4)
  - Dietitian: 8 (3/5)

# March 2023 Survey Results

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- **Completed Surveys: 262 (144/118) 24%**
  - Family Health: 129 (67/62)
  - Family Planning: 101 (46/55)
  - Ryan White: 36 (34/2)
- **Visit Count: 1079**
  - Family Health: 350
  - Family Planning: 409
  - Ryan White: 199
  - Behavioral Health: 121
  - Behavioral Health: 6 (2/4)
  - Dietitian: 2 (0/2)





***Motion to Approve the Quality  
and Risk Management Activities  
Report, as presented.***

Questions?



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Credentialing and Privileging of Providers

Randy Smith, FQHC Operations Officer

# Credentialing & Privileging of Providers

Chris Mariano, MSN, APRN, CPNP-PC

Maria Priess, DO, MS

Matthew Bonello, DO

***Motion to Approve the Credentialing and Privileging of the providers, as presented.***

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# Finance & Audit Committee Charter

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AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Finance & Audit Charter

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Southern Nevada Community Health Center  
Finance and Audit Committee Charter

(As approved by the ~~Board of Directors~~ **Governing Board** on 04/\_\_/2023)

## ***Committee Purpose:***

The Finance and Audit Committee (the “Committee”) supports the Board in fulfilling its responsibility to oversee the integrity of the Community Health Center’s financial statements, the effectiveness of the its internal control over financial reporting, disclosure controls, and procedures, regulatory requirements, the independent auditor’s qualifications, and the performance of the Health Center’s internal audit function and independent auditor

## ***Scope of Duties and Responsibilities:***

The Committee’s responsibilities and duties include but are not limited to:

- Assisting the Board in fulfilling its responsibilities to monitor and oversee the Community Health Center’s financial affairs with respect to its capital structure, integrity of its financial statements, policies, and regulatory requirements.
- Annually, review and make recommendations to the Board to approve financial priorities, the budget, and capital expenditures.
- Quarterly, review capital expenditures against budget.
- Monthly, monitor financial performance of the Community Health Center, including patient visits, and payor mix.
- Providing advice and guidance on the sources and uses of the Community Health Center’s available capital.
- Reviewing the annual audited financial statements with management and the independent auditor.
- Reviewing changes in accounting or auditing policies, including resolution of any significant reporting or accounting issues affecting the accuracy or completeness of the financial statements.
- Reviewing all reports required to be submitted by the independent auditor and discuss with the independent auditor and the internal auditor the adequacy of the Company’s internal financial and accounting controls and any significant findings and recommendations.

# Finance & Audit Charter

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In discharging its duties and responsibilities, the Committee is authorized to investigate any matter within the scope of its duties and responsibilities or as otherwise delegated to it by the Board, with full access to all books, records, facilities, and personnel.

The Committee shall not have the authority to exceed authority specifically delegated by the Board or act upon matters that have been reserved by the Board for its approval.

## ***Composition:***

The Finance and Audit Committee shall be appointed by the Board and shall be comprised of at least three Board members and the Community Health Center's ~~(Financial Services Manager)~~ **replace with Chief Financial Officer**. Committee members serve at the discretion of the Board.

## ***Meetings:***

The Finance and Audit Committee shall meet ~~as deemed monthly and as~~ necessary to carry out its responsibilities. Meetings may be called by the Chairman of the Committee or any two members thereof. Meetings shall be held at such time and place as may be specified in the notice of meeting. Meetings will be held and posted consistent with Nevada's Open Meeting Law.

# Finance & Audit Charter

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## ***Voting and Quorum:***

Voting on Committee matters shall be on a one vote per member basis. At all meetings, a majority of the total number of members of the Committee shall constitute a quorum for the transaction of business; and the act of a majority of the members present at any meeting at which there is a quorum shall constitute the Committee's action or decision.

Finance and Audit Committee members who are Community Health Center or Health District staff shall be ex-officio non-voting members. Board members who are not also Committee members may attend Committee meetings but may not vote.

## ***Reports:***

All actions authorized or taken by the ~~Finance and Audit~~ Committee shall be reported to the Board no later than the next succeeding meeting of the Board.

***Motion to Approve the Finance & Audit Committee Charter, as presented.***

# Finance & Audit Committee Meeting Schedule

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- Meets monthly and as deemed necessary to carry out its responsibilities.
- Recommendation:
  - Third Monday, 4-5 p.m. (a day before the Governing Board Meeting)



# SNCHC Sliding Fee Discount Schedule

Randy Smith, FQHC Operations Officer

# HRSA Sliding Fee Discount Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

- **The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.**
- **The health center must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.**

# HRSA Sliding Fee Discount Program Requirements

Authority *Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

- The health center must establish systems for [sliding fee] eligibility determination. ([SNCHC: FPG, Family Size and Annual Income](#))
- The health center's schedule of discounts must provide for:
  - A full discount to individuals and families with annual incomes at or below those set forth in the most recent [Federal Poverty Guidelines \(FPG\)](#) [100% of the FPG], **except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals;** and
  - No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].

# HRSA Billing & Collection Requirements

*Authority Section 330(k)(3)(E), (F), and (G) of the PHS Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)*

- ▶ The health center must assure that any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.
- ▶ The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts

# Sliding Fee Program in Action

- ▶ Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their annual income and family size;
- ▶ Based on a patient's placement on the schedule, a sliding fee charge is created and billed to the patient at the point of care;
- ▶ Patients are asked to make a payment;
- ▶ Patient either make a full payment, partial payment or no payment;
- ▶ **ALL patients are seen regardless of their ability to pay;**
- ▶ Patients with outstanding payment balances are sent a billing statement with a request to pay;
- ▶ Any outstanding payment balances after 12 months are written off as bad debt;
- ▶ Patients are NOT sent to collections to recover outstanding payments.
- ▶ **Patients receive assistance for the health center's Eligibility Workers to screen for eligibility and assistance with submitting applications to enroll in Medicaid.**

# Sliding Fee Discount Schedule Analysis

- ▶ Determine if the Nominal and Sliding Fee charges are comparable with the local prevailing market.
  - ▶ Comparative analysis of Nominal and Sliding Fee charges among Nevada FQHCs
- ▶ Assess if the Nominal and Sliding Fee charges present a financial barrier to accessing care.
  - ▶ Participation rate of making payments on Nominal fees among SNCHC patients seen in calendar year 2022 (CY22)

# Market Study of Fees for FQHCs in Nevada

- ▶ Eight (8) Health Centers queried in March 2023. They include:
  - ▶ All for Health, Health for All
  - ▶ Community Health Alliance
  - ▶ Firstmed Health & Wellness
  - ▶ First Person Care Clinic
  - ▶ Hope Christian Health Center
  - ▶ Nevada Health Centers
  - ▶ Northern Nevada Hopes
  - ▶ Silver State Health

# Market Study of Fees for FQHCs in Nevada

FQHC	SNCHC	A	B	C	D	E	F	G	H
Lowest Slide Scale Fee	\$20	\$20	\$20	\$0	\$40	\$35	\$10	\$35	No Answer Not Available
Highest Slide Scale Fee	\$55	\$75	\$90	\$75	\$70	\$95	\$50	\$90	No Answer Not Available
Full Price Fee	\$200	\$75	\$100	\$75	\$200	Ala Carte-billed after visit	Ala Carte-billed after visit	\$100	No Answer Not Available



## CY22 Payments on Claims for Uninsured Patients with Incomes at or Below 100% of the Federal Poverty Level

DEPARTMENT	Claim Count	Claim without a Payment	% of Claims with Payment
FQHC - Behavioral Health	482	53	89%
FQHC - Family Planning	304	218	28%
FQHC - Primary & Preventative Care	1,954	296	85%
FQHC - Refugee Health	18	18	0%
FQHC - Ryan White	282	207	27%
Sexual Health	2,199	426	81%
<b>TOTALS</b>	<b>5,239</b>	<b>1218</b>	<b>77%</b>

77% of claims have a payment as of 12/31/22 and the average of that payment is \$18.80.

# Primary Care Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

# Sexual Health Clinic Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	\$20	\$35	\$45	\$55	\$200
SHC Follow Up Fees	\$11	\$18	\$24	\$29	\$105
Nurse Visit ONLY Fees	\$4	\$7	\$9	\$11	\$40

Current schedule includes discounts @ 200% - 250% FPL  
 Proposed new schedule aligns with HRSA requirements

# Family Planning Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-250%	251%+
Program Code	P0	P1	P2	P3	P4	P5
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	70%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$60	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$12	\$40

# Ryan White Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-300%	301-399%+	400%+
Program Code	P0	P1	P2	P3	P4		
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%	0%	0%
Provider Visit Fees	\$0	\$35	\$45	\$55	\$200	\$200	\$200
Nurse Visit ONLY Fees	\$0	\$7	\$9	\$11	\$40	\$40	\$40
No charges beyond ___% of pt.'s gross annual income	0%	5%	5%	5%	7%	10%	N/A

Questions?

Thank you!

***Motion to Approve the SNHD Sliding Fee Schedule, as presented.***

# Southern Nevada Community Health Center

Governing Board Meeting

April 18, 2023

- ▶ Updates to SNHD Billing Fee Schedule 2023
- ▶ Presented by: Donnie (DJ) Whitaker, CFO

# Billing Fee Schedule Review

- The billing fee schedule is reviewed annually to add new fees or adjust existing fees.
- Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.
- Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.



# Billing Fee Review Methodology

- Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2023)
- Identify fees lower than 50<sup>th</sup> percentile of reported fees for further review. Add new fees anticipated to be utilized in 2023.
- Propose fee changes based on comparison of current fees to 50<sup>th</sup> percentile of reported fees and Medicare reimbursement rate.
- Proposed changes to individual fees are included in Exhibit A (85 fees). All other fees on the billing fee schedule remain the same.

# REFERENCES

- The complete SNHD billing fee schedule is included in the Informational Section of the Southern Nevada Community Health Center Governing Board meeting agenda for April 18, 2023.
- The complete Master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing can be furnished upon request. SNHD only utilizes a small percentage of this entire schedule.



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



Questions

***Motion to Approve the Billing Fee Schedule, as presented.***

# Exhibit A

## 2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
<b>Pathology &amp; Laboratory</b>			
81002	Urinalysis nonauto w/o scope	\$ 6.00	\$ 18.00
81025	Urine pregnancy test	\$ 17.00	\$ 34.00
82947	Blood glucose-monitoring device	\$ 8.09	\$ 22.00
83655	Lead - Clia	\$ 35.00	\$ 50.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 2.44	\$ 14.00
86403	Strep A	\$ 20.97	\$ 39.00
86704	Hep b core antibody total	\$ -	\$ 101.00
86705	Hepatitis B core IgM	\$ -	\$ 12.00
86708	Hepatitis A Total Ab	\$ -	\$ 18.00
86709	Hepatitis A IgM	\$ -	\$ 12.00
86769	Sars-cov-2 covid-19 antibody	\$ -	\$ 70.00
87071	Gonorrhea Culture, Isolation and Presumptive Identification	\$ 67.00	\$ 120.00
87210	Smear wet mount saline/ink	\$ 22.00	\$ 23.00
87340	Hepatitis B Surface Antigen	\$ -	\$ 19.00
87389	Hiv-1 ag w/hiv-1&-2 ab ag ia	\$ 39.00	\$ 126.00
87390	HIV-1 AG, EIA	\$ 36.00	\$ 73.00
87490	Chlmyd trach dna dir probe	\$ -	\$ 91.00
87521	Hepatitis c probe&rvrs trnsc	\$ -	\$ 487.00
87522	Hepatitis C Quantitative RNA	\$ -	\$ 43.00

## 2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
<b>Pathology &amp; Laboratory (continued)</b>			
87635	SARS-CoV-2 NAAT	\$ -	\$ 52.00
87804	Influenza - Clia	\$ 24.66	\$ 43.00
87806	Hiv ag w/hiv1&2 antb w/optic	\$ 54.00	\$ 80.00
87807	RSV - Clia	\$ 24.66	\$ 43.00
87808	Trichomonas assay w/optic	\$ 17.00	\$ 48.00
88164	Cytopathology, slides, cervical or vaginal/V, MANUAL	\$ 15.00	\$ 48.00
<b>Immunizations/Vaccines</b>			
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 20.00	\$ 23.00
90471	Admin Fee 1st Vaccine	\$ 20.00	\$ 23.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 8.00	\$ 15.00
90632	Hepatitis A (Adult)	\$ 130.00	\$ 135.00
90633	Hepatitis A (Child)	\$ 60.00	\$ 79.00
90636	Hepatitis A & B (Twinrix)	\$ 175.00	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ -	\$ 11.00
90647	Hib PRP-OMP	\$ 57.00	\$ 60.00
90648	Hib PRP-T	\$ 25.00	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ -	\$ 275.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ -	\$ 274.00
90662	Influenza- High Dose Seasonal	\$ 84.00	\$ 88.00

## 2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
<b>Immunizations/Vaccines (continued)</b>			
90677	PCV20 (Pevnar 20)	\$ 450.00	\$ 472.00
90680	Rotavirus- Pentavalent	\$ 164.00	\$ 165.00
90691	Typhoid	\$ 155.00	\$ 187.00
90696	DTaP-IPV	\$ 106.00	\$ 116.00
90700	DTap	\$ 45.00	\$ 62.00
90715	Tdap	\$ 75.00	\$ 89.00
90723	DTaP-Hep B- IPV (Pediatrix)	\$ 150.00	\$ 166.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 185.00	\$ 218.00
90744	Hepatitis B (Child)	\$ 48.00	\$ 70.00
90746	Hepatitis B (Adult)	\$ 90.00	\$ 141.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 45.00	\$ 48.00
<b>Mental Health</b>			
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 146.39	\$ 228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 161.94	\$ 341.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 71.59	\$ 117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 95.22	\$ 158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 142.42	\$ 181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 122.04	\$ 213.00
90839	PSYTX CRISIS INITIAL 60 MIN NEW	\$ -	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ -	\$ 90.00
90845	PSYCHOANALYSIS	\$ 101.05	\$ 167.00



## 2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
<b>Medical Nutrition Therapy</b>			
97802	MEDICAL NUTRITION, INDIV, IN	\$ 40.00	\$ 67.00
<b>Office Visits &amp; Preventive Care</b>			
99202	E&M New Outpatient, Expanded Problem Focused	\$ 159.00	\$ 160.00
99203	New Patient Detailed Problem Focused	\$ 231.00	\$ 234.00
99204	E&M New Outpatient Comprehensive Problem	\$ 352.00	\$ 357.00
99205	E&M New Outpatient, Very Comprehensive Problem Focused	\$ 454.00	\$ 469.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00	\$ 105.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 154.00	\$ 159.00
99214	E&M Established Outpatient Problem Focused	\$ 228.00	\$ 230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 320.00	\$ 330.00
99381	Preventive Medicine, New patient, <1 Year Old	\$ 184.00	\$ 202.00
99382	Preventive Medicine, New patient, 1-4 Years Old	\$ 189.00	\$ 206.00
99383	Preventive Medicine, New patient, 5-11 Years Old	\$ 191.00	\$ 211.00
99384	Preventive Medicine, New patient, 12-17 Years Old	\$ 210.00	\$ 234.00
99385	New Preventative Medicine, 18-39 yrs	\$ 240.00	\$ 264.00
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	\$ 269.00	\$ 294.00
99387	Preventive Medicine, New patient, 65+ Years Old	\$ 274.00	\$ 301.00
99391	Preventive Medicine, Established patient, <1 Year Old	\$ 172.00	\$ 181.00
99392	Preventive Medicine, Established patient, 1-4 Years Old	\$ 172.00	\$ 192.00

# 2023 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

CPT Code	CPT Code Description	Current Fee	Proposed New Fee
<b>Office Visits &amp; Preventive Care (continued)</b>			
99393	Preventive Medicine, Established patient, 5-11 Years Old	\$ 172.00	\$ 189.00
99394	Established Preventive Medicine, 12-17 yrs	\$ 186.00	\$ 203.00
99395	Established Preventive Medicine, 18-39 yrs	\$ 209.00	\$ 229.00
99396	Preventive Medicine, Established patient, 40-64 Years Old	\$ 225.00	\$ 243.00
99397	Preventive Medicine, Established patient, 65+ Years Old	\$ 235.00	\$ 253.00
<b>Telemedicine</b>			
99423	OL DIG E/M SVC 21+ MIN	\$ 93.02	\$ 107.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 77.00	\$ 142.00
Fee based on comparison to Medicare reimbursement rate			
Fee based on comparison to 50th percentile of local healthcare community billing rates			



# Southern Nevada Community Health Center

Governing Board Meeting

April 2023



# FQHC FINANCIAL REPORT

Results as of February 28, 2023



# FQHC – ALL FUNDS/DIVISIONS

Activity	Budget as of February	Actual as of February	Variance	%
Charges for Services	10,400,377	12,147,482	1,747,105	17%
Other	94,913	712,993	618,080	651%
Federal Revenue	1,768,405	2,793,260	1,024,855	58%
Other Grant Revenue	-	4,785	4,785	0%
Pass-Thru Revenue	3,165,913	1,185,153	(1,980,760)	-63%
State Revenue	188,298	332,964	144,666	77%
<b>Total FQHC Revenue</b>	<b>15,617,906</b>	<b>17,176,637</b>	<b>1,558,731</b>	<b>10%</b>
Salaries	4,182,790	3,608,992	(573,799)	-14%
Taxes & Fringe Benefits	1,774,286	1,453,381	(320,905)	-18%
Travel & Training	53,449	56,239	2,790	5%
<b>Total Salaries &amp; Benefits</b>	<b>6,010,525</b>	<b>5,118,611</b>	<b>(891,914)</b>	<b>-15%</b>
Supplies	7,899,241	9,394,026	1,494,785	19%
Capital Outlay	70,970	11,376	(59,594)	-84%
Contractual	1,144,242	1,041,071	(103,171)	-9%
<b>Total Other Operating</b>	<b>9,114,453</b>	<b>10,446,472</b>	<b>1,332,020</b>	<b>15%</b>
Indirect Costs/Cost Allocations	3,777,187	3,152,520	(624,667)	-17%
Transfers IN	(950,708)	(654,846)	295,862	-31%
Transfers OUT	921,299	654,846	(266,454)	-29%
<b>Total Transfers</b>	<b>3,747,778</b>	<b>3,152,520</b>	<b>(595,258)</b>	<b>-16%</b>
<b>Net Position</b>	<b>(3,254,850)</b>	<b>(1,540,966)</b>	<b>1,713,883</b>	<b>-53%</b>

NOTES:

- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) OUTPACING BUDGET DUE TO CHANGES IN NEVADA MEDICAID REIMBURSEMENT (THE WRAP) PROGRAM UPDATES LEADING TO MULTI-PERIOD REVENUE CATCHUP.
- 3) ADDITIONAL FEDERAL GRANT REVENUES FROM INCREASE IN REIMBURSABLE PATIENT ENCOUNTERS.
- 4) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT ACROSS ALL DEPARTMENTS (SEE ADDITIONAL NOTES ON SLIDE 5).
- 5) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING FULL-TIME PRIMARY CARE APRN).
- 6) PHARMACY ACTIVITY CONTINUES TO OUTPACE EXPECTED PATIENT ENCOUNTERS AND RISING COST OF PRESCRIPTION DRUGS LED TO INCREASED EXPENSES.

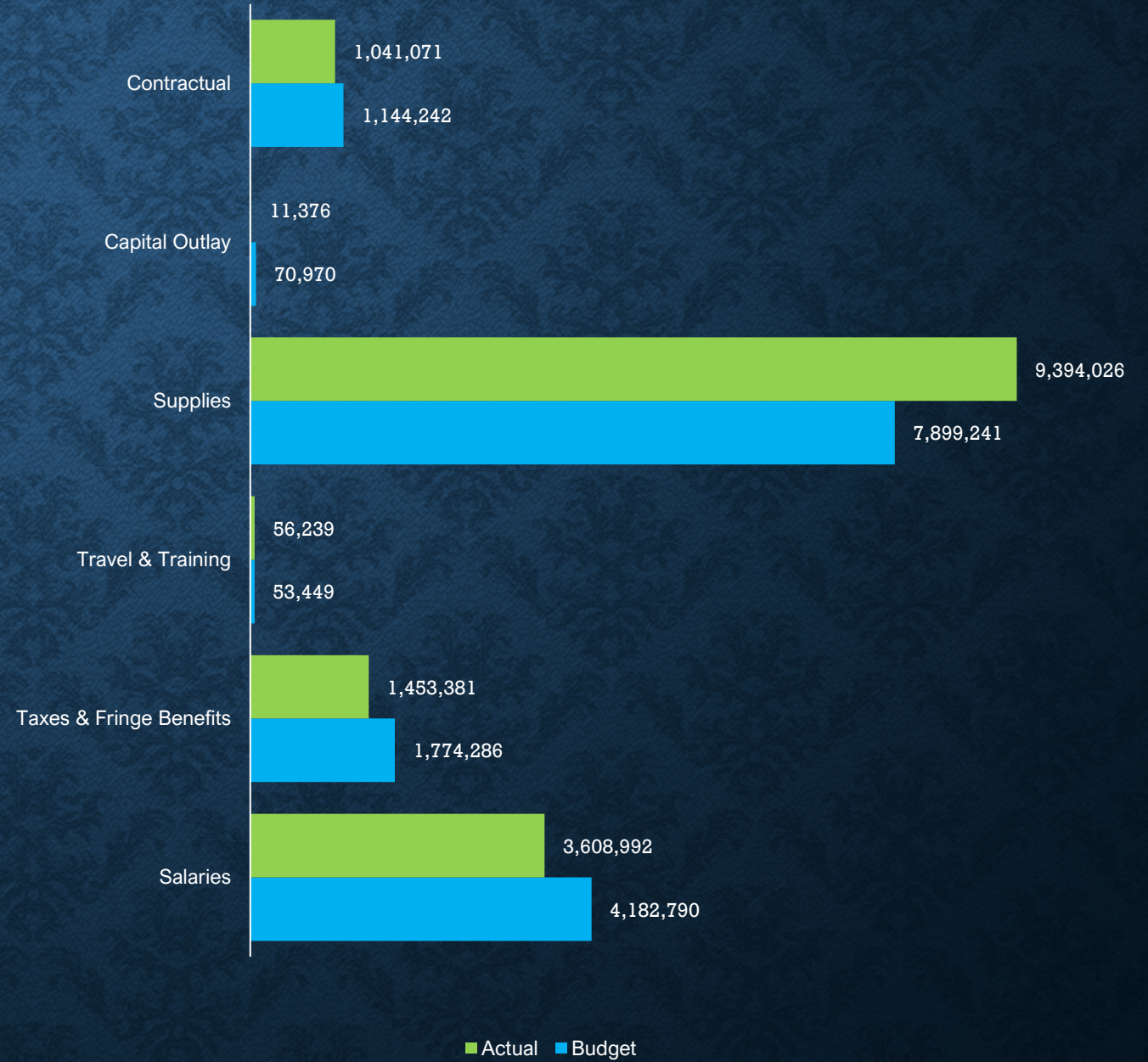


# REVENUES & EXPENSES

FQHC Total Revenue by Type



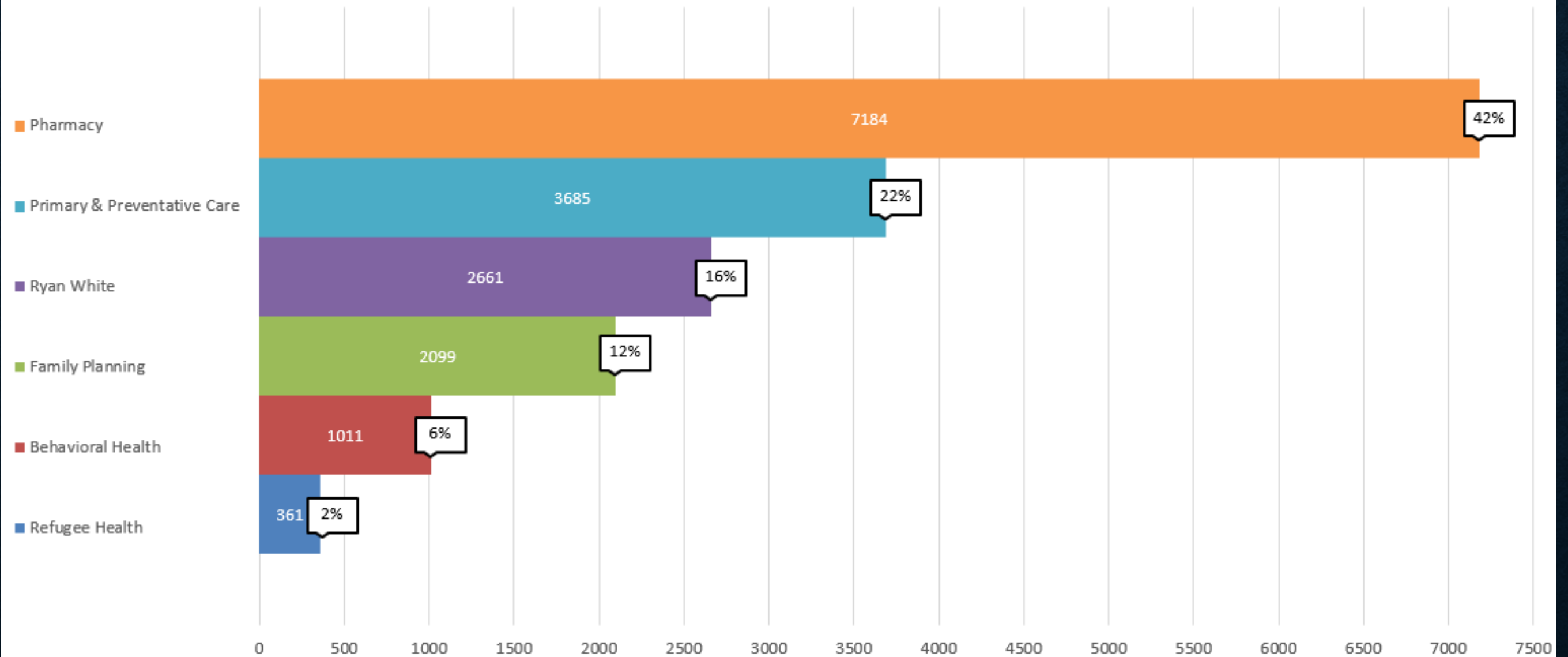
FQHC Total Expense by Type





# PATIENTS BY DEPARTMENT

Number of Encounters Through February 28, 2023  
Total: 17,001





# REVENUE BY DEPARTMENT

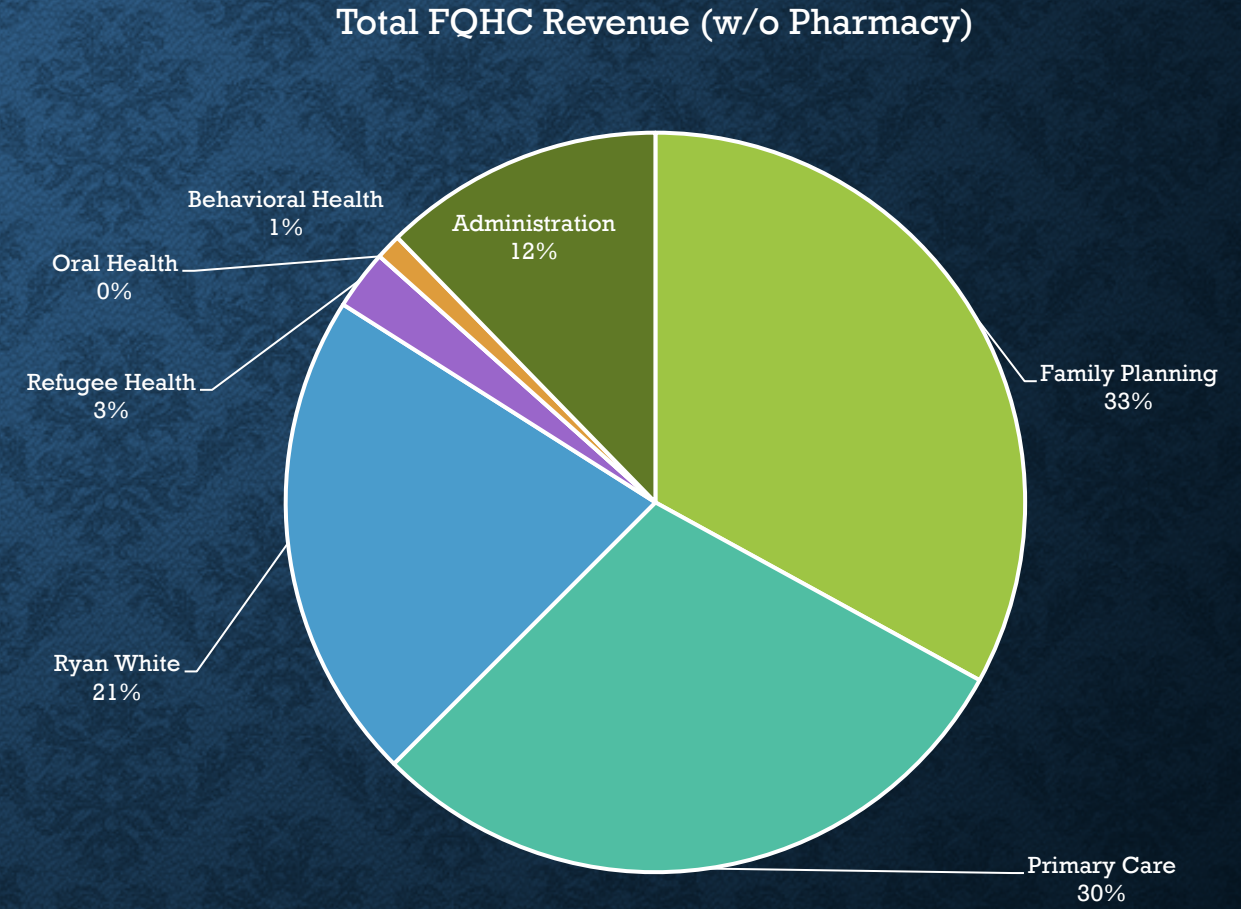
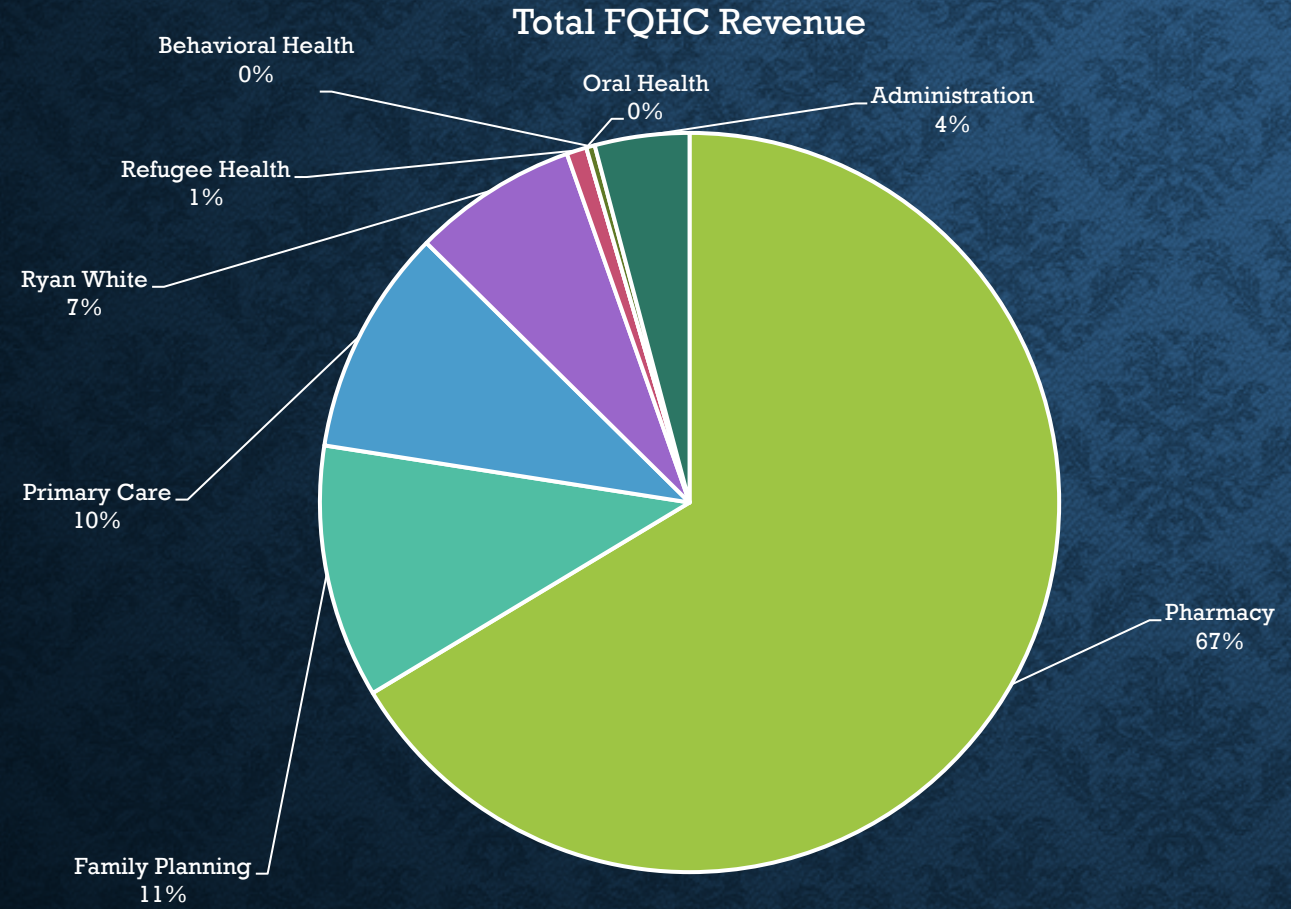
Department	Budget as of February	Actual as of February	Variance	%
<b>Charges for Services (+ Wrap)</b>				
Family Planning	227,187	323,437	96,251	42%
Pharmacy	9,612,000	11,402,275	1,790,275	19%
Oral Health (Dental)	4,880	-	(4,880)	-100%
Primary Care	441,187	136,200	(304,987)	-69%
Ryan White	(863)	160,397	161,261	-18679%
Refugee Health	210,900	64,030	(146,870)	-70%
Behavioral Health	-	64,458	64,458	0%
Administration	-	709,678	709,678	0%
<b>OPERATING REVENUE</b>	<b>10,495,290</b>	<b>12,860,475</b>	<b>2,365,185</b>	<b>23%</b>
<b>Grants</b>				
Family Planning	1,873,402	1,581,168	(292,234)	-16%
Pharmacy	128,673	-	(128,673)	-100%
Oral Health (Dental)	-	-	-	0%
Primary Care	1,706,771	1,568,412	(138,359)	-8%
Ryan White	1,202,265	1,080,232	(122,033)	-10%
Refugee Health	211,506	86,350	(125,156)	-59%
Behavioral Health	-	-	-	0%
<b>SPECIAL REVENUE</b>	<b>5,122,616</b>	<b>4,316,162</b>	<b>(806,454)</b>	<b>-16%</b>
<b>TOTAL REVENUE</b>	<b>15,617,906</b>	<b>17,176,637</b>	<b>1,558,731</b>	<b>10%</b>

**NOTES:**

- 1) PAYER MIX INCLUDES A HIGHER PERCENTAGE OF COMMERCIALY INSURED PATIENTS COMBINED WITH AN INCREASE IN PRESCRIPTION MEDICATIONS PER ENCOUNTER.
- 2) ANTICIPATED NET ADJUSTMENT LEFT CREDIT BALANCE IN REVENUE BUDGET.
- 3) ACTIVITY NOT SPECIFICALLY BUDGETED IN FY2023.
- 4) MISCELLANEOUS REIMBURSEMENTS FROM NEVADA MEDICAID (THE WRAP).
- 5) PROGRAM IS REQUESTING A NO-COST EXTENSION FOR COVID TELEHEALTH GRANT WITH PLANS TO HIRE ADDITIONAL PERSONNEL TO MAXIMIZE UTILIZATION IN FY2023.
- 6) PHARMACY BUDGETED FOR A GRANT WHICH WAS NOT APPROVED RESULTING IN NO GRANT REVENUE FOR FY2023.
- 7) PRIMARY CARE BUDGETED FOR CONSTRUCTION PROJECTS NOT YET SCHEDULED. PROGRAM PLANS TO COMPLETE CONSTRUCTION BY END OF SEPTEMBER 2024.
- 8) TIMING DIFFERENCE FOR REVIEW AND POSTING OF REQUESTS FOR REIMBURSEMENT.



# REVENUE BY DEPARTMENT (WITH AND WITHOUT PHARMACY)





# EXPENSES BY DEPARTMENT

Department	Budget as of February	Actual as of February	Variance	%
<b>Employment (Salaries, Fringe, Training)</b>				
Family Planning	1,246,682	1,107,055	(139,627)	-11%
Pharmacy	199,651	189,652	(9,999)	-5%
Oral Health (Dental)	1,673	-	(1,673)	-100%
Primary Care	2,687,176	2,297,822	(389,354)	-14%
Ryan White	1,568,179	1,353,005	(215,174)	-14%
Refugee Health	113,273	80,535	(32,738)	-29%
Behavioral Health	667	-	(667)	-100%
Administration	193,224	90,542	(102,682)	-53%
<b>Total Personnel Costs</b>	<b>6,010,525</b>	<b>5,118,611</b>	<b>(891,914)</b>	<b>-15%</b>
<b>Other (Supplies, Contractual, Capital)</b>				
Family Planning	461,537	659,400	197,862	43%
Pharmacy	7,235,646	8,815,927	1,580,281	22%
Oral Health (Dental)	35,133	-	(35,133)	-100%
Primary Care	979,978	784,392	(195,586)	-20%
Ryan White	229,324	119,932	(109,392)	-48%
Refugee Health	116,443	64,604	(51,839)	-45%
Behavioral Health	7,733	-	(7,733)	-100%
Administration	48,658	2,219	(46,439)	-95%
<b>Total Other Expenses</b>	<b>9,114,453</b>	<b>10,446,472</b>	<b>1,332,020</b>	<b>15%</b>
<b>Total Operating Expenses</b>	<b>15,124,978</b>	<b>15,565,084</b>	<b>440,106</b>	<b>3%</b>
Indirect Costs/Cost Allocations	3,777,187	3,152,520	(624,667)	-17%
Transfers IN	(950,708)	(654,846)	295,862	-31%
Transfers OUT	921,299	654,846	(266,454)	-29%
<b>Total Transfers &amp; Allocations</b>	<b>3,747,778</b>	<b>3,152,520</b>	<b>(595,258)</b>	<b>-16%</b>
<b>TOTAL EXPENSES</b>	<b>18,872,756</b>	<b>18,717,603</b>	<b>(155,153)</b>	<b>-1%</b>

1

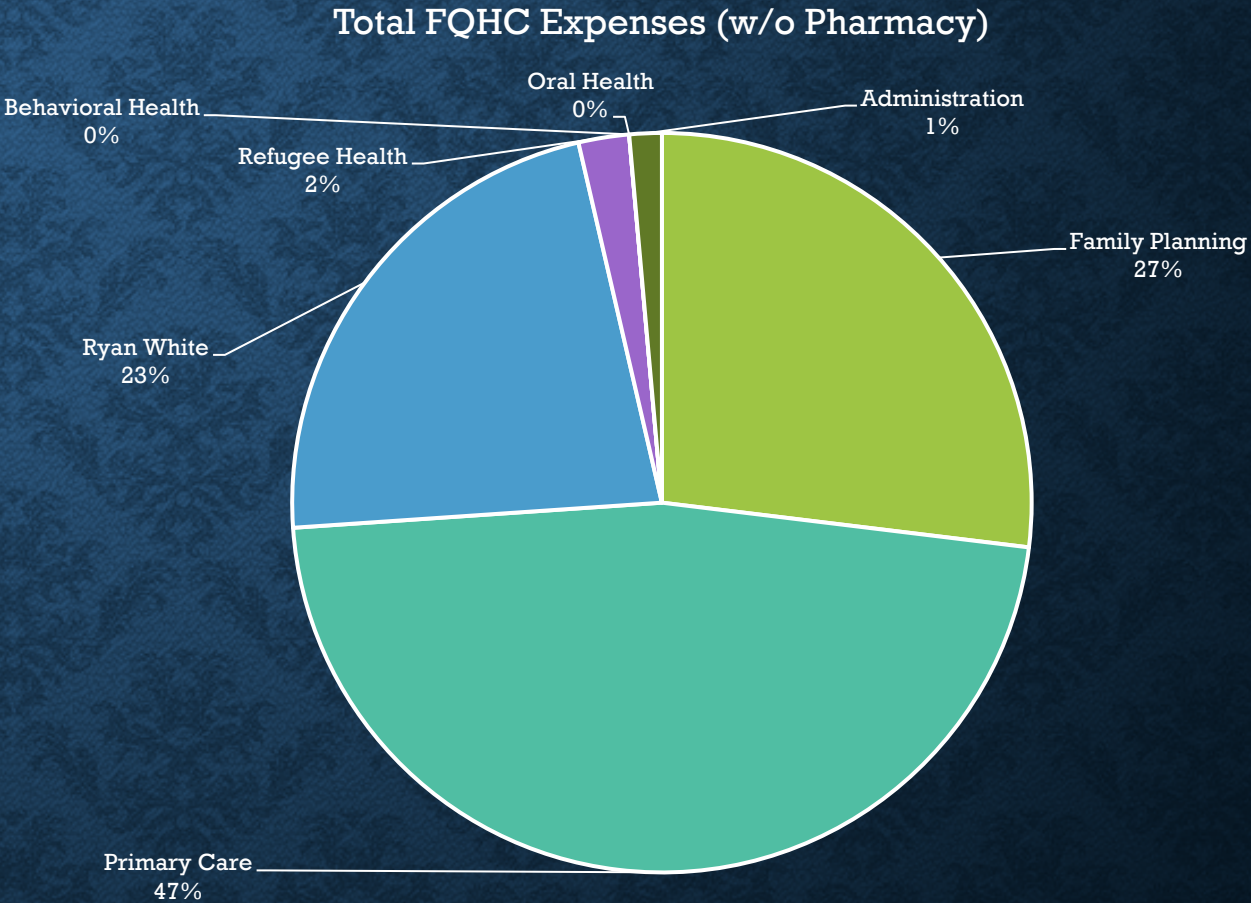
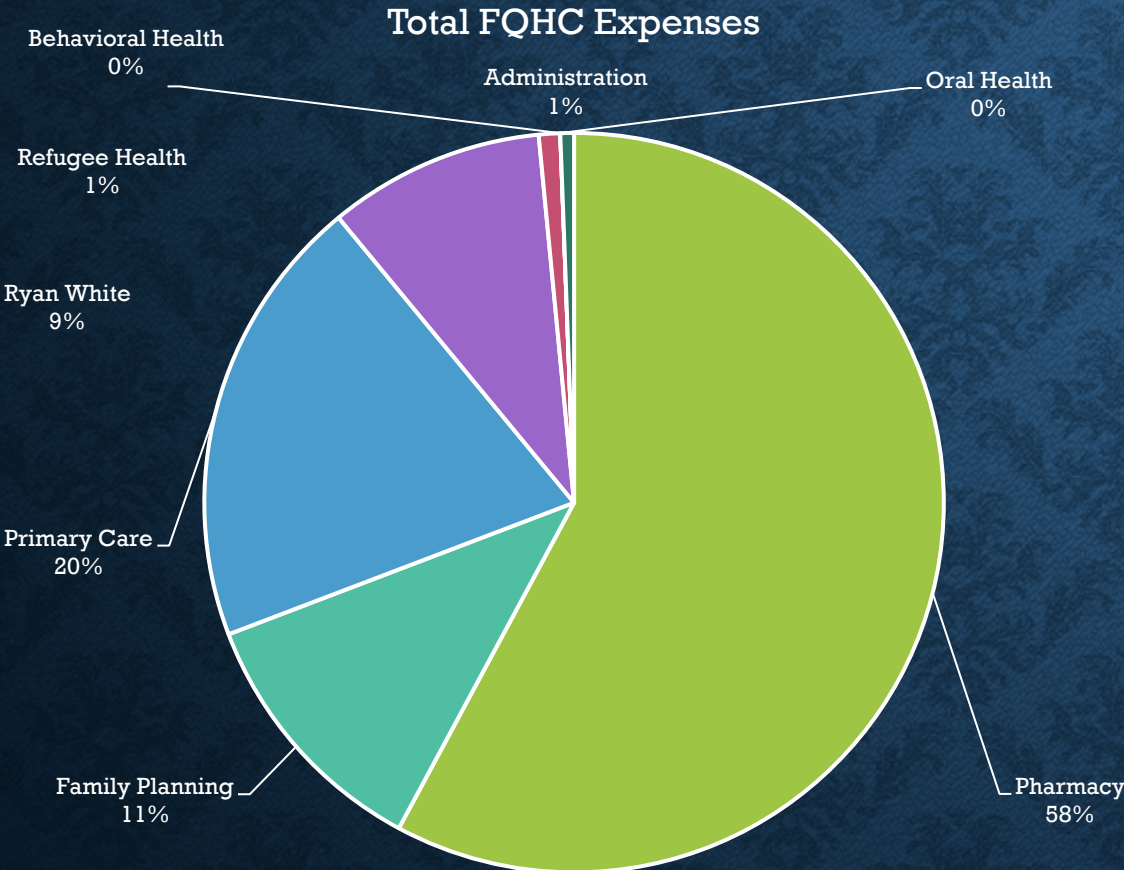
2

NOTES:

- 1) SEVEN OPEN POSITIONS IN ACTIVE RECRUITMENT THROUGHOUT THE FISCAL YEAR (INCLUDING TWO PRIMARY CARE PHYSICIANS, TWO APRN, AND TWO CHN).
- 2) INCREASED PHARMACY ACTIVITY COMBINED WITH RISING COST OF PRESCRIPTION DRUGS.



# EXPENSES BY DEPARTMENT (WITH AND WITHOUT PHARMACY)





# FQHC - GENERAL FUND

FQHC - GENERAL FUND	Budget Through February 2023	Actual Through February 2023	Variance	+/- %
<b>Revenues</b>				
Charges for Services	10,400,377	12,147,482	1,747,105	17%
Other	94,913	712,993	618,080	651%
<b>Total Revenue</b>	<b>10,495,290</b>	<b>12,860,475</b>	<b>2,365,185</b>	<b>23%</b>
<b>Expenses</b>				
Salaries	1,667,124	1,432,305	234,819	14%
Taxes & Fringe Benefits	705,128	556,508	148,620	21%
Travel & Training	28,275	7,154	21,121	75%
<b>Total Personnel Costs</b>	<b>2,400,527</b>	<b>1,995,967</b>	<b>404,560</b>	<b>17%</b>
Supplies	7,435,387	8,963,690	(1,528,303)	-21%
Capital Outlay	6,667	-	6,667	100%
Contractual	358,774	311,653	47,121	13%
Other	-	-	-	0%
<b>Total Other Expenses</b>	<b>7,800,827</b>	<b>9,275,343</b>	<b>(1,474,515)</b>	<b>-19%</b>
<b>Total Expense</b>	<b>10,201,354</b>	<b>11,271,309</b>	<b>(1,069,955)</b>	<b>-10%</b>
Indirect Costs/Cost Allocations	2,627,486	2,356,128	271,358	10%
Transfers IN	-	(2,812)	2,812	0%
Transfers OUT	921,299	652,034	269,265	29%
<b>Total Transfers &amp; Allocations</b>	<b>3,548,785</b>	<b>3,005,351</b>	<b>543,435</b>	<b>15%</b>
<b>Net Position</b>	<b>(3,254,850)</b>	<b>(1,416,185)</b>	<b>1,838,665</b>	<b>-56%</b>

Unaudited General Ledger Data - July 1, 2022 to February 28, 2023



# FQHC – SPECIAL REVENUE FUND

FQHC - SPECIAL REVENUE	Budget Through February 2023	Actual Through February 2023	Variance	+/- %
<b>Revenues</b>				
Grants	5,122,616	4,316,162	(806,454)	-16%
<b>Total Revenue</b>	<b>5,122,616</b>	<b>4,316,162</b>	<b>(806,454)</b>	<b>-16%</b>
<b>Expenses</b>				
Salaries	2,515,667	2,176,687	338,979	13%
Taxes & Fringe Benefits	1,069,158	896,873	172,285	16%
Travel & Training	25,173	49,085	(23,911)	-95%
<b>Total Personnel Costs</b>	<b>3,609,998</b>	<b>3,122,645</b>	<b>487,353</b>	<b>14%</b>
Supplies	463,854	430,336	33,518	7%
Capital Outlay	64,303	11,376	52,927	82%
Contractual	785,468	729,418	56,050	7%
Other	-	-	-	0%
<b>Total Other Expenses</b>	<b>1,313,625</b>	<b>1,171,130</b>	<b>142,496</b>	<b>11%</b>
<b>Total Expense</b>	<b>4,923,623</b>	<b>4,293,774</b>	<b>629,849</b>	<b>13%</b>
Indirect Costs/Cost Allocations	1,149,701	796,391	353,309	31%
Transfers IN	(950,708)	(652,034)	(298,674)	31%
Transfers OUT	-	2,812	(2,812)	0%
<b>Total Transfers &amp; Allocations</b>	<b>198,993</b>	<b>147,169</b>	<b>51,824</b>	<b>26%</b>
<b>Net Position</b>	<b>(0)</b>	<b>(124,781)</b>	<b>(124,781)</b>	<b>0%</b>

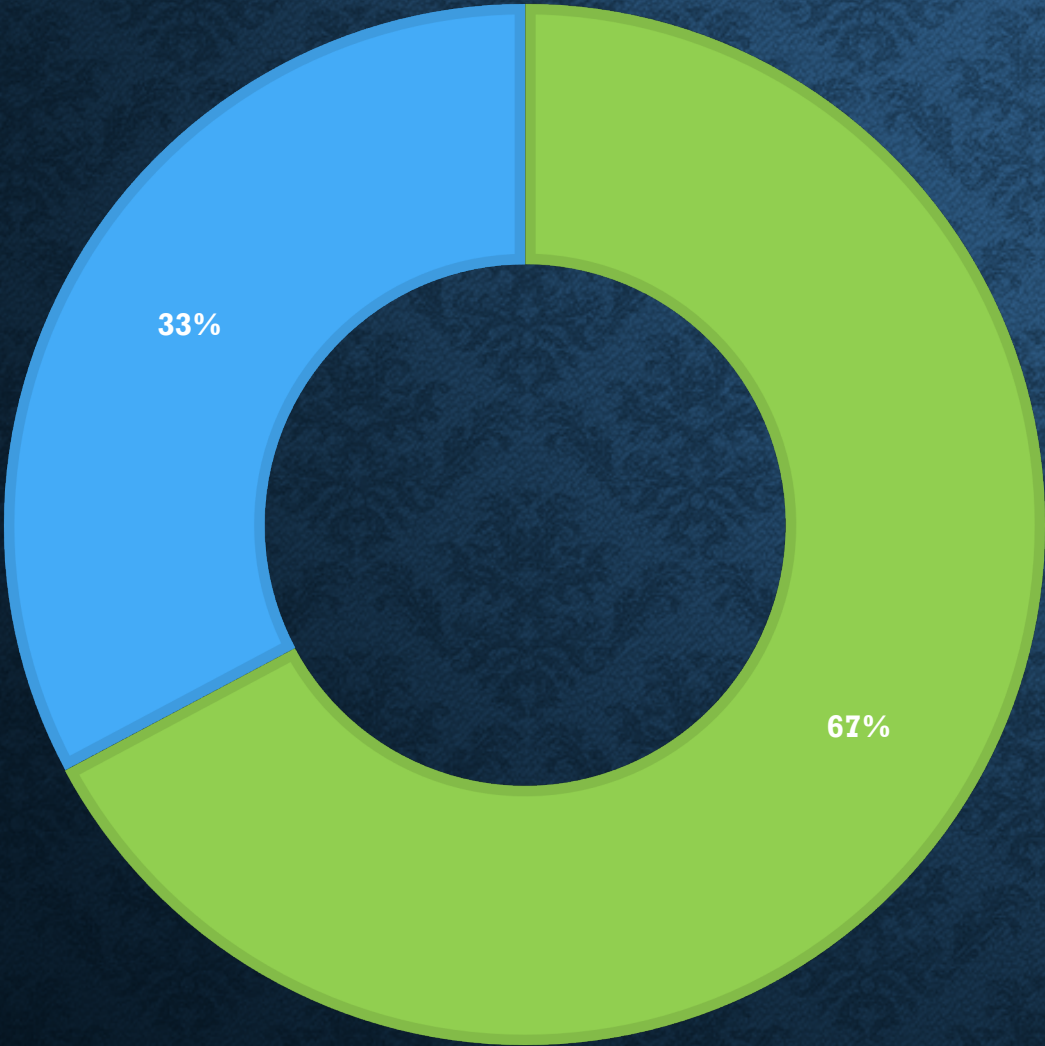
Unaudited General Ledger Data - July 1, 2022 to February 28, 2023



# FQHC – REVENUE BY FUND

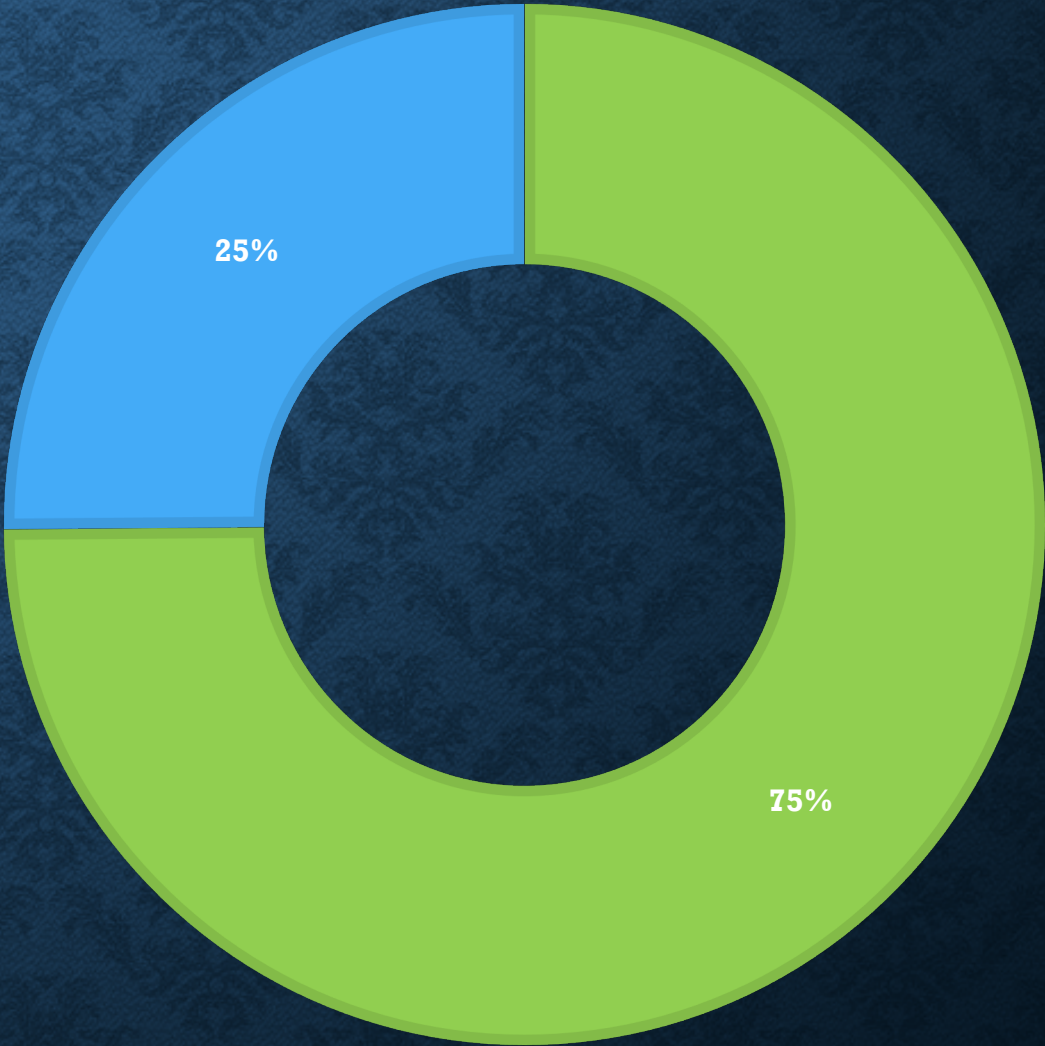
**BUDGET**

■ Operating ■ Grant



**ACTUAL**

■ Operating ■ Grant

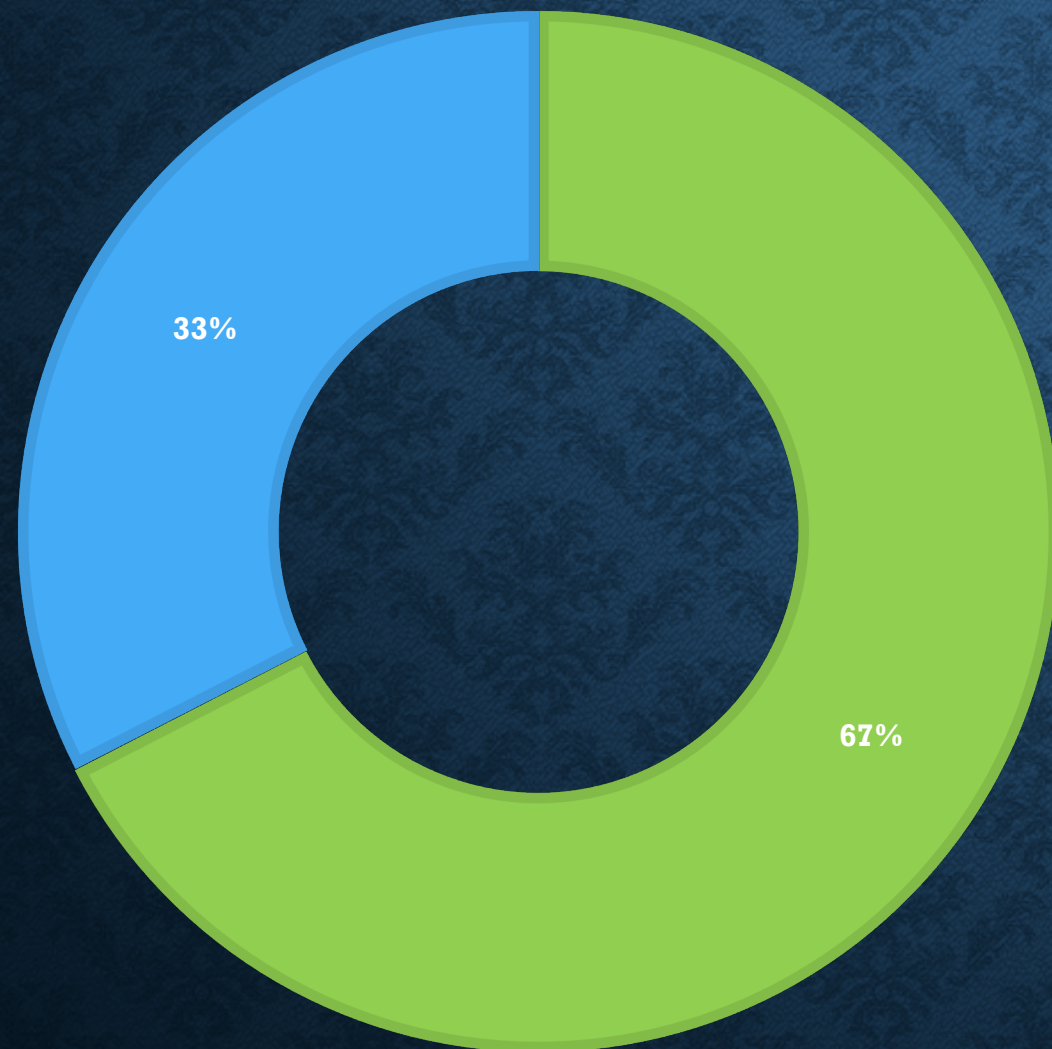




# FQHC – EXPENSES BY FUND

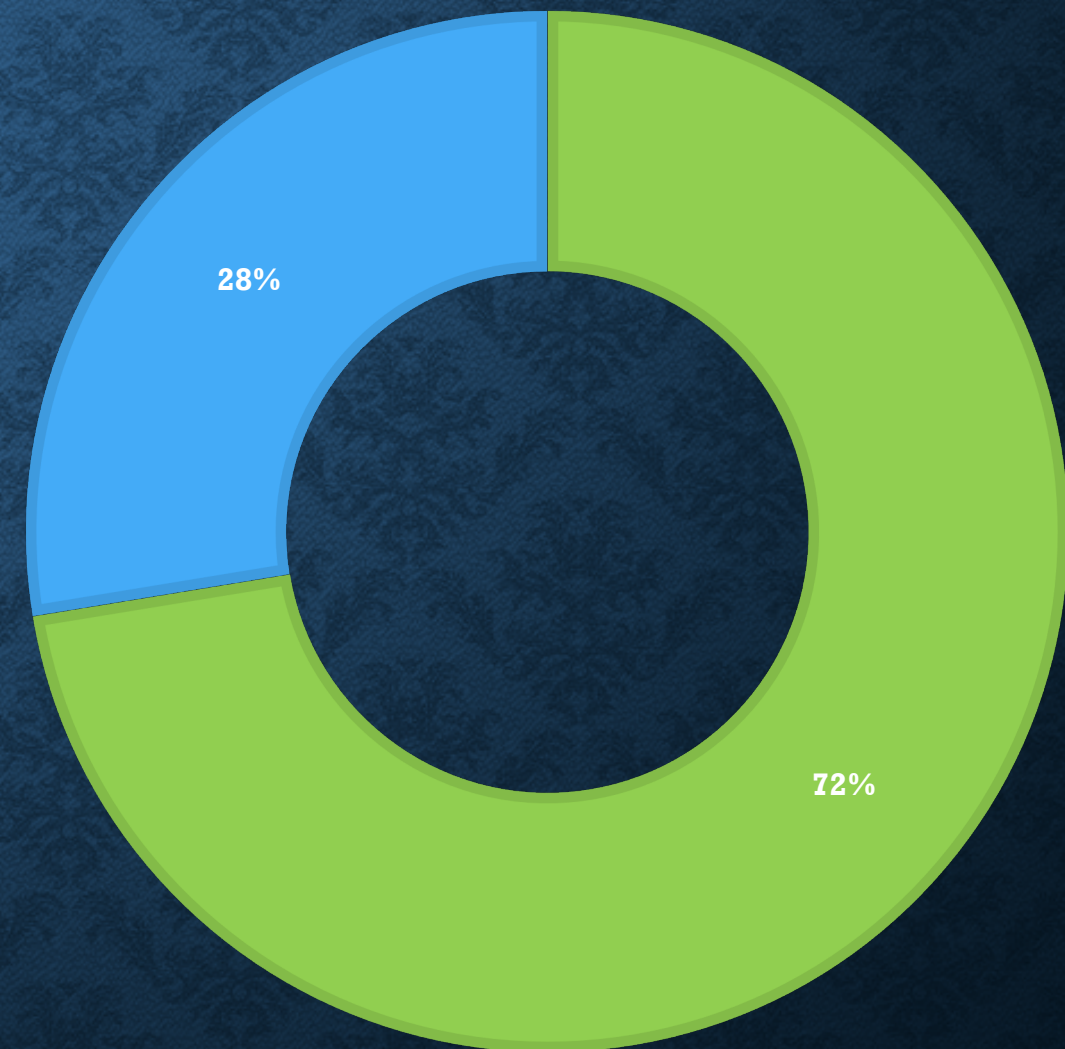
## BUDGET

■ Operating ■ Grant



## ACTUAL

■ Operating ■ Grant





**FQHC FEBRUARY 2023 YTD  
FINANCIAL REPORT**

Questions?

*Motion to Accept the February 2023 YTD Financial Report, as presented.*



# New Board Member Candidate

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## Community Board Member Candidate:

- Member of the Nevada Immigrant Coalition, Las Vegas, Nevada
- Master of Business Administration Candidate - Lee Business School, University of Nevada, Las Vegas. (Commenced January 2023)
- Juris Doctorate - William S. Boyd of Law, University of Nevada, Las Vegas
- BA Sarah Lawrence College, Bronxville, New York.
- **Believes there should be health care for all, regardless of income and lack of medical insurance.**
- **The vision and mission of CHC resonates with them.**
- **They would like to help CHC promote and develop its services for the community.**

*Motion to Approve the Board Member Candidate to the SNCHC Governing Board, as presented.*



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

# Highlights from the March 2023 Operations Report

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Randy Smith, FQHC Operations Officer



# Unduplicated/New Patients Seen In March

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- 1,350 unduplicated patients served
- 318 new patients seen
  
- New annual unduplicated patient goals will be established with the submission of the Service Area Competition (SAC) grant

# Program Updates

---

- 2022 UDS Report received final acceptance by HRSA.
- 2022 FPAR Report received final acceptance by HRSA.
- Service Area Competition (SAC) grant NOFO anticipated to be released in a few weeks and due to HRSA in August 2023.
- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023; second round of space plan reviews in April.
- Ryan White services projected to begin at Fremont in Q2 of 2023.
- Title X Family Planning program audit scheduled to occur in September 2023.
- Oral Health Services – Fremont Dental Clinic
  - Henry Schein – operatory design and equipment list
  - Community Partnerships
  - Potential grant funding available through a competitive grant from the State targeting FQHCs

# Program Updates continued

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- Provider Staffing Update:
  - New mid-level provider starting May 1<sup>st</sup> (backfill of vacancy)
  - New contracted Infectious Disease doctor starting in May
  - Active recruitment for a mid-level provider (backfill of vacancy)
  - Active recruitment for a family practice doctor (new position)
  - Active recruitment for a Licensed Clinical Social Worker (backfill for vacancy)
- Azara – DRVS implementation
  - Population Health, Care Gaps, Reporting
- Sexual Health Clinic integration
  - Go live: 7/1/23
  - Transition Plan and Team created
  - General and Focus meeting with SHC to discuss process and address questions/concerns
  - Goal is to minimize disruptions to patients or staff
    - Majority of changes are administrative in nature
  - Ensure compliance with HRSA requirements



**SOUTHERN NEVADA**  
*Community*  
**HEALTH CENTER**

**AT THE SOUTHERN NEVADA HEALTH DISTRICT**

Questions?

April 18, 2023

# Memorandum

**Date:** April 18, 2023

**To:** Southern Nevada Community Health Center Governing Board

**From:** Randy Smith, FQHC Operations Officer *RS*  
Fermin Leguen, MD, MPH, District Health Officer *FL*

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**RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – MARCH 2023**

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Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

## March Highlights:

### Operations

- 1,350 unduplicated patients seen in March.
- 318 new patients seen.

### Administrative

- 2022 UDS Report received final acceptance by HRSA
- 2022 FPAR Report received final acceptance by HRSA
- Service Area Competition (SAC) grant NOFO anticipated to be released in a few weeks and due to HRSA in August 2023
- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023; second round of space plan reviews in April
- Ryan White services projected to begin at Fremont in Q2 of 2023
- Title X Family Planning program audit scheduled to occur in September 2023

### COVID-19 Vaccine Clinic Facility: COVID-19 Response

- COVID-19 vaccination clinic providing services at Fremont, Decatur and outreach locations
- COVID-19 Services – Additional HRSA funding to support this work through May 2023

### HIV / Ryan White Care Program

- A. The Ryan White program received 49 referrals between March 1<sup>st</sup> and March 31<sup>st</sup>. There were three (3) pediatric clients referred to the MCM (Medical Case management) program in March and the program received one (1) referral for pregnant women living with HIV during this time.

- B. There were 519 total service encounters in the month of March provided by the Ryan White program (Linkage coordinator, Eligibility workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 219 unduplicated clients served under these programs in March.
- C. The Ryan White ambulatory clinic had a total of 394 visits in the month of March: 24 initial provider visits, 144 established provider visits, 10 tele-visits (established clients). There were 33 Nurse visits and 183 lab visits. There were 33 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Workers and the Psychiatric APRN during the month of March.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 14 patients enrolled and seen under the Rapid stART program in March

### Family Planning (FP)

Unduplicated Patients	Mar 2022	Mar 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	157	230	↑	954	860	↓
Number of Pt: Decatur PHC	304	307	↑	1,619	1,822	↑

Duplicated Patients	Mar 2022	Mar 2023		FY 21-22	FY 22-23	
Number of Pt: Fremont PHC	164	245	↑	1,434	1,413	↓
Number of Pt: Decatur PHC	322	319	↓	2,504	3,045	↑

- A. FP Program services at Fremont and Decatur Public Health Centers served 564 clients: 537 of them were unduplicated.

### Pharmacy Services

Pharmacy Services	Mar-22	Mar-23		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1341	1243	↓	9776	10437	↑	6.8%
Prescriptions Filled	1711	1744	↑	12432	14023	↑	12.8%
Client Clinic Encounters (Pharmacist)	36	36	→	258	424	↑	64.3%
Financial Assistance Provided	15	17	↑	97	78	↓	-19.6%
Insurance Assistance Provided	5	0	↓	36	17	↓	-52.8%

- A. Dispensed 1744 prescriptions for 1243 clients.
- B. Pharmacist assessed/counseled 36 clients in clinics.
- C. Assisted 17 clients to obtain medication financial assistance.
- D. Assisted ZERO clients with insurance approvals.

## Eligibility Case Narrative and Monthly Report

As a team Eligibility Workers (EW) submitted a total of 183 applications for the month of March 2023.

- EW's had 707 Referrals issued between the team of five (5) EW's.
- Of the 183 submitted applications:
  - 157 applications were Approved, 41 of which were started/pending from Jan 2023 & Feb 2023.
  - 72 were Denied, 28 of those were started/pending from Jan 2023 & Feb 2023.
  - 47 are in Pending status.
- Medicaid applications submitted: 108
- SNAP applications submitted: 67
- TANF applications: 1
- Hardships: 8

## Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month of March 2023.

Client required medical follow- up for Communicable Diseases	11
Referrals for TB issues	7
Referrals for Chronic Hep B	3
Referrals for STD	1
Pediatric Refugee Exams	11
Clients encounter by program (adults)	54
<b>Total for FY22-23</b>	<b>392</b>

## Quality & Risk Management

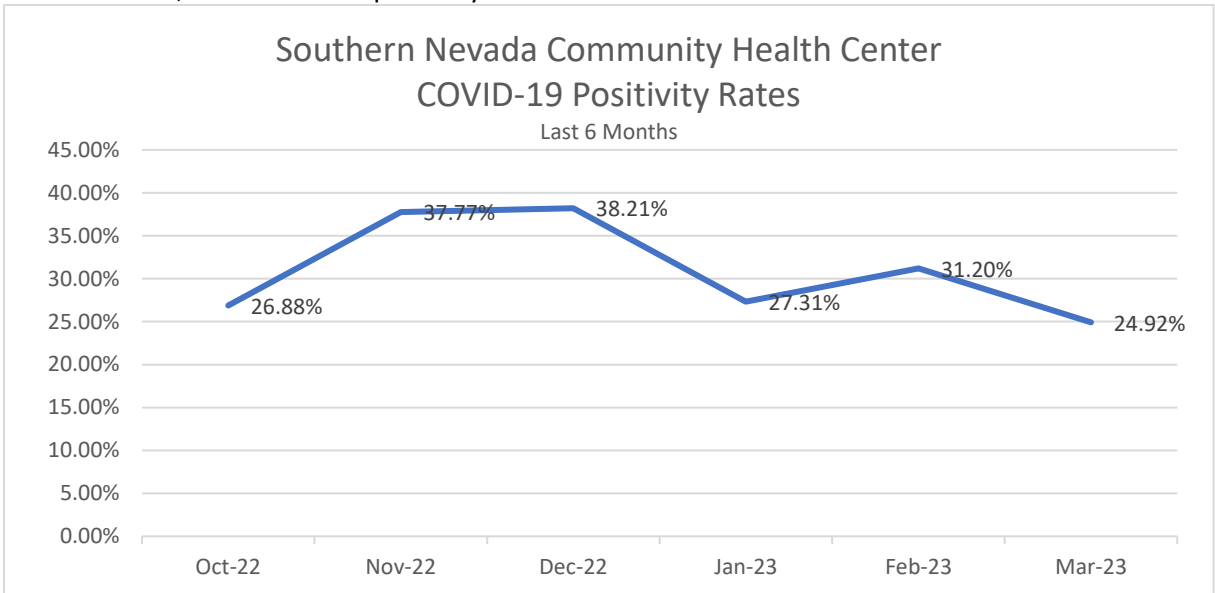
### A. Quality

#### COVID-19 Testing

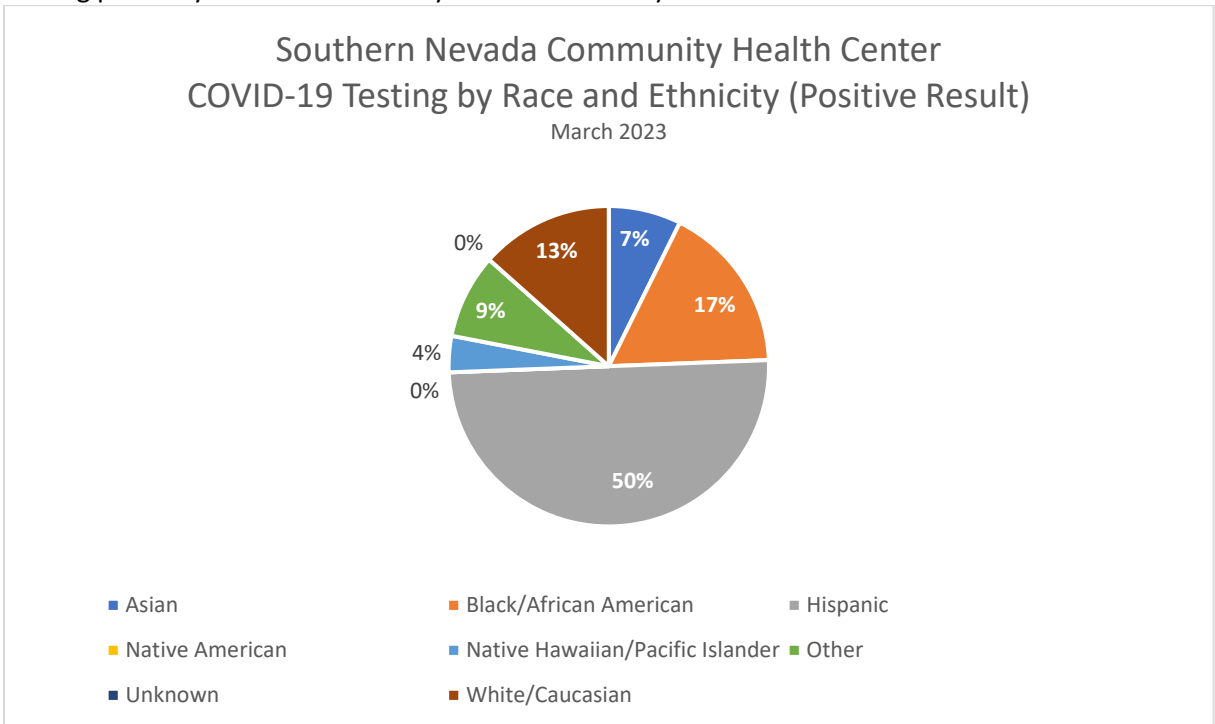
From January 2021 to March 2023 the Southern Nevada Community Health Center completed 70,573 COVID-19 tests, 328 of which were conducted in March of 2023.

The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

In March 2023, the COVID test positivity rate was 24.92%.

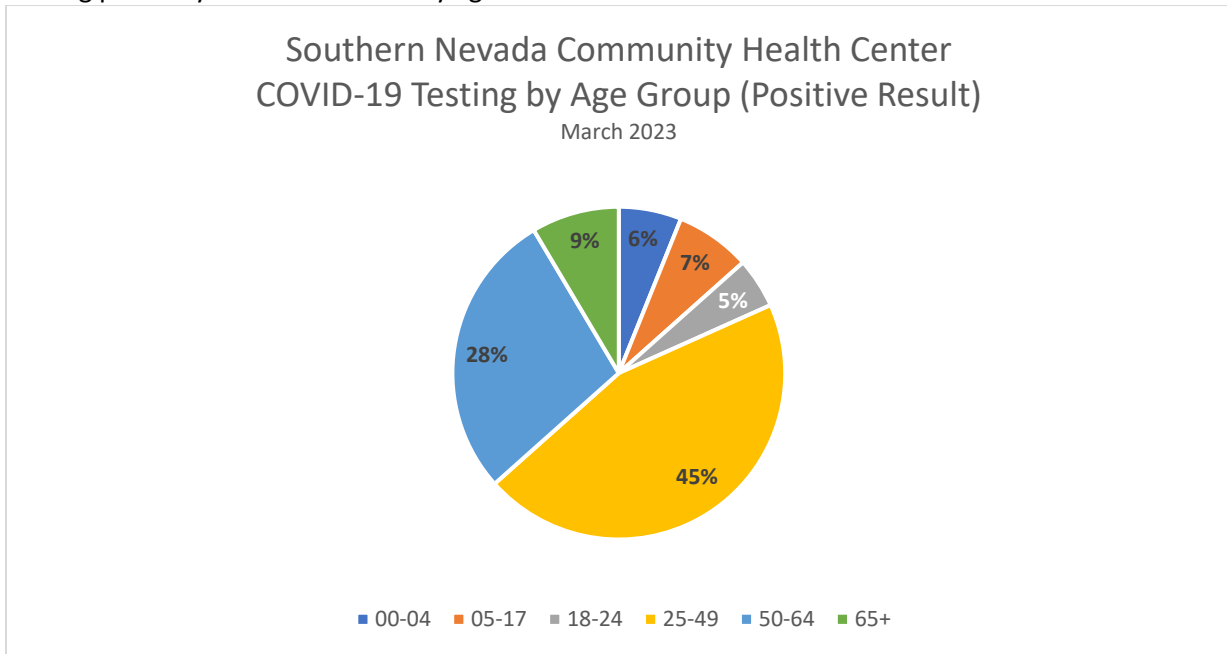


Testing positivity rates broken out by race and ethnicity below:





Testing positivity rates broken out by age below:



**B. COVID-19 Vaccine Program and Monkeypox**

The Southern Nevada Community Health Center administered 456 COVID/Monkeypox doses YTD.

**C. Telehealth**

The Health Center saw 37 patients via tele-health or 2.19% of the patients that were seen in our clinics in March.

**D. Health Center Visits**

The Health Center scheduled 1691 patient appointments in March. There was a 33.77% no-show and same day cancellation rate.

**E. Behavioral Health Clinic**

The Health Center scheduled 221 Behavioral Health patient appointments in March. There were 37 no-show and 62 cancelled visits.

**Risk Management**

Health Insurance Portability and Accountability Act (HIPAA):

- There were zero (0) HIPAA breaches at the Health Center in March.

Exposure Incidents:

- There were zero (0) exposure incidents at the Health Center in March.

Medical Events:

- There were zero (0) medical events at the Health Center in March



AT THE SOUTHERN NEVADA HEALTH DISTRICT

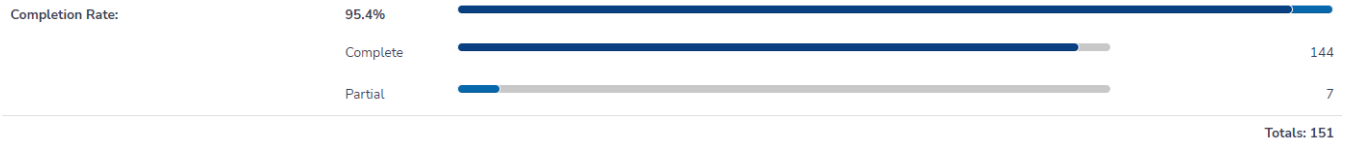
Patient Satisfaction:

- See attached survey results.

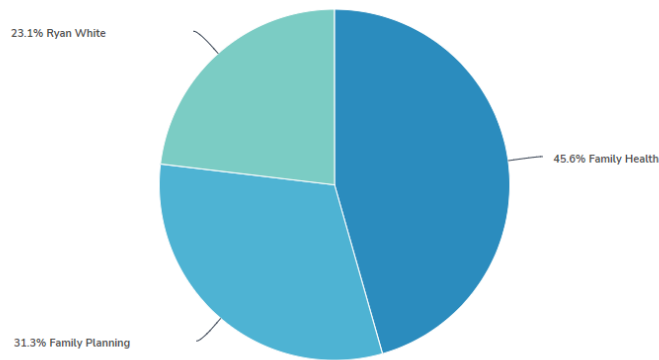
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

## Report for Southern Nevada Community Health Center Patient Satisfaction Survey (English)

### Response Counts

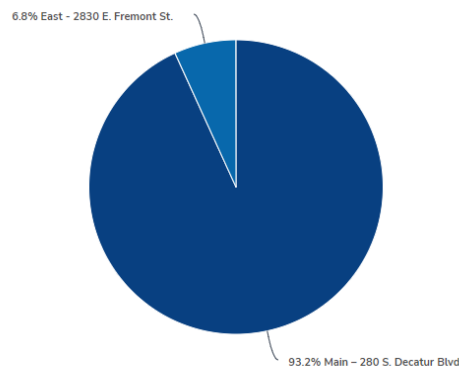


### 1. Service received during your visit



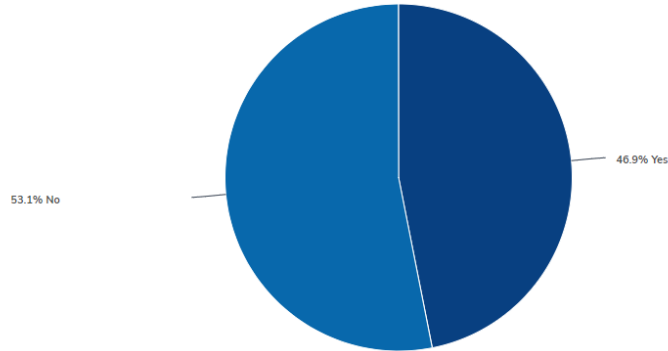
Value	Percent	Responses
Family Health	45.6%	67
Family Planning	31.3%	46
Ryan White	23.1%	34
<b>Totals: 147</b>		

### 2. Southern Nevada Health District (SNHD) location



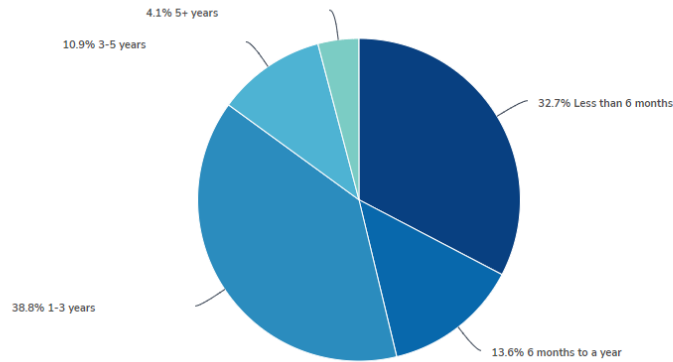
Value	Percent	Responses
Main - 280 S. Decatur Blvd	93.2%	137
East - 2830 E. Fremont St.	6.8%	10
<b>Totals: 147</b>		

3. Do you have health insurance?



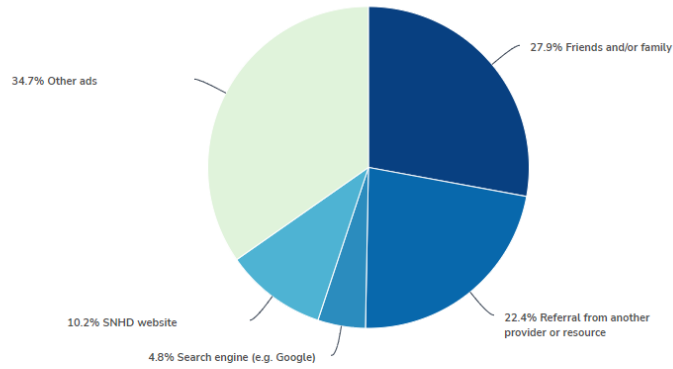
Value	Percent	Responses
Yes	46.9%	69
No	53.1%	78
Totals: 147		

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



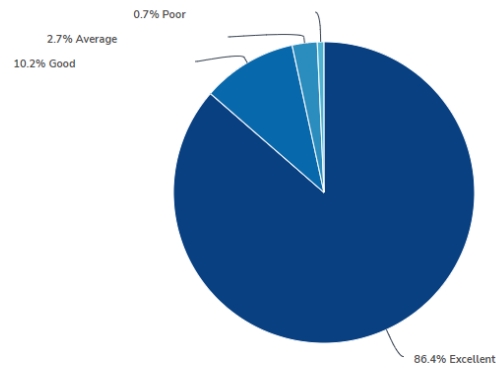
Value	Percent	Responses
Less than 6 months	32.7%	48
6 months to a year	13.6%	20
1-3 years	38.8%	57
3-5 years	10.9%	16
5+ years	4.1%	6
Totals: 147		

5. How did you hear about us?



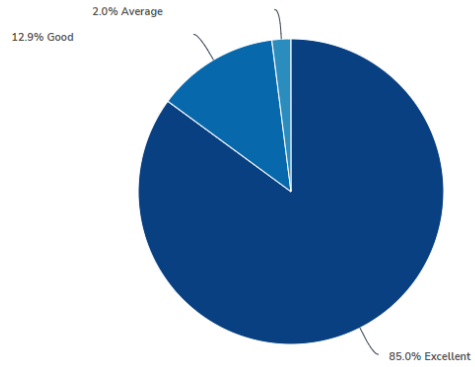
Value	Percent	Responses
Friends and/or family	27.9%	41
Referral from another provider or resource	22.4%	33
Search engine (e.g. Google)	4.8%	7
SNHD website	10.2%	15
Other ads	34.7%	51
<b>Totals: 147</b>		

6. Ease of scheduling an appointment



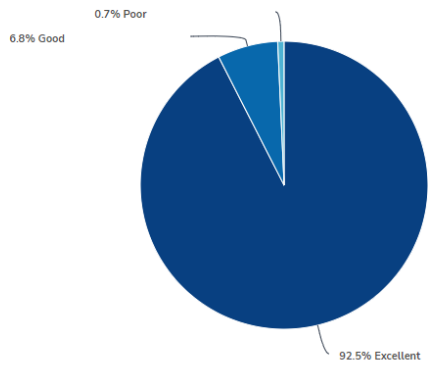
Value	Percent	Responses
Excellent	86.4%	127
Good	10.2%	15
Average	2.7%	4
Poor	0.7%	1
<b>Totals: 147</b>		

7. Wait time to see provider



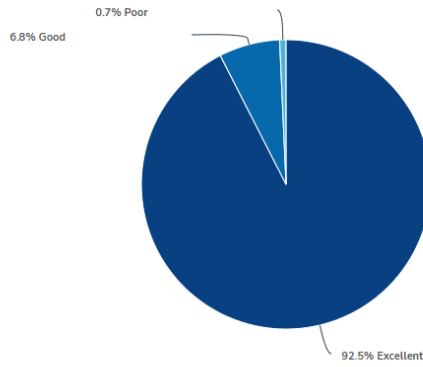
Value	Percent	Responses
Excellent	85.0%	125
Good	12.9%	19
Average	2.0%	3
<b>Totals: 147</b>		

8. Care received from providers and staff



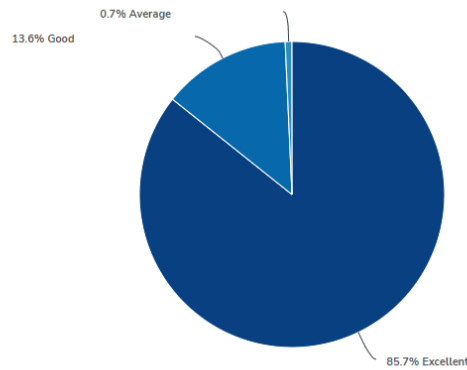
Value	Percent	Responses
Excellent	92.5%	136
Good	6.8%	10
Poor	0.7%	1
<b>Totals: 147</b>		

9. Understanding of health care instructions following your visit



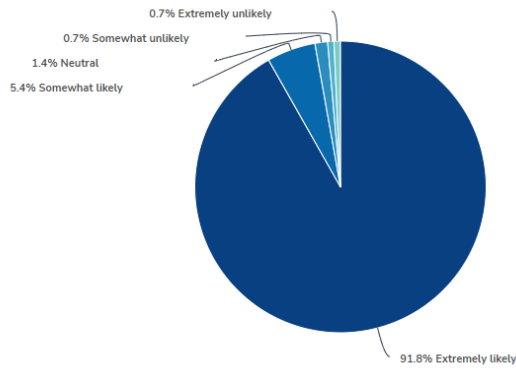
Value	Percent	Responses
Excellent	92.5%	136
Good	6.8%	10
Poor	0.7%	1
<b>Totals: 147</b>		

10. Hours of operation



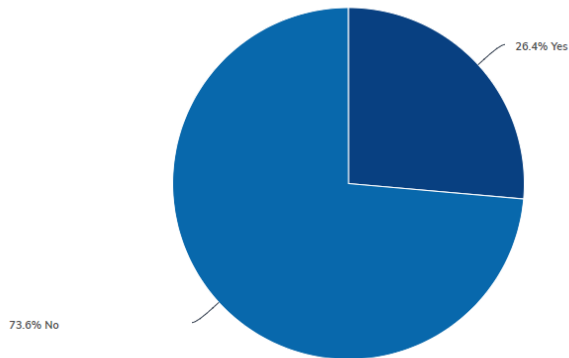
Value	Percent	Responses
Excellent	85.7%	126
Good	13.6%	20
Average	0.7%	1
<b>Totals: 147</b>		

11. Recommendation of our health center to friends and family



Value	Percent	Responses
Extremely likely	91.8%	135
Somewhat likely	5.4%	8
Neutral	1.4%	2
Somewhat unlikely	0.7%	1
Extremely unlikely	0.7%	1
<b>Totals: 147</b>		

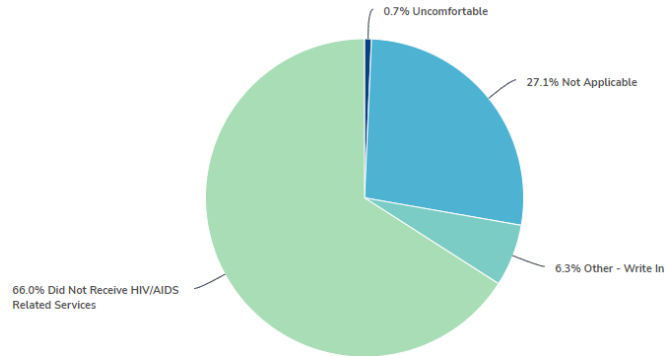
12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



Value	Percent	Responses
Yes	26.4%	38
No	73.6%	106
<b>Totals: 144</b>		

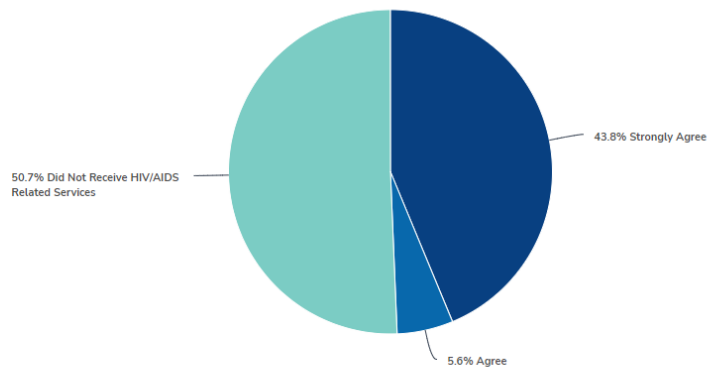


13. Based on your HIV status, at any moment during your visit, did you feel...



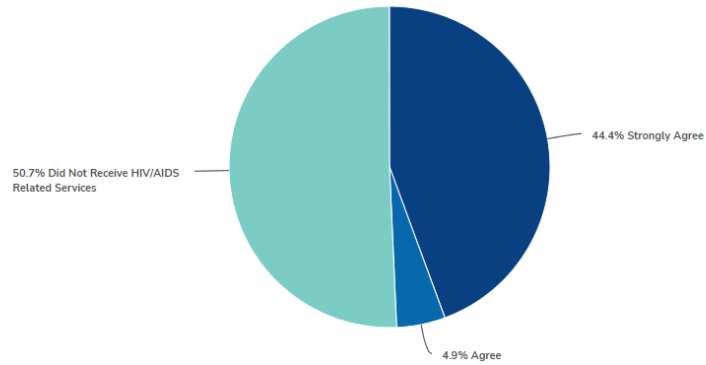
Value	Percent	Responses
Uncomfortable	0.7%	1
Not Applicable	27.1%	39
<a href="#">Other - Write In (click to view)</a>	6.3%	9
Did Not Receive HIV/AIDS Related Services	66.0%	95
<b>Totals: 144</b>		

14. During your visit, did you feel that staff members treated you with care?



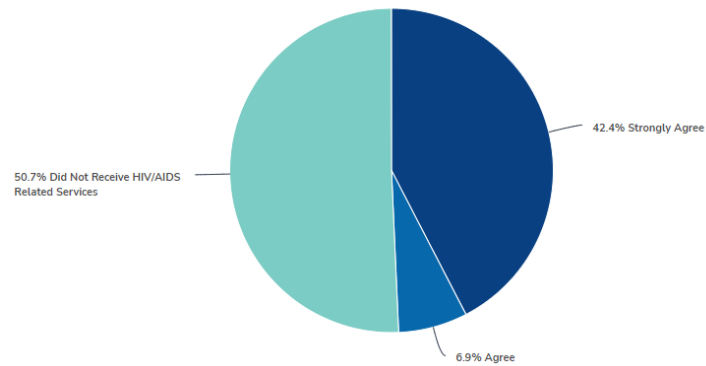
Value	Percent	Responses
Strongly Agree	43.8%	63
Agree	5.6%	8
Did Not Receive HIV/AIDS Related Services	50.7%	73
<b>Totals: 144</b>		

15. During your visit, did you feel that staff members treated you with respect



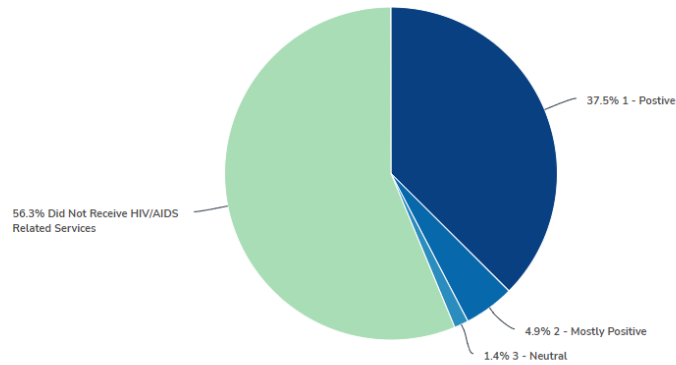
Value	Percent	Responses
Strongly Agree	44.4%	64
Agree	4.9%	7
Did Not Receive HIV/AIDS Related Services	50.7%	73
Totals: 144		

16. During your visit, did you feel that staff members were supportive?



Value	Percent	Responses
Strongly Agree	42.4%	61
Agree	6.9%	10
Did Not Receive HIV/AIDS Related Services	50.7%	73
Totals: 144		

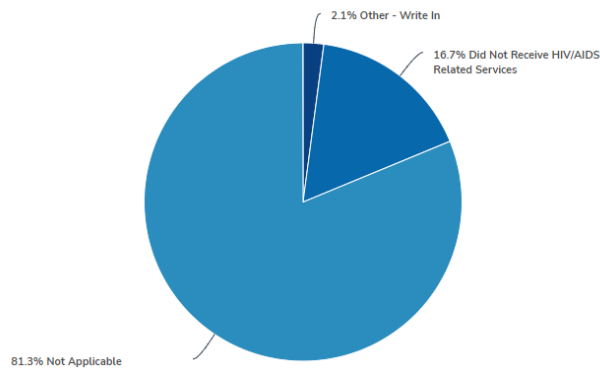
17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Postive	37.5%	54
2 - Mostly Positive	4.9%	7
3 - Neutral	1.4%	2
Did Not Receive HIV/AIDS Related Services	56.3%	81

Totals: 144

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.

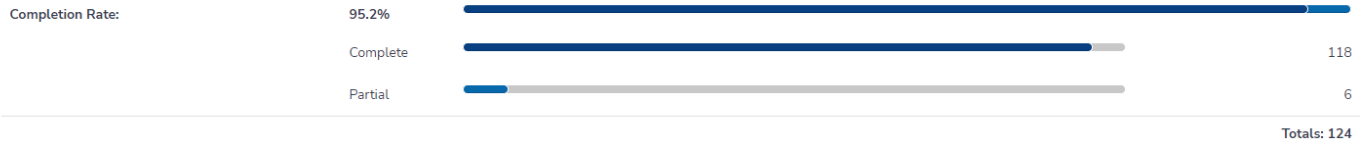


Value	Percent	Responses
<a href="#">Other - Write In (click to view)</a>	2.1%	3
Did Not Receive HIV/AIDS Related Services	16.7%	24
Not Applicable	81.3%	117

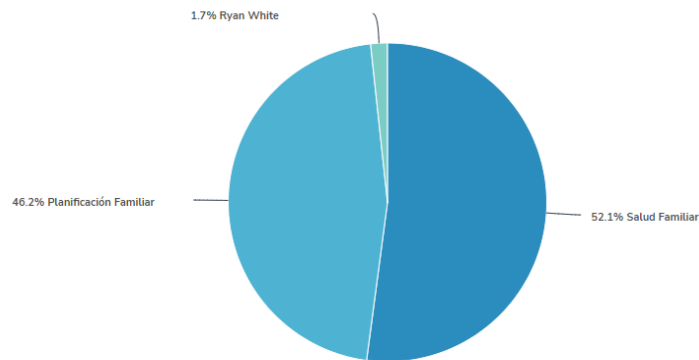
Totals: 144

## Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) March 2023

### Response Counts

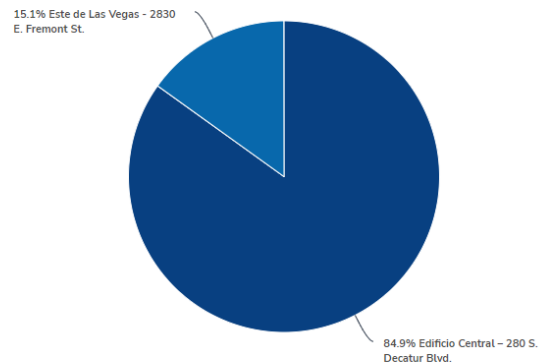


### 1. Marque los servicios recibidos durante su visita



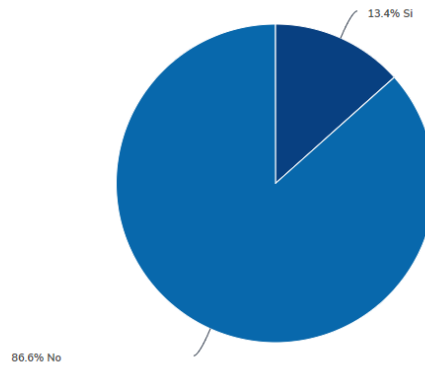
Value	Percent	Responses
Salud Familiar	52.1%	62
Planificación Familiar	46.2%	55
Ryan White	1.7%	2
Totals: 119		

### 2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



Value	Percent	Responses
Edificio Central - 280 S. Decatur Blvd.	84.9%	101
Este de Las Vegas - 2830 E. Fremont St.	15.1%	18
Totals: 119		

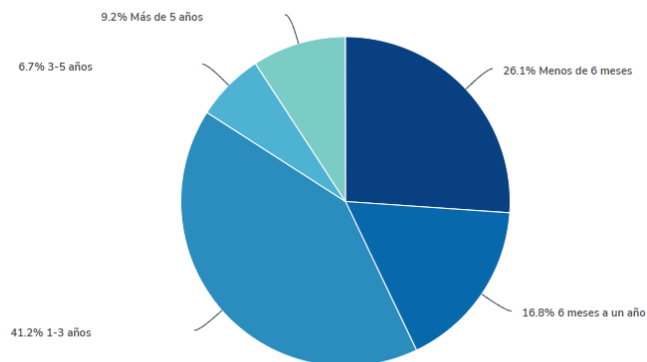
3. ¿Tiene seguro médico?



Value	Percent	Responses
Si	13.4%	16
No	86.6%	103

Totals: 119

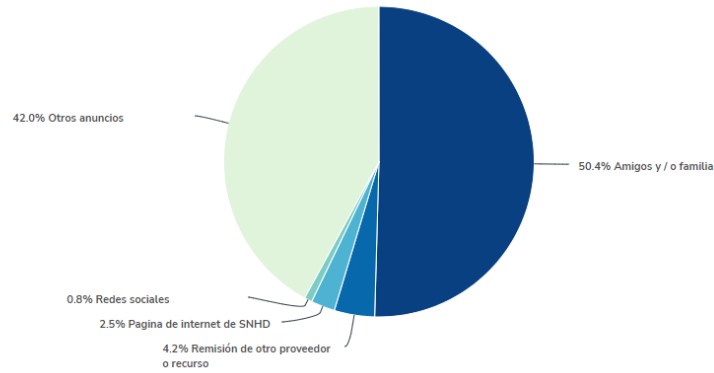
4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



Value	Percent	Responses
Menos de 6 meses	26.1%	31
6 meses a un año	16.8%	20
1-3 años	41.2%	49
3-5 años	6.7%	8
Más de 5 años	9.2%	11

Totals: 119

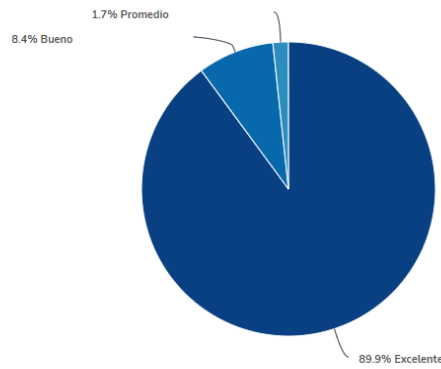
5. ¿Como usted supo de nosotros?



Value	Percent	Responses
Amigos y / o familia	50.4%	60
Remisión de otro proveedor o recurso	4.2%	5
Pagina de internet de SNHD	2.5%	3
Redes sociales	0.8%	1
Otros anuncios	42.0%	50

Totals: 119

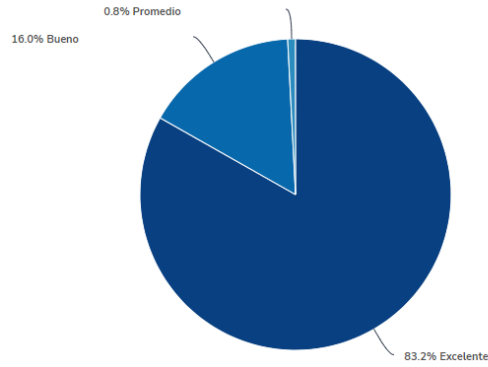
6. Facilidad para programar una cita



Value	Percent	Responses
Excelente	89.9%	107
Bueno	8.4%	10
Promedio	1.7%	2

Totals: 119

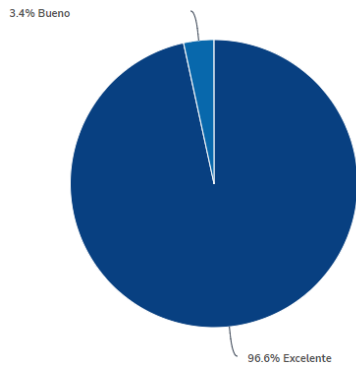
7. Tiempo de espera para ver a un proveedor de salud



Value	Percent	Responses
Excelente	83.2%	99
Bueno	16.0%	19
Promedio	0.8%	1

Totals: 119

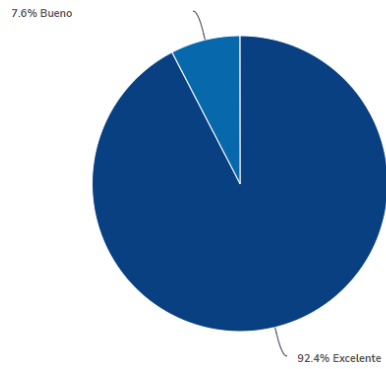
8. Atención recibida de los proveedores y personal



Value	Percent	Responses
Excelente	96.6%	115
Bueno	3.4%	4

Totals: 119

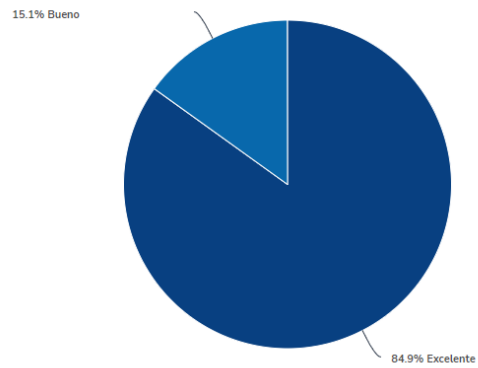
9. Comprensión de las instrucciones del cuidado de salud después de su visita



Value	Percent	Responses
Excelente	92.4%	110
Bueno	7.6%	9

Totals: 119

10. Horarios de operación

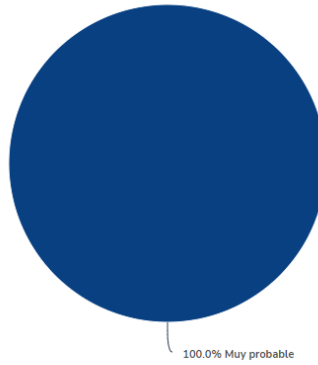


Value	Percent	Responses
Excelente	84.9%	101
Bueno	15.1%	18

Totals: 119

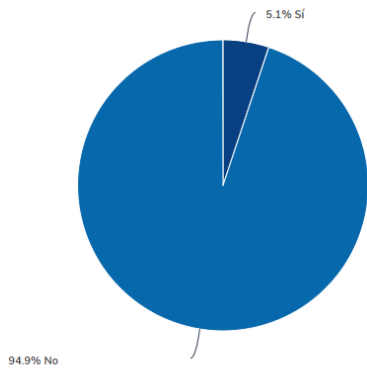


11. Recomendaría nuestro centro de salud a amigos y familiares



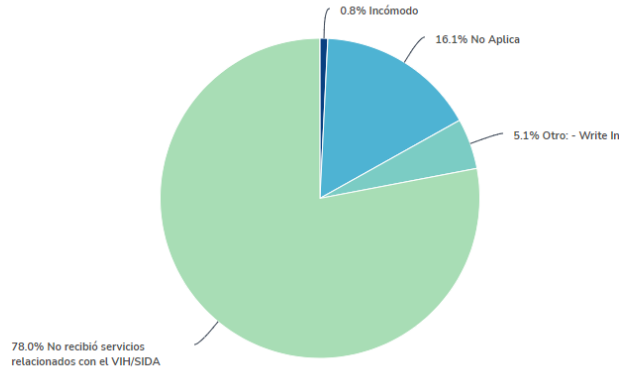
Value	Percent	Responses
Muy probable	100.0%	119
Totals: 119		

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



Value	Percent	Responses
Sí	5.1%	6
No	94.9%	112
Totals: 118		

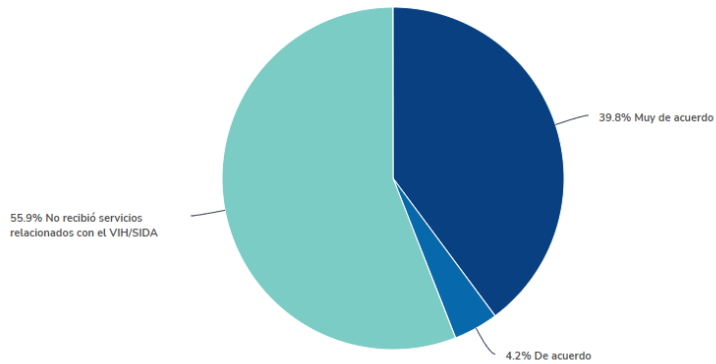
13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



Value	Percent	Responses
Incómodo	0.8%	1
No Aplica	16.1%	19
Otro: - Write In (click to view)	5.1%	6
No recibí servicios relacionados con el VIH/SIDA	78.0%	92

Totals: 118

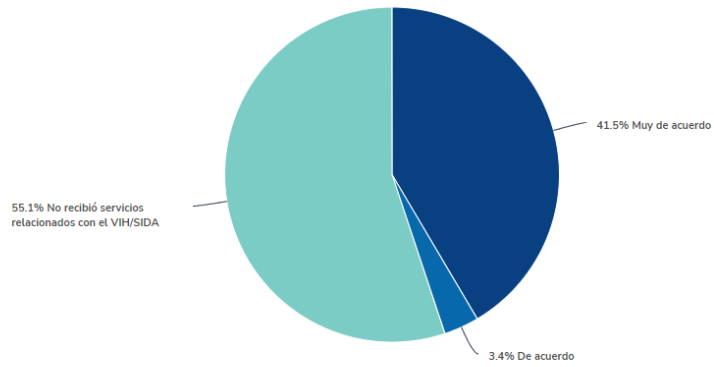
14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value	Percent	Responses
Muy de acuerdo	39.8%	47
De acuerdo	4.2%	5
No recibí servicios relacionados con el VIH/SIDA	55.9%	66

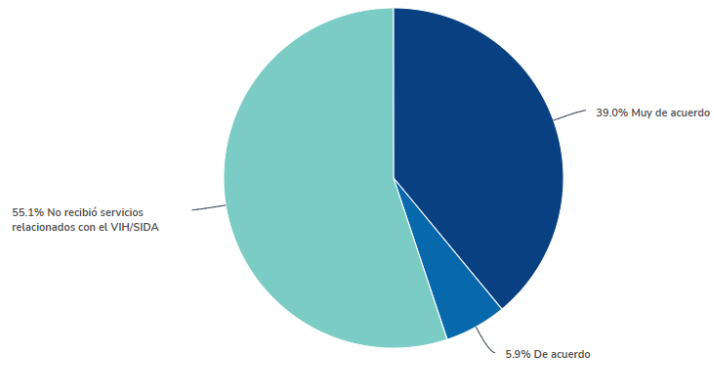
Totals: 118

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



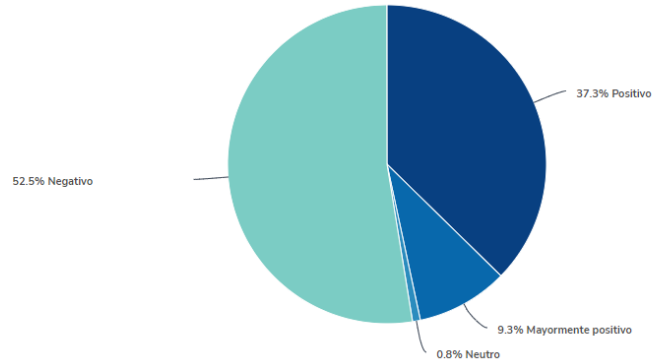
Value	Percent	Responses
Muy de acuerdo	41.5%	49
De acuerdo	3.4%	4
No recibió servicios relacionados con el VIH/SIDA	55.1%	65
<b>Totals: 118</b>		

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



Value	Percent	Responses
Muy de acuerdo	39.0%	46
De acuerdo	5.9%	7
No recibió servicios relacionados con el VIH/SIDA	55.1%	65
<b>Totals: 118</b>		

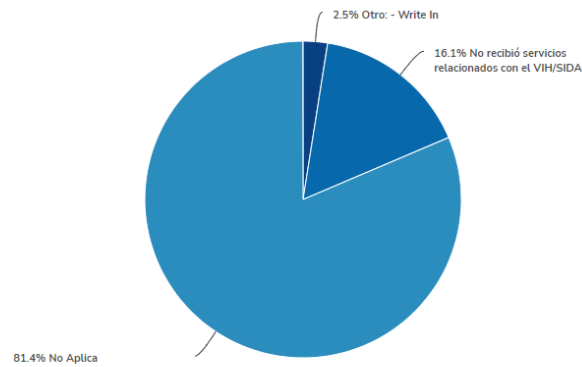
17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	37.3%	44
Mayormente positivo	9.3%	11
Neutro	0.8%	1
Negativo	52.5%	62

Totals: 118

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
<a href="#">Otro: - Write In (click to view)</a>	2.5%	3
No recibió servicios relacionados con el VIH/SIDA	16.1%	19
No Aplica	81.4%	96

Totals: 118

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
100	ANESTH- SALIVARY GLAND	\$ -
100	ANESTH- SALIVARY GLAND	\$ -
102	ANESTH- REPAIR OF CLEFT LIP	\$ -
103	ANESTH- BLEPHAROPLASTY	\$ -
104	ANESTH- ELECTROSHOCK	\$ -
120	ANESTH- EAR SURGERY	\$ -
124	ANESTH- EAR EXAM	\$ -
126	ANESTH- TYMPANOTOMY	\$ -
140	ANESTH- PROCEDURES ON EYE	\$ -
142	ANESTH- LENS SURGERY	\$ -
144	ANESTH- CORNEAL TRANSPLANT	\$ -
145	ANESTH- VITREORETINAL SURG	\$ -
147	ANESTH- IRIDECTOMY	\$ -
148	ANESTH- EYE EXAM	\$ -
160	ANESTH- NOSE/SINUS SURGERY	\$ -
162	ANESTH- NOSE/SINUS SURGERY	\$ -
164	ANESTH- BIOPSY OF NOSE	\$ -
170	ANESTH- PROCEDURE ON MOUTH	\$ -
172	ANESTH- CLEFT PALATE REPAIR	\$ -
174	ANESTH- PHARYNGEAL SURGERY	\$ -
176	ANESTH- PHARYNGEAL SURGERY	\$ -
190	ANESTH- FACE/SKULL BONE SURG	\$ -
192	ANESTH- FACIAL BONE SURGERY	\$ -
210	ANESTH- OPEN HEAD SURGERY	\$ -
211	ANESTH- CRAN SURG- HEMOTOMA	\$ -
212	ANESTH- SKULL DRAINAGE	\$ -
214	ANESTH- SKULL DRAINAGE	\$ -
215	ANESTH- SKULL REPAIR/FRACT	\$ -
216	ANESTH- HEAD VESSEL SURGERY	\$ -
218	ANESTH- SPECIAL HEAD SURGERY	\$ -
220	ANESTH- INTRCRN NERVE	\$ -
222	ANESTH- HEAD NERVE SURGERY	\$ -
300	ANESTH- HEAD/NECK/PTRUNK	\$ -
320	ANESTH- NECK ORGAN- 1	\$ -
322	ANESTH- BIOPSY OF THYROID	\$ -
326	ANESTH- LARYNX/TRACH- < 1 YR	\$ -
350	ANESTH- NECK VESSEL SURGERY	\$ -
352	ANESTH- NECK VESSEL SURGERY	\$ -
400	ANESTH- SKIN- EXT/PER/ATRUNK	\$ -
402	ANESTH- SURGERY OF BREAST	\$ -
404	ANESTH- SURGERY OF BREAST	\$ -
406	ANESTH- SURGERY OF BREAST	\$ -
410	ANESTH- CORRECT HEART RHYTHM	\$ -
450	ANESTH- SURGERY OF SHOULDER	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
454	ANESTH- COLLAR BONE BIOPSY	\$ -
470	ANESTH- REMOVAL OF RIB	\$ -
472	ANESTH- CHEST WALL REPAIR	\$ -
474	ANESTH- SURGERY OF RIB(S)	\$ -
500	ANESTH- ESOPHAGEAL SURGERY	\$ -
520	ANESTH- CHEST PROCEDURE	\$ -
522	ANESTH- CHEST LINING BIOPSY	\$ -
524	ANESTH- CHEST DRAINAGE	\$ -
528	ANESTH- CHEST PARTITION VIEW	\$ -
529	ANESTH- CHEST PARTITION VIEW	\$ -
530	ANESTH- PACEMAKER INSERTION	\$ -
532	ANESTH- VASCULAR ACCESS	\$ -
534	ANESTH- CARDIOVERTER/DEFIB	\$ -
537	ANESTH- CARDIAC ELECTROPHYS	\$ -
539	ANESTH- TRACH-BRONCH RECONST	\$ -
540	ANESTH- CHEST SURGERY	\$ -
541	ANESTH- ONE LUNG VENTILATION	\$ -
542	ANESTH- RELEASE OF LUNG	\$ -
546	ANESTH- LUNG-CHEST WALL SURG	\$ -
548	ANESTH- TRACHEA-BRONCHI SURG	\$ -
550	ANESTH- STERNAL DEBRIDEMENT	\$ -
560	ANESTH- OPEN HEART SURGERY	\$ -
561	ANESTH- HEART SURG < AGE 1	\$ -
562	ANESTH- OPEN HEART SURGERY	\$ -
563	ANESTH- HEART PROC W/PUMP	\$ -
566	ANESTH- CABG W/O PUMP	\$ -
567	ANESTH- CABG W/PUMP	\$ -
580	ANESTH- HEART/LUNG TRANSPLNT	\$ -
600	ANESTH- SPINE- CORD SURGERY	\$ -
604	ANESTH- SITTING PROCEDURE	\$ -
620	ANESTH- SPINE- CORD SURGERY	\$ -
625	ANES SPINE TRANTHOR W/O VENT	\$ -
626	ANES- SPINE TRANSTHOR W/VENT	\$ -
630	ANESTH- SPINE- CORD SURGERY	\$ -
632	ANESTH- REMOVAL OF NERVES	\$ -
635	ANESTH- LUMBAR PUNCTURE	\$ -
640	ANESTH- SPINE MANIPULATION	\$ -
670	ANESTH- SPINE- CORD SURGERY	\$ -
700	ANESTH- ABDOMINAL WALL SURG	\$ -
702	ANESTH- FOR LIVER BIOPSY	\$ -
730	ANESTH- ABDOMINAL WALL SURG	\$ -
731	ANES UPR GI NDSC PX NOS	\$ -
732	ANES UPR GI NDSC PX ERCP	\$ -
750	ANESTH- REPAIR OF HERNIA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
752	ANESTH- REPAIR OF HERNIA	\$ -
754	ANESTH- REPAIR OF HERNIA	\$ -
756	ANESTH- REPAIR OF HERNIA	\$ -
770	ANESTH- BLOOD VESSEL REPAIR	\$ -
790	ANESTH- SURG UPPER ABDOMEN	\$ -
792	ANESTH- HEMORR/EXCISE LIVER	\$ -
794	ANESTH- PANCREAS REMOVAL	\$ -
796	ANESTH- FOR LIVER TRANSPLANT	\$ -
797	ANESTH- SURGERY FOR OBESITY	\$ -
800	ANESTH- ABDOMINAL WALL SURG	\$ -
802	ANESTH- FAT LAYER REMOVAL	\$ -
811	ANES LWR INTST NDSC NOS	\$ -
812	ANES LWR INTST SCR COLSC	\$ -
813	ANES UPR LWR GI NDSC PX	\$ -
820	ANESTH- ABDOMINAL WALL SURG	\$ -
830	ANESTH- REPAIR OF HERNIA	\$ -
832	ANESTH- REPAIR OF HERNIA	\$ -
834	ANESTH- HERNIA REPAIR< 1 YR	\$ -
836	ANESTH HERNIA REPAIR PREEMIE	\$ -
840	ANESTH- SURG LOWER ABDOMEN	\$ -
842	ANESTH- AMNIOCENTESIS	\$ -
844	ANESTH- PELVIS SURGERY	\$ -
846	ANESTH- HYSTERECTOMY	\$ -
848	ANESTH- PELVIC ORGAN SURG	\$ -
851	ANESTH- TUBAL LIGATION	\$ -
860	ANESTH- SURGERY OF ABDOMEN	\$ -
862	ANESTH- KIDNEY/URETER SURG	\$ -
864	ANESTH- REMOVAL OF BLADDER	\$ -
865	ANESTH- REMOVAL OF PROSTATE	\$ -
866	ANESTH- REMOVAL OF ADRENAL	\$ -
868	ANESTH- KIDNEY TRANSPLANT	\$ -
870	ANESTH- BLADDER STONE SURG	\$ -
872	ANESTH KIDNEY STONE DESTRUCT	\$ -
873	ANESTH KIDNEY STONE DESTRUCT	\$ -
880	ANESTH- ABDOMEN VESSEL SURG	\$ -
882	ANESTH- MAJOR VEIN LIGATION	\$ -
902	ANESTH- ANORECTAL SURGERY	\$ -
904	ANESTH- PERINEAL SURGERY	\$ -
906	ANESTH- REMOVAL OF VULVA	\$ -
908	ANESTH- REMOVAL OF PROSTATE	\$ -
910	ANESTH- BLADDER SURGERY	\$ -
912	ANESTH- BLADDER TUMOR SURG	\$ -
914	ANESTH- REMOVAL OF PROSTATE	\$ -
916	ANESTH- BLEEDING CONTROL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
918	ANESTH- STONE REMOVAL	\$ -
920	ANESTH- GENITALIA SURGERY	\$ -
921	ANESTH- VASECTOMY	\$ -
922	ANESTH- SPERM DUCT SURGERY	\$ -
924	ANESTH- TESTIS EXPLORATION	\$ -
926	ANESTH- REMOVAL OF TESTIS	\$ -
928	ANESTH- REMOVAL OF TESTIS	\$ -
930	ANESTH- TESTIS SUSPENSION	\$ -
932	ANESTH- AMPUTATION OF PENIS	\$ -
934	ANESTH- PENIS- NODES REMOVAL	\$ -
936	ANESTH- PENIS- NODES REMOVAL	\$ -
938	ANESTH- INSERT PENIS DEVICE	\$ -
940	ANESTH- VAGINAL PROCEDURES	\$ -
942	ANESTH- SURG ON VAG/URETHRAL	\$ -
944	ANESTH- VAGINAL HYSTERECTOMY	\$ -
948	ANESTH- REPAIR OF CERVIX	\$ -
950	ANESTH- VAGINAL ENDOSCOPY	\$ -
952	ANESTH- HYSTEROSCOPE/GRAPH	\$ -
1112	ANESTH- BONE ASPIRATE/BX	\$ -
1120	ANESTH- PELVIS SURGERY	\$ -
1130	ANESTH- BODY CAST PROCEDURE	\$ -
1140	ANESTH- AMPUTATION AT PELVIS	\$ -
1150	ANESTH- PELVIC TUMOR SURGERY	\$ -
1160	ANESTH- PELVIS PROCEDURE	\$ -
1170	ANESTH- PELVIS SURGERY	\$ -
1173	ANESTH- FX REPAIR- PELVIS	\$ -
1200	ANESTH- HIP JOINT PROCEDURE	\$ -
1202	ANESTH- ARTHROSCOPY OF HIP	\$ -
1210	ANESTH- HIP JOINT SURGERY	\$ -
1212	ANESTH- HIP DISARTICULATION	\$ -
1214	ANESTH- HIP ARTHROPLASTY	\$ -
1215	ANESTH- REVISE HIP REPAIR	\$ -
1220	ANESTH- PROCEDURE ON FEMUR	\$ -
1230	ANESTH- SURGERY OF FEMUR	\$ -
1232	ANESTH- AMPUTATION OF FEMUR	\$ -
1234	ANESTH- RADICAL FEMUR SURG	\$ -
1250	ANESTH- UPPER LEG SURGERY	\$ -
1260	ANESTH- UPPER LEG VEINS SURG	\$ -
1270	ANESTH- THIGH ARTERIES SURG	\$ -
1272	ANESTH- FEMORAL ARTERY SURG	\$ -
1274	ANESTH- FEMORAL EMBOLECTOMY	\$ -
1320	ANESTH- KNEE AREA SURGERY	\$ -
1340	ANESTH- KNEE AREA PROCEDURE	\$ -
1360	ANESTH- KNEE AREA SURGERY	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
1380	ANESTH- KNEE JOINT PROCEDURE	\$ -
1382	ANESTH- DX KNEE ARTHROSCOPY	\$ -
1390	ANESTH- KNEE AREA PROCEDURE	\$ -
1392	ANESTH- KNEE AREA SURGERY	\$ -
1400	ANESTH- KNEE JOINT SURGERY	\$ -
1402	ANESTH- KNEE ARTHROPLASTY	\$ -
1404	ANESTH- AMPUTATION AT KNEE	\$ -
1420	ANESTH- KNEE JOINT CASTING	\$ -
1430	ANESTH- KNEE VEINS SURGERY	\$ -
1432	ANESTH- KNEE VESSEL SURG	\$ -
1440	ANESTH- KNEE ARTERIES SURG	\$ -
1442	ANESTH- KNEE ARTERY SURG	\$ -
1444	ANESTH- KNEE ARTERY REPAIR	\$ -
1462	ANESTH- LOWER LEG PROCEDURE	\$ -
1464	ANESTH- ANKLE/FT ARTHROSCOPY	\$ -
1470	ANESTH- LOWER LEG SURGERY	\$ -
1472	ANESTH- ACHILLES TENDON SURG	\$ -
1474	ANESTH- LOWER LEG SURGERY	\$ -
1480	ANESTH- LOWER LEG BONE SURG	\$ -
1482	ANESTH- RADICAL LEG SURGERY	\$ -
1484	ANESTH- LOWER LEG REVISION	\$ -
1486	ANESTH- ANKLE REPLACEMENT	\$ -
1490	ANESTH- LOWER LEG CASTING	\$ -
1500	ANESTH- LEG ARTERIES SURG	\$ -
1502	ANESTH- LWR LEG EMBOLECTOMY	\$ -
1520	ANESTH- LOWER LEG VEIN SURG	\$ -
1522	ANESTH- LOWER LEG VEIN SURG	\$ -
1610	ANESTH- SURGERY OF SHOULDER	\$ -
1620	ANESTH- SHOULDER PROCEDURE	\$ -
1622	ANES DX SHOULDER ARTHROSCOPY	\$ -
1630	ANESTH- SURGERY OF SHOULDER	\$ -
1634	ANESTH- SHOULDER JOINT AMPUT	\$ -
1636	ANESTH- FOREQUARTER AMPUT	\$ -
1638	ANESTH- SHOULDER REPLACEMENT	\$ -
1650	ANESTH- SHOULDER ARTERY SURG	\$ -
1652	ANESTH- SHOULDER VESSEL SURG	\$ -
1654	ANESTH- SHOULDER VESSEL SURG	\$ -
1656	ANESTH- ARM-LEG VESSEL SURG	\$ -
1670	ANESTH- SHOULDER VEIN SURG	\$ -
1680	ANESTH- SHOULDER CASTING	\$ -
1710	ANESTH- ELBOW AREA SURGERY	\$ -
1712	ANESTH- UPPR ARM TENDON SURG	\$ -
1714	ANESTH- UPPR ARM TENDON SURG	\$ -
1716	ANESTH- BICEPS TENDON REPAIR	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
1730	ANESTH- UPPR ARM PROCEDURE	\$ -
1732	ANESTH- DX ELBOW ARTHROSCOPY	\$ -
1740	ANESTH- UPPER ARM SURGERY	\$ -
1742	ANESTH- HUMERUS SURGERY	\$ -
1744	ANESTH- HUMERUS REPAIR	\$ -
1756	ANESTH- RADICAL HUMERUS SURG	\$ -
1758	ANESTH- HUMERAL LESION SURG	\$ -
1760	ANESTH- ELBOW REPLACEMENT	\$ -
1770	ANESTH- UPPR ARM ARTERY SURG	\$ -
1772	ANESTH- UPPR ARM EMBOLECTOMY	\$ -
1780	ANESTH- UPPER ARM VEIN SURG	\$ -
1782	ANESTH- UPPR ARM VEIN REPAIR	\$ -
1810	ANESTH- LOWER ARM SURGERY	\$ -
1820	ANESTH- LOWER ARM PROCEDURE	\$ -
1829	ANESTH- DX WRIST ARTHROSCOPY	\$ -
1830	ANESTH- LOWER ARM SURGERY	\$ -
1832	ANESTH- WRIST REPLACEMENT	\$ -
1840	ANESTH- LWR ARM ARTERY SURG	\$ -
1842	ANESTH- LWR ARM EMBOLECTOMY	\$ -
1844	ANESTH- VASCULAR SHUNT SURG	\$ -
1850	ANESTH- LOWER ARM VEIN SURG	\$ -
1852	ANESTH- LWR ARM VEIN REPAIR	\$ -
1860	ANESTH- LOWER ARM CASTING	\$ -
1916	ANESTH- DX ARTERIOGRAPHY	\$ -
1920	ANESTH- CATHETERIZE HEART	\$ -
1922	ANESTH- CAT OR MRI SCAN	\$ -
1924	ANES- THER INTERVEN RAD- ART	\$ -
1925	ANES- THER INTERVEN RAD- CAR	\$ -
1926	ANES- TX INTERV RAD HRT/CRAN	\$ -
1930	ANES- THER INTERVEN RAD- VEI	\$ -
1931	ANES- THER INTERVEN RAD- TIP	\$ -
1932	ANES- TX INTERV RAD- TH VEIN	\$ -
1933	ANES- TX INTERV RAD- CRAN V	\$ -
1937	ANES DRG/ASPIR CRV/THRC	\$ -
1938	ANES DRG/ASPIR LMBR/SAC	\$ -
1939	ANES NULYT AGT CRV/THRC	\$ -
1940	ANES NULYT AGT LMBR/SAC	\$ -
1941	ANES NEUROMD/NTRVRT CRV/THRC	\$ -
1942	ANES NEUROMD/NTRVRT LMBR/SAC	\$ -
1951	ANESTH- BURN- LESS 4 PERCENT	\$ -
1952	ANESTH- BURN- 4-9 PERCENT	\$ -
1953	ANESTH- BURN- EACH 9 PERCENT	\$ -
1958	ANESTH- ANTEPARTUM MANIPUL	\$ -
1960	ANESTH- VAGINAL DELIVERY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
1961	ANESTH- CS DELIVERY	\$ -
1962	ANESTH- EMER HYSTERECTOMY	\$ -
1963	ANESTH- CS HYSTERECTOMY	\$ -
1965	ANESTH- INC/MISSED AB PROC	\$ -
1966	ANESTH- INDUCED AB PROCEDURE	\$ -
1967	ANESTH/ANALG- VAG DELIVERY	\$ -
1968	ANES/ANALG CS DELIVER ADD-ON	\$ -
1969	ANESTH/ANALG CS HYST ADD-ON	\$ -
1990	SUPPORT FOR ORGAN DONOR	\$ -
1991	ANESTH- NERVE BLOCK/INJ	\$ -
1992	ANESTH- N BLOCK/INJ- PRONE	\$ -
1996	HOSP MANAGE CONT DRUG ADMIN	\$ -
1999	UNLISTED ANESTH PROCEDURE	\$ -
10004	FNA BX W/O IMG GDN EA ADDL	\$ -
10005	FNA BX W/US GDN 1ST LES	\$ -
10006	FNA BX W/US GDN EA ADDL	\$ -
10007	FNA BX W/FLUOR GDN 1ST LES	\$ -
10008	FNA BX W/FLUOR GDN EA ADDL	\$ -
10009	FNA BX W/CT GDN 1ST LES	\$ -
10010	FNA BX W/CT GDN EA ADDL	\$ -
10011	FNA BX W/MR GDN 1ST LES	\$ -
10012	FNA BX W/MR GDN EA ADDL	\$ -
10021	FNA W/O IMAGE	\$ -
10035	PERQ DEV SOFT TISS 1ST IMAG	\$ -
10036	PERQ DEV SOFT TISS ADD IMAG	\$ -
10040	ACNE SURGERY	\$ -
10060	I&D Abscess	\$ 267.00
10061	DRAINAGE OF SKIN ABSCESS	\$ -
10080	DRAINAGE OF PILONIDAL CYST	\$ -
10081	DRAINAGE OF PILONIDAL CYST	\$ -
10120	Foreign Body- SKIN- Simple	\$ 340.00
10121	REMOVE FOREIGN BODY	\$ -
10140	DRAINAGE OF HEMATOMA/FLUID	\$ -
10160	PUNCTURE DRAINAGE OF LESION	\$ -
10180	COMPLEX DRAINAGE- WOUND	\$ -
11000	DEBRIDE INFECTED SKIN	\$ -
11001	DEBRIDE INFECTED SKIN ADD-ON	\$ -
11004	DEBRIDE GENITALIA & PERINEUM	\$ -
11005	DEBRIDE ABDOM WALL	\$ -
11006	DEBRIDE GENIT/PER/ABDOM WALL	\$ -
11008	REMOVE MESH FROM ABD WALL	\$ -
11010	DEBRIDE SKIN- FX	\$ -
11011	DEBRIDE SKIN/MUSCLE- FX	\$ -
11012	DEBRIDE SKIN/MUSCLE/BONE- FX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
11042	DEBRIDE SKIN/TISSUE	\$ -
11043	DEBRIDE TISSUE/MUSCLE	\$ -
11044	DEBRIDE TISSUE/MUSCLE/BONE	\$ -
11045	DEB SUBQ TISSUE ADD-ON	\$ -
11046	DEB MUSC/FASCIA ADD-ON	\$ -
11047	DEB BONE ADD-ON	\$ -
11055	TRIM SKIN LESION	\$ -
11056	TRIM SKIN LESIONS- 2 TO 4	\$ -
11057	TRIM SKIN LESIONS- OVER 4	\$ -
11102	TANGNTL BX SKIN SINGLE LES	\$ -
11103	TANGNTL BX SKIN EA SEP/ADDL	\$ -
11104	PUNCH BX SKIN SINGLE LESION	\$ -
11105	PUNCH BX SKIN EA SEP/ADDL	\$ -
11106	INCAL BX SKN SINGLE LES	\$ -
11107	INCAL BX SKN EA SEP/ADDL	\$ -
11200	REMOVAL OF SKIN TAGS	\$ -
11201	REMOVE SKIN TAGS ADD-ON	\$ -
11300	SHAVE TRUNK <0.5 CM	\$ -
11301	SHAVE TRUNK 0.6-1 CM	\$ -
11302	SHAVE TRUNK 1.1-2 CM	\$ -
11303	SHAVE TRUNK >2 CM	\$ -
11305	SHAVE S-N-H <0.5 CM	\$ -
11306	SHAVE S-N-H 0.6-1 CM	\$ -
11307	SHAVE S-N-H 1.1-2 CM	\$ -
11308	SHAVE S-N-H >2 CM	\$ -
11310	SHAVE F-E-E-N-L-M <0.5 CM	\$ -
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	\$ -
11312	SHAVE F-E-E-N-L-M 1-2 CM	\$ -
11313	SHAVE F-E-E-N-L-M >2 CM	\$ -
11400	EXC TR-EXT B9 MARG 0.5 < CM	\$ -
11401	EXC TR-EXT B9 MARG 0.6-1 CM	\$ -
11402	EXC TR-EXT B9 MARG 1.1-2 CM	\$ -
11403	EXC TR-EXT B9 MARG 2.1-3 CM	\$ -
11404	EXC TR-EXT B9 MARG 3.1-4 CM	\$ -
11406	EXC TR-EXT B9 MARG > 4.0 CM	\$ -
11420	EXC H-F-NK-SP B9 MARG 0.5 <	\$ -
11421	EXC H-F-NK-SP B9 MARG 0.6-1	\$ -
11422	EXC H-F-NK-SP B9 MARG 1.1-2	\$ -
11423	EXC H-F-NK-SP B9+MARG 2.1-3	\$ -
11424	EXC H-F-NK-SP B9 MARG 3.1-4	\$ -
11426	EXC H-F-NK-SP B9 MARG > 4 CM	\$ -
11440	EXC FACE-MM B9 MARG 0.5 < CM	\$ -
11441	EXC FACE-MM B9 MARG 0.6-1 CM	\$ -
11442	EXC FACE-MM B9 MARG 1.1-2 CM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
11443	EXC FACE-MM B9 MARG 2.1-3 CM	\$ -
11444	EXC FACE-MM B9 MARG 3.1-4 CM	\$ -
11446	EXC FACE-MM B9 MARG > 4 CM	\$ -
11450	REMOVAL- SWEAT GLAND LESION	\$ -
11451	REMOVAL- SWEAT GLAND LESION	\$ -
11462	REMOVAL- SWEAT GLAND LESION	\$ -
11463	REMOVAL- SWEAT GLAND LESION	\$ -
11470	REMOVAL- SWEAT GLAND LESION	\$ -
11471	REMOVAL- SWEAT GLAND LESION	\$ -
11600	EXC TR-EXT MLG MARG 0.5 < CM	\$ -
11601	EXC TR-EXT MLG MARG 0.6-1 CM	\$ -
11602	EXC TR-EXT MLG MARG 1.1-2 CM	\$ -
11603	EXC TR-EXT MLG MARG 2.1-3 CM	\$ -
11604	EXC TR-EXT MLG MARG 3.1-4 CM	\$ -
11606	EXC TR-EXT MLG MARG > 4 CM	\$ -
11620	EXC H-F-NK-SP MLG+MARG 0.5 <	\$ -
11621	EXC H-F-NK-SP MLG MARG 0.6-1	\$ -
11622	EXC H-F-NK-SP MLG MARG 1.1-2	\$ -
11623	EXC H-F-NK-SP MLG MARG 2.1-3	\$ -
11624	EXC H-F-NK-SP MLG MARG 3.1-4	\$ -
11626	EXC H-F-NK-SP MLG MAR > 4 CM	\$ -
11640	EXC FACE-MM MALIG MARG 0.5 <	\$ -
11641	EXC FACE-MM MALIG MARG 0.6-1	\$ -
11642	EXC FACE-MM MALIG MARG 1.1-2	\$ -
11643	EXC FACE-MM MALIG MARG 2.1-3	\$ -
11644	EXC FACE-MM MALIG MARG 3.1-4	\$ -
11646	EXC FACE-MM MLG MARG > 4 CM	\$ -
11719	TRIM NAIL(S)	\$ -
11720	DEBRIDE NAIL- 1-5	\$ -
11721	DEBRIDE NAIL- 6 OR MORE	\$ -
11730	REMOVAL OF NAIL PLATE	\$ -
11732	REMOVE NAIL PLATE- ADD-ON	\$ -
11740	DRAIN BLOOD FROM UNDER NAIL	\$ -
11750	REMOVAL OF NAIL BED	\$ -
11755	BIOPSY- NAIL UNIT	\$ -
11760	REPAIR OF NAIL BED	\$ -
11762	RECONSTRUCTION OF NAIL BED	\$ -
11765	EXCISION OF NAIL FOLD- TOE	\$ -
11770	REMOVAL OF PILONIDAL LESION	\$ -
11771	REMOVAL OF PILONIDAL LESION	\$ -
11772	REMOVAL OF PILONIDAL LESION	\$ -
11900	INJECTION INTO SKIN LESIONS	\$ -
11901	ADDED SKIN LESIONS INJECTION	\$ -
11920	CORRECT SKIN COLOR DEFECTS	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
11921	CORRECT SKIN COLOR DEFECTS	\$ -
11922	CORRECT SKIN COLOR DEFECTS	\$ -
11950	THERAPY FOR CONTOUR DEFECTS	\$ -
11951	THERAPY FOR CONTOUR DEFECTS	\$ -
11952	THERAPY FOR CONTOUR DEFECTS	\$ -
11954	THERAPY FOR CONTOUR DEFECTS	\$ -
11960	INSERT TISSUE EXPANDER(S)	\$ -
11970	REPLACE TISSUE EXPANDER	\$ -
11971	REMOVE TISSUE EXPANDER(S)	\$ -
11976	REMOVAL OF CONTRACEPTIVE CAP	\$ -
11980	IMPLANT HORMONE PELLETS(S)	\$ -
11981	Implant - Insertion	\$ 304.00
11982	Implant - Removal	\$ 320.00
11983	Implant Removal and Reinsertion	\$ 497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$ 551.00
12002	REPAIR SUPERFICIAL WOUND(S)	\$ -
12004	REPAIR SUPERFICIAL WOUND(S)	\$ -
12005	REPAIR SUPERFICIAL WOUND(S)	\$ -
12006	REPAIR SUPERFICIAL WOUND(S)	\$ -
12007	REPAIR SUPERFICIAL WOUND(S)	\$ -
12011	REPAIR SUPERFICIAL WOUND(S)	\$ -
12013	REPAIR SUPERFICIAL WOUND(S)	\$ -
12014	REPAIR SUPERFICIAL WOUND(S)	\$ -
12015	REPAIR SUPERFICIAL WOUND(S)	\$ -
12016	REPAIR SUPERFICIAL WOUND(S)	\$ -
12017	REPAIR SUPERFICIAL WOUND(S)	\$ -
12018	REPAIR SUPERFICIAL WOUND(S)	\$ -
12020	CLOSURE OF SPLIT WOUND	\$ -
12021	CLOSURE OF SPLIT WOUND	\$ -
12031	LAYER CLOSURE OF WOUND(S)	\$ -
12032	LAYER CLOSURE OF WOUND(S)	\$ -
12034	LAYER CLOSURE OF WOUND(S)	\$ -
12035	LAYER CLOSURE OF WOUND(S)	\$ -
12036	LAYER CLOSURE OF WOUND(S)	\$ -
12037	LAYER CLOSURE OF WOUND(S)	\$ -
12041	LAYER CLOSURE OF WOUND(S)	\$ -
12042	LAYER CLOSURE OF WOUND(S)	\$ -
12044	LAYER CLOSURE OF WOUND(S)	\$ -
12045	LAYER CLOSURE OF WOUND(S)	\$ -
12046	LAYER CLOSURE OF WOUND(S)	\$ -
12047	LAYER CLOSURE OF WOUND(S)	\$ -
12051	LAYER CLOSURE OF WOUND(S)	\$ -
12052	LAYER CLOSURE OF WOUND(S)	\$ -
12053	LAYER CLOSURE OF WOUND(S)	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
12054	LAYER CLOSURE OF WOUND(S)	\$ -
12055	LAYER CLOSURE OF WOUND(S)	\$ -
12056	LAYER CLOSURE OF WOUND(S)	\$ -
12057	LAYER CLOSURE OF WOUND(S)	\$ -
13100	REPAIR OF WOUND OR LESION	\$ -
13101	REPAIR OF WOUND OR LESION	\$ -
13102	REPAIR WOUND/LESION ADD-ON	\$ -
13120	REPAIR OF WOUND OR LESION	\$ -
13121	REPAIR OF WOUND OR LESION	\$ -
13122	REPAIR WOUND/LESION ADD-ON	\$ -
13131	REPAIR OF WOUND OR LESION	\$ -
13132	REPAIR OF WOUND OR LESION	\$ -
13133	REPAIR WOUND/LESION ADD-ON	\$ -
13151	REPAIR OF WOUND OR LESION	\$ -
13152	REPAIR OF WOUND OR LESION	\$ -
13153	REPAIR WOUND/LESION ADD-ON	\$ -
13160	LATE CLOSURE OF WOUND	\$ -
14000	SKIN TISSUE REARRANGEMENT	\$ -
14001	SKIN TISSUE REARRANGEMENT	\$ -
14020	SKIN TISSUE REARRANGEMENT	\$ -
14021	SKIN TISSUE REARRANGEMENT	\$ -
14040	SKIN TISSUE REARRANGEMENT	\$ -
14041	SKIN TISSUE REARRANGEMENT	\$ -
14060	SKIN TISSUE REARRANGEMENT	\$ -
14061	SKIN TISSUE REARRANGEMENT	\$ -
14301	SKIN TISSUE REARRANGEMENT	\$ -
14302	SKIN TISSUE REARRANGE ADD-ON	\$ -
14350	SKIN TISSUE REARRANGEMENT	\$ -
15002	WND PREP- CH/INF- TRK/ARM/LG	\$ -
15003	WND PREP- CH/INF ADDL 100 CM	\$ -
15004	WND PREP CH/INF- F/N/HF/G	\$ -
15005	WND PREP- F/N/HF/G- ADDL CM	\$ -
15040	HARVEST CULTURED SKIN GRAFT	\$ -
15050	SKIN PINCH GRAFT	\$ -
15100	SKIN SPLIT GRAFT	\$ -
15101	SKIN SPLIT GRAFT ADD-ON	\$ -
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	\$ -
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	\$ -
15115	EPIDRM A-GRFT FACE/NCK/HF/G	\$ -
15116	EPIDRM A-GRFT F/N/HF/G ADDL	\$ -
15120	SKIN SPLIT GRAFT	\$ -
15121	SKIN SPLIT GRAFT ADD-ON	\$ -
15130	DERM AUTOGRAFT- TRNK/ARM/LEG	\$ -
15131	DERM AUTOGRAFT T/A/L ADD-ON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
15135	DERM AUTOGRAFT FACE/NCK/HF/G	\$ -
15136	DERM AUTOGRAFT- F/N/HF/G ADD	\$ -
15150	CULT EPIDERM GRFT T/ARM/LEG	\$ -
15151	CULT EPIDERM GRFT T/A/L ADDL	\$ -
15152	CULT EPIDERM GRAFT T/A/L +%	\$ -
15155	CULT EPIDERM GRAFT- F/N/HF/G	\$ -
15156	CULT EPIDRM GRFT F/N/HFG ADD	\$ -
15157	CULT EPIDERM GRFT F/N/HFG +%	\$ -
15200	SKIN FULL GRAFT	\$ -
15201	SKIN FULL GRAFT ADD-ON	\$ -
15220	SKIN FULL GRAFT	\$ -
15221	SKIN FULL GRAFT ADD-ON	\$ -
15240	SKIN FULL GRAFT	\$ -
15241	SKIN FULL GRAFT ADD-ON	\$ -
15260	SKIN FULL GRAFT	\$ -
15261	SKIN FULL GRAFT ADD-ON	\$ -
15271	SKIN SUB GRAFT TRNK/ARM/LEG	\$ -
15272	SKIN SUB GRAFT T/A/L ADD-ON	\$ -
15273	SKIN SUB GRFT T/ARM/LG CHILD	\$ -
15274	SKN SUB GRFT T/A/L CHILD ADD	\$ -
15275	SKIN SUB GRAFT FACE/NK/HF/G	\$ -
15276	SKIN SUB GRAFT F/N/HF/G ADDL	\$ -
15277	SKN SUB GRFT F/N/HF/G CHILD	\$ -
15278	SKN SUB GRFT F/N/HF/G CH ADD	\$ -
15570	FORM SKIN PEDICLE FLAP	\$ -
15572	FORM SKIN PEDICLE FLAP	\$ -
15574	FORM SKIN PEDICLE FLAP	\$ -
15576	FORM SKIN PEDICLE FLAP	\$ -
15600	SKIN GRAFT	\$ -
15610	SKIN GRAFT	\$ -
15620	SKIN GRAFT	\$ -
15630	SKIN GRAFT	\$ -
15650	TRANSFER SKIN PEDICLE FLAP	\$ -
15730	MDFC FLAP W/PRSRV VASC PEDCL	\$ -
15731	FOREHEAD FLAP W/VASC PEDICLE	\$ -
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	\$ -
15734	MUSCLE-SKIN GRAFT- TRUNK	\$ -
15736	MUSCLE-SKIN GRAFT- ARM	\$ -
15738	MUSCLE-SKIN GRAFT- LEG	\$ -
15740	ISLAND PEDICLE FLAP GRAFT	\$ -
15750	NEUROVASCULAR PEDICLE GRAFT	\$ -
15756	FREE MYO/SKIN FLAP MICROVASC	\$ -
15757	FREE SKIN FLAP- MICROVASC	\$ -
15758	FREE FASCIAL FLAP- MICROVASC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
15760	COMPOSITE SKIN GRAFT	\$ -
15769	GRFG AUTOL SOFT TISS DIR EXC	\$ -
15770	DERMA-FAT-FASCIA GRAFT	\$ -
15771	GRFG AUTOL FAT LIPO 50 CC/<	\$ -
15772	GRFG AUTOL FAT LIPO EA ADDL	\$ -
15773	GRFG AUTOL FAT LIPO 25 CC/<	\$ -
15774	GFRG AUTOL FAT LIPO EA ADDL	\$ -
15775	HAIR TRANSPLANT PUNCH GRAFTS	\$ -
15776	HAIR TRANSPLANT PUNCH GRAFTS	\$ -
15777	ACELLULAR DERM MATRIX IMPLT	\$ -
15780	ABRASION TREATMENT OF SKIN	\$ -
15781	ABRASION TREATMENT OF SKIN	\$ -
15782	ABRASION TREATMENT OF SKIN	\$ -
15783	ABRASION TREATMENT OF SKIN	\$ -
15786	ABRASION- LESION- SINGLE	\$ -
15787	ABRASION- LESIONS- ADD-ON	\$ -
15788	CHEMICAL PEEL- FACE- EPIDERM	\$ -
15789	CHEMICAL PEEL- FACE- DERMAL	\$ -
15792	CHEMICAL PEEL- NONFACIAL	\$ -
15793	CHEMICAL PEEL- NONFACIAL	\$ -
15819	PLASTIC SURGERY- NECK	\$ -
15820	REVISION OF LOWER EYELID	\$ -
15821	REVISION OF LOWER EYELID	\$ -
15822	REVISION OF UPPER EYELID	\$ -
15823	REVISION OF UPPER EYELID	\$ -
15824	REMOVAL OF FOREHEAD WRINKLES	\$ -
15825	REMOVAL OF NECK WRINKLES	\$ -
15826	REMOVAL OF BROW WRINKLES	\$ -
15828	REMOVAL OF FACE WRINKLES	\$ -
15829	REMOVAL OF SKIN WRINKLES	\$ -
15830	EXC SKIN ABD	\$ -
15832	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15833	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15834	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15835	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15836	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15837	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15838	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15839	EXCISE EXCESSIVE SKIN TISSUE	\$ -
15840	GRAFT FOR FACE NERVE PALSY	\$ -
15841	GRAFT FOR FACE NERVE PALSY	\$ -
15842	FLAP FOR FACE NERVE PALSY	\$ -
15845	SKIN AND MUSCLE REPAIR- FACE	\$ -
15847	EXC SKIN ABD ADD-ON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
15850	REMOVAL OF SUTURES	\$ -
15851	REMOVAL OF SUTURES	\$ -
15852	DRESSING CHANGE-NOT FOR BURN	\$ -
15860	TEST FOR BLOOD FLOW IN GRAFT	\$ -
15876	SUCTION ASSISTED LIPECTOMY	\$ -
15877	SUCTION ASSISTED LIPECTOMY	\$ -
15878	SUCTION ASSISTED LIPECTOMY	\$ -
15879	SUCTION ASSISTED LIPECTOMY	\$ -
15920	REMOVAL OF TAIL BONE ULCER	\$ -
15922	REMOVAL OF TAIL BONE ULCER	\$ -
15931	REMOVE SACRUM PRESSURE SORE	\$ -
15933	REMOVE SACRUM PRESSURE SORE	\$ -
15934	REMOVE SACRUM PRESSURE SORE	\$ -
15935	REMOVE SACRUM PRESSURE SORE	\$ -
15936	REMOVE SACRUM PRESSURE SORE	\$ -
15937	REMOVE SACRUM PRESSURE SORE	\$ -
15940	REMOVE HIP PRESSURE SORE	\$ -
15941	REMOVE HIP PRESSURE SORE	\$ -
15944	REMOVE HIP PRESSURE SORE	\$ -
15945	REMOVE HIP PRESSURE SORE	\$ -
15946	REMOVE HIP PRESSURE SORE	\$ -
15950	REMOVE THIGH PRESSURE SORE	\$ -
15951	REMOVE THIGH PRESSURE SORE	\$ -
15952	REMOVE THIGH PRESSURE SORE	\$ -
15953	REMOVE THIGH PRESSURE SORE	\$ -
15956	REMOVE THIGH PRESSURE SORE	\$ -
15958	REMOVE THIGH PRESSURE SORE	\$ -
15999	REMOVAL OF PRESSURE SORE	\$ -
16000	Burn Care- Initial	\$ 306.00
16020	BURN DRESSING/DEBRID	\$ -
16020	DRESS CHG OR DEBRID	\$ -
16025	TREATMENT OF BURN(S)	\$ -
16030	TREATMENT OF BURN(S)	\$ -
16035	INCISION OF BURN SCAB- INITI	\$ -
16036	INCISE BURN SCAB- ADDL INCIS	\$ -
17000	DESTROY BENIGN/PREMLG LESION	\$ -
17003	DESTROY LESIONS- 2-14	\$ -
17004	DESTROY LESIONS- 15 OR MORE	\$ -
17106	DESTRUCTION OF SKIN LESIONS	\$ -
17107	DESTRUCTION OF SKIN LESIONS	\$ -
17108	DESTRUCTION OF SKIN LESIONS	\$ -
17110	DESTRUCT LESION- 1-14	\$ -
17111	DESTRUCT LESION- 15 OR MORE	\$ -
17250	CHEMICAL CAUTERY- TISSUE	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
17260	DESTRUCTION OF SKIN LESIONS	\$ -
17261	DESTRUCTION OF SKIN LESIONS	\$ -
17262	DESTRUCTION OF SKIN LESIONS	\$ -
17263	DESTRUCTION OF SKIN LESIONS	\$ -
17264	DESTRUCTION OF SKIN LESIONS	\$ -
17266	DESTRUCTION OF SKIN LESIONS	\$ -
17270	DESTRUCTION OF SKIN LESIONS	\$ -
17271	DESTRUCTION OF SKIN LESIONS	\$ -
17272	DESTRUCTION OF SKIN LESIONS	\$ -
17273	DESTRUCTION OF SKIN LESIONS	\$ -
17274	DESTRUCTION OF SKIN LESIONS	\$ -
17276	DESTRUCTION OF SKIN LESIONS	\$ -
17280	DESTRUCTION OF SKIN LESIONS	\$ -
17281	DESTRUCTION OF SKIN LESIONS	\$ -
17282	DESTRUCTION OF SKIN LESIONS	\$ -
17283	DESTRUCTION OF SKIN LESIONS	\$ -
17284	DESTRUCTION OF SKIN LESIONS	\$ -
17286	DESTRUCTION OF SKIN LESIONS	\$ -
17311	MOHS- 1 STAGE- H/N/HF/G	\$ -
17312	MOHS ADDL STAGE	\$ -
17313	MOHS- 1 STAGE- T/A/L	\$ -
17314	MOHS- ADDL STAGE- T/A/L	\$ -
17315	MOHS SURG- ADDL BLOCK	\$ -
17340	CRYOTHERAPY OF SKIN	\$ -
17360	SKIN PEEL THERAPY	\$ -
17380	HAIR REMOVAL BY ELECTROLYSIS	\$ -
17999	SKIN TISSUE PROCEDURE	\$ -
19000	DRAINAGE OF BREAST LESION	\$ -
19001	DRAIN BREAST LESION ADD-ON	\$ -
19020	INCISION OF BREAST LESION	\$ -
19030	INJECTION FOR BREAST X-RAY	\$ -
19081	BX BREAST 1ST LESION STRTCTC	\$ -
19082	BX BREAST ADD LESION STRTCTC	\$ -
19083	BX BREAST 1ST LESION US IMAG	\$ -
19084	BX BREAST ADD LESION US IMAG	\$ -
19085	BX BREAST 1ST LESION MR IMAG	\$ -
19086	BX BREAST ADD LESION MR IMAG	\$ -
19100	BX BREAST PERCUT W/O IMAGE	\$ -
19101	BIOPSY OF BREAST- OPEN	\$ -
19105	CRYOSURG ABLATE FA- EACH	\$ -
19110	NIPPLE EXPLORATION	\$ -
19112	EXCISE BREAST DUCT FISTULA	\$ -
19120	REMOVAL OF BREAST LESION	\$ -
19125	EXCISION- BREAST LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
19126	EXCISION- ADDL BREAST LESION	\$ -
19281	PERQ DEVICE BREAST 1ST IMAG	\$ -
19282	PERQ DEVICE BREAST EA IMAG	\$ -
19283	PERQ DEV BREAST 1ST STRTCTC	\$ -
19284	PERQ DEV BREAST ADD STRTCTC	\$ -
19285	PERQ DEV BREAST 1ST US IMAG	\$ -
19286	PERQ DEV BREAST ADD US IMAG	\$ -
19287	PERQ DEV BREAST 1ST MR GUIDE	\$ -
19288	PERQ DEV BREAST ADD MR GUIDE	\$ -
19294	PREP TUM CAV IORT PRTL MAST	\$ -
19296	PLACE PO BREAST CATH FOR RAD	\$ -
19297	PLACE BREAST CATH FOR RAD	\$ -
19298	PLACE BREAST RAD TUBE/CATHS	\$ -
19300	REMOVAL OF BREAST TISSUE	\$ -
19301	PARTICAL MASTECTOMY	\$ -
19302	P-MASTECTOMY W/LN REMOVAL	\$ -
19303	MAST- SIMPLE- COMPLETE	\$ -
19305	MAST- RADICAL	\$ -
19306	MAST- RAD- URBAN TYPE	\$ -
19307	MAST- MOD RAD	\$ -
19316	SUSPENSION OF BREAST	\$ -
19318	REDUCTION OF LARGE BREAST	\$ -
19325	ENLARGE BREAST WITH IMPLANT	\$ -
19328	REMOVAL OF BREAST IMPLANT	\$ -
19330	REMOVAL OF IMPLANT MATERIAL	\$ -
19340	IMMEDIATE BREAST PROSTHESIS	\$ -
19342	DELAYED BREAST PROSTHESIS	\$ -
19350	BREAST RECONSTRUCTION	\$ -
19355	CORRECT INVERTED NIPPLE(S)	\$ -
19357	BREAST RECONSTRUCTION	\$ -
19361	BREAST RECONSTRUCTION	\$ -
19364	BREAST RECONSTRUCTION	\$ -
19367	BREAST RECONSTRUCTION	\$ -
19368	BREAST RECONSTRUCTION	\$ -
19369	BREAST RECONSTRUCTION	\$ -
19370	SURGERY OF BREAST CAPSULE	\$ -
19371	REMOVAL OF BREAST CAPSULE	\$ -
19380	REVISE BREAST RECONSTRUCTION	\$ -
19396	DESIGN CUSTOM BREAST IMPLANT	\$ -
19499	BREAST SURGERY PROCEDURE	\$ -
20100	EXPLORE WOUND- NECK	\$ -
20101	EXPLORE WOUND- CHEST	\$ -
20102	EXPLORE WOUND- ABDOMEN	\$ -
20103	EXPLORE WOUND- EXTREMITY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
20150	EXCISE EPIPHYSEAL BAR	\$ -
20200	MUSCLE BIOPSY	\$ -
20205	DEEP MUSCLE BIOPSY	\$ -
20206	NEEDLE BIOPSY- MUSCLE	\$ -
20220	BONE BIOPSY- TROCAR/NEEDLE	\$ -
20225	BONE BIOPSY- TROCAR/NEEDLE	\$ -
20240	BONE BIOPSY- EXCISIONAL	\$ -
20245	BONE BIOPSY- EXCISIONAL	\$ -
20250	OPEN BONE BIOPSY	\$ -
20251	OPEN BONE BIOPSY	\$ -
20500	INJECTION OF SINUS TRACT	\$ -
20501	INJECT SINUS TRACT FOR X-RAY	\$ -
20520	REMOVAL OF FOREIGN BODY	\$ -
20525	REMOVAL OF FOREIGN BODY	\$ -
20526	THER INJECTION- CARP TUNNEL	\$ -
20527	INJ DUPUYTREN CORD W/ENZYME	\$ -
20550	INJ TENDON SHEATH/LIGAMENT	\$ -
20551	INJECT TENDON ORIGIN/INSERT	\$ -
20552	INJECT TRIGGER POINT- 1 OR 2	\$ -
20553	INJECT TRIGGER POINTS- =/> 3	\$ -
20555	PLACE NDL MUSC/TIS FOR RT	\$ -
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	\$ -
20561	NDL INSJ W/O NJX 3+ MUSC	\$ -
20600	DRAIN/INJECT- JOINT/BURSA	\$ -
20604	DRAIN/INJ JOINT/BURSA W/US	\$ -
20605	DRAIN/INJECT- JOINT/BURSA	\$ -
20606	DRAIN/INJ JOINT/BURSA W/US	\$ -
20610	DRAIN/INJECT- JOINT/BURSA	\$ -
20611	DRAIN/INJ JOINT/BURSA W/US	\$ -
20612	ASPIRATE/INJ GANGLION CYST	\$ -
20615	TREATMENT OF BONE CYST	\$ -
20650	INSERT AND REMOVE BONE PIN	\$ -
20660	APPLY- REM FIXATION DEVICE	\$ -
20661	APPLICATION OF HEAD BRACE	\$ -
20662	APPLICATION OF PELVIS BRACE	\$ -
20663	APPLICATION OF THIGH BRACE	\$ -
20664	HALO BRACE APPLICATION	\$ -
20665	REMOVAL OF FIXATION DEVICE	\$ -
20670	REMOVAL OF SUPPORT IMPLANT	\$ -
20680	REMOVAL OF SUPPORT IMPLANT	\$ -
20690	APPLY BONE FIXATION DEVICE	\$ -
20692	APPLY BONE FIXATION DEVICE	\$ -
20693	ADJUST BONE FIXATION DEVICE	\$ -
20694	REMOVE BONE FIXATION DEVICE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
20696	COMP MULTIPLANE EXT FIXATION	\$ -
20697	COMP EXT FIXATE STRUT CHANGE	\$ -
20700	MNL PREP&INSJ DP RX DLVR DEV	\$ -
20701	RMVL DEEP RX DELIVERY DEVICE	\$ -
20702	MNL PREP&INSJ IMED RX DEV	\$ -
20703	RMVL IMED RX DELIVERY DEVICE	\$ -
20704	MNL PREP&INSJ I-ARTIC RX DEV	\$ -
20705	RMVL I-ARTIC RX DELIVERY DEV	\$ -
20802	REPLANTATION- ARM- COMPLETE	\$ -
20805	REPLANT FOREARM- COMPLETE	\$ -
20808	REPLANTATION HAND- COMPLETE	\$ -
20816	REPLANTATION DIGIT- COMPLETE	\$ -
20822	REPLANTATION DIGIT- COMPLETE	\$ -
20824	REPLANTATION THUMB- COMPLETE	\$ -
20827	REPLANTATION THUMB- COMPLETE	\$ -
20838	REPLANTATION FOOT- COMPLETE	\$ -
20900	REMOVAL OF BONE FOR GRAFT	\$ -
20902	REMOVAL OF BONE FOR GRAFT	\$ -
20910	REMOVE CARTILAGE FOR GRAFT	\$ -
20912	REMOVE CARTILAGE FOR GRAFT	\$ -
20920	REMOVAL OF FASCIA FOR GRAFT	\$ -
20922	REMOVAL OF FASCIA FOR GRAFT	\$ -
20924	REMOVAL OF TENDON FOR GRAFT	\$ -
20930	SPINAL BONE ALLOGRAFT	\$ -
20931	SPINAL BONE ALLOGRAFT	\$ -
20932	OSTEOART ALGRFT W/SURF & B1	\$ -
20933	HEMICRT INTRCLRY ALGRFT PRTL	\$ -
20934	INTERCALARY ALGRFT COMPL	\$ -
20936	SPINAL BONE AUTOGRAFT	\$ -
20937	SPINAL BONE AUTOGRAFT	\$ -
20938	SPINAL BONE AUTOGRAFT	\$ -
20939	BONE MARROW ASPIR BONE GRFG	\$ -
20950	FLUID PRESSURE- MUSCLE	\$ -
20955	FIBULA BONE GRAFT- MICROVASC	\$ -
20956	ILIAC BONE GRAFT- MICROVASC	\$ -
20957	MT BONE GRAFT- MICROVASC	\$ -
20962	OTHER BONE GRAFT- MICROVASC	\$ -
20969	BONE/SKIN GRAFT- MICROVASC	\$ -
20970	BONE/SKIN GRAFT- ILIAC CREST	\$ -
20972	BONE/SKIN GRAFT- METATARSAL	\$ -
20973	BONE/SKIN GRAFT- GREAT TOE	\$ -
20974	ELECTRICAL BONE STIMULATION	\$ -
20975	ELECTRICAL BONE STIMULATION	\$ -
20979	US BONE STIMULATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
20982	ABLATE- BONE TUMOR(S) PERQ	\$ -
20983	ABLATE BONE TUMOR(S) PERQ	\$ -
20985	CPTR-ASST DIR MS PX	\$ -
20999	MUSCULOSKELETAL SURGERY	\$ -
21010	INCISION OF JAW JOINT	\$ -
21011	EXC FACE LES SC < 2 CM	\$ -
21012	EXC FACE LES SBQ 2+ CM	\$ -
21013	EXC FACE TUM DEEP < 2 CM	\$ -
21014	EXC FACE TUM DEEP 2+ CM	\$ -
21015	RESECTION OF FACIAL TUMOR	\$ -
21016	RESECT FACE TUM + CM	\$ -
21025	EXCISION OF BONE- LOWER JAW	\$ -
21026	EXCISION OF FACIAL BONE(S)	\$ -
21029	CONTOUR OF FACE BONE LESION	\$ -
21030	EXCISE MAX/ZYGOMA B9 TUMOR	\$ -
21031	REMOVE EXOSTOSIS- MANDIBLE	\$ -
21032	REMOVE EXOSTOSIS- MAXILLA	\$ -
21034	EXCISE MAX/ZYGOMA MLG TUMOR	\$ -
21040	EXCISE MANDIBLE LESION	\$ -
21044	REMOVAL OF JAW BONE LESION	\$ -
21045	EXTENSIVE JAW SURGERY	\$ -
21046	REMOVE MANDIBLE CYST COMPLEX	\$ -
21047	EXCISE LWR JAW CYST W/REPAIR	\$ -
21048	REMOVE MAXILLA CYST COMPLEX	\$ -
21049	EXCIS UPPR JAW CYST W/REPAIR	\$ -
21050	REMOVAL OF JAW JOINT	\$ -
21060	REMOVE JAW JOINT CARTILAGE	\$ -
21070	REMOVE CORONOID PROCESS	\$ -
21073	MNPJ OF TMJ W/ANESTH	\$ -
21076	PREPARE FACE/ORAL PROSTHESIS	\$ -
21077	PREPARE FACE/ORAL PROSTHESIS	\$ -
21079	PREPARE FACE/ORAL PROSTHESIS	\$ -
21080	PREPARE FACE/ORAL PROSTHESIS	\$ -
21081	PREPARE FACE/ORAL PROSTHESIS	\$ -
21082	PREPARE FACE/ORAL PROSTHESIS	\$ -
21083	PREPARE FACE/ORAL PROSTHESIS	\$ -
21084	PREPARE FACE/ORAL PROSTHESIS	\$ -
21085	PREPARE FACE/ORAL PROSTHESIS	\$ -
21086	PREPARE FACE/ORAL PROSTHESIS	\$ -
21087	PREPARE FACE/ORAL PROSTHESIS	\$ -
21088	PREPARE FACE/ORAL PROSTHESIS	\$ -
21089	PREPARE FACE/ORAL PROSTHESIS	\$ -
21100	MAXILLOFACIAL FIXATION	\$ -
21110	INTERDENTAL FIXATION	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
21116	INJECTION- JAW JOINT X-RAY	\$ -
21120	RECONSTRUCTION OF CHIN	\$ -
21121	RECONSTRUCTION OF CHIN	\$ -
21122	RECONSTRUCTION OF CHIN	\$ -
21123	RECONSTRUCTION OF CHIN	\$ -
21125	AUGMENTATION- LOWER JAW BONE	\$ -
21127	AUGMENTATION- LOWER JAW BONE	\$ -
21137	REDUCTION OF FOREHEAD	\$ -
21138	REDUCTION OF FOREHEAD	\$ -
21139	REDUCTION OF FOREHEAD	\$ -
21141	RECONSTRUCT MIDFACE- LEFORT	\$ -
21142	RECONSTRUCT MIDFACE- LEFORT	\$ -
21143	RECONSTRUCT MIDFACE- LEFORT	\$ -
21145	RECONSTRUCT MIDFACE- LEFORT	\$ -
21146	RECONSTRUCT MIDFACE- LEFORT	\$ -
21147	RECONSTRUCT MIDFACE- LEFORT	\$ -
21150	RECONSTRUCT MIDFACE- LEFORT	\$ -
21151	RECONSTRUCT MIDFACE- LEFORT	\$ -
21154	RECONSTRUCT MIDFACE- LEFORT	\$ -
21155	RECONSTRUCT MIDFACE- LEFORT	\$ -
21159	RECONSTRUCT MIDFACE- LEFORT	\$ -
21160	RECONSTRUCT MIDFACE- LEFORT	\$ -
21172	RECONSTRUCT ORBIT/FOREHEAD	\$ -
21175	RECONSTRUCT ORBIT/FOREHEAD	\$ -
21179	RECONSTRUCT ENTIRE FOREHEAD	\$ -
21180	RECONSTRUCT ENTIRE FOREHEAD	\$ -
21181	CONTOUR CRANIAL BONE LESION	\$ -
21182	RECONSTRUCT CRANIAL BONE	\$ -
21183	RECONSTRUCT CRANIAL BONE	\$ -
21184	RECONSTRUCT CRANIAL BONE	\$ -
21188	RECONSTRUCTION OF MIDFACE	\$ -
21193	RECONST LWR JAW W/O GRAFT	\$ -
21194	RECONST LWR JAW W/GRAFT	\$ -
21195	RECONST LWR JAW W/O FIXATION	\$ -
21196	RECONST LWR JAW W/FIXATION	\$ -
21198	RECONSTR LWR JAW SEGMENT	\$ -
21199	RECONSTR LWR JAW W/ADVANCE	\$ -
21206	RECONSTRUCT UPPER JAW BONE	\$ -
21208	AUGMENTATION OF FACIAL BONES	\$ -
21209	REDUCTION OF FACIAL BONES	\$ -
21210	FACE BONE GRAFT	\$ -
21215	LOWER JAW BONE GRAFT	\$ -
21230	RIB CARTILAGE GRAFT	\$ -
21235	EAR CARTILAGE GRAFT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
21240	RECONSTRUCTION OF JAW JOINT	\$ -
21242	RECONSTRUCTION OF JAW JOINT	\$ -
21243	RECONSTRUCTION OF JAW JOINT	\$ -
21244	RECONSTRUCTION OF LOWER JAW	\$ -
21245	RECONSTRUCTION OF JAW	\$ -
21246	RECONSTRUCTION OF JAW	\$ -
21247	RECONSTRUCT LOWER JAW BONE	\$ -
21248	RECONSTRUCTION OF JAW	\$ -
21249	RECONSTRUCTION OF JAW	\$ -
21255	RECONSTRUCT LOWER JAW BONE	\$ -
21256	RECONSTRUCTION OF ORBIT	\$ -
21260	REVISE EYE SOCKETS	\$ -
21261	REVISE EYE SOCKETS	\$ -
21263	REVISE EYE SOCKETS	\$ -
21267	REVISE EYE SOCKETS	\$ -
21268	REVISE EYE SOCKETS	\$ -
21270	AUGMENTATION- CHEEK BONE	\$ -
21275	REVISION- ORBITOFACIAL BONES	\$ -
21280	REVISION OF EYELID	\$ -
21282	REVISION OF EYELID	\$ -
21295	REVISION OF JAW MUSCLE/BONE	\$ -
21296	REVISION OF JAW MUSCLE/BONE	\$ -
21299	CRANIO/MAXILLOFACIAL SURGERY	\$ -
21315	TREATMENT OF NOSE FRACTURE	\$ -
21320	TREATMENT OF NOSE FRACTURE	\$ -
21325	TREATMENT OF NOSE FRACTURE	\$ -
21330	TREATMENT OF NOSE FRACTURE	\$ -
21335	TREATMENT OF NOSE FRACTURE	\$ -
21336	TREAT NASAL SEPTAL FRACTURE	\$ -
21337	TREAT NASAL SEPTAL FRACTURE	\$ -
21338	TREAT NASOETHMOID FRACTURE	\$ -
21339	TREAT NASOETHMOID FRACTURE	\$ -
21340	TREATMENT OF NOSE FRACTURE	\$ -
21343	TREATMENT OF SINUS FRACTURE	\$ -
21344	TREATMENT OF SINUS FRACTURE	\$ -
21345	TREAT NOSE/JAW FRACTURE	\$ -
21346	TREAT NOSE/JAW FRACTURE	\$ -
21347	TREAT NOSE/JAW FRACTURE	\$ -
21348	TREAT NOSE/JAW FRACTURE	\$ -
21355	TREAT CHEEK BONE FRACTURE	\$ -
21356	TREAT CHEEK BONE FRACTURE	\$ -
21360	TREAT CHEEK BONE FRACTURE	\$ -
21365	TREAT CHEEK BONE FRACTURE	\$ -
21366	TREAT CHEEK BONE FRACTURE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
21385	TREAT EYE SOCKET FRACTURE	\$ -
21386	TREAT EYE SOCKET FRACTURE	\$ -
21387	TREAT EYE SOCKET FRACTURE	\$ -
21390	TREAT EYE SOCKET FRACTURE	\$ -
21395	TREAT EYE SOCKET FRACTURE	\$ -
21400	TREAT EYE SOCKET FRACTURE	\$ -
21401	TREAT EYE SOCKET FRACTURE	\$ -
21406	TREAT EYE SOCKET FRACTURE	\$ -
21407	TREAT EYE SOCKET FRACTURE	\$ -
21408	TREAT EYE SOCKET FRACTURE	\$ -
21421	TREAT MOUTH ROOF FRACTURE	\$ -
21422	TREAT MOUTH ROOF FRACTURE	\$ -
21423	TREAT MOUTH ROOF FRACTURE	\$ -
21431	TREAT CRANIOFACIAL FRACTURE	\$ -
21432	TREAT CRANIOFACIAL FRACTURE	\$ -
21433	TREAT CRANIOFACIAL FRACTURE	\$ -
21435	TREAT CRANIOFACIAL FRACTURE	\$ -
21436	TREAT CRANIOFACIAL FRACTURE	\$ -
21440	TREAT DENTAL RIDGE FRACTURE	\$ -
21445	TREAT DENTAL RIDGE FRACTURE	\$ -
21450	TREAT LOWER JAW FRACTURE	\$ -
21451	TREAT LOWER JAW FRACTURE	\$ -
21452	TREAT LOWER JAW FRACTURE	\$ -
21453	TREAT LOWER JAW FRACTURE	\$ -
21454	TREAT LOWER JAW FRACTURE	\$ -
21461	TREAT LOWER JAW FRACTURE	\$ -
21462	TREAT LOWER JAW FRACTURE	\$ -
21465	TREAT LOWER JAW FRACTURE	\$ -
21470	TREAT LOWER JAW FRACTURE	\$ -
21480	RESET DISLOCATED JAW	\$ -
21485	RESET DISLOCATED JAW	\$ -
21490	REPAIR DISLOCATED JAW	\$ -
21497	INTERDENTAL WIRING	\$ -
21499	HEAD SURGERY PROCEDURE	\$ -
21501	DRAIN NECK/CHEST LESION	\$ -
21502	DRAIN CHEST LESION	\$ -
21510	DRAINAGE OF BONE LESION	\$ -
21550	BIOPSY OF NECK/CHEST	\$ -
21552	EXC NECK LES SC 3+ CM	\$ -
21554	EXC NECK TUM DEEP 5+ CM	\$ -
21555	REMOVE LESION- NECK/CHEST	\$ -
21556	REMOVE LESION- NECK/CHEST	\$ -
21557	REMOVE TUMOR- NECK/CHEST	\$ -
21558	RESECT NECK TUM 5+ CM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
21600	PARTIAL REMOVAL OF RIB	\$ -
21601	EXC CHEST WALL TUMOR W/RIBS	\$ -
21602	EXC CH WAL TUM W/O LYMPHADEC	\$ -
21603	EXC CH WAL TUM W/LYMPHADEC	\$ -
21610	PARTIAL REMOVAL OF RIB	\$ -
21615	REMOVAL OF RIB	\$ -
21616	REMOVAL OF RIB AND NERVES	\$ -
21620	PARTIAL REMOVAL OF STERNUM	\$ -
21627	STERNAL DEBRIDEMENT	\$ -
21630	EXTENSIVE STERNUM SURGERY	\$ -
21632	EXTENSIVE STERNUM SURGERY	\$ -
21685	HYOID MYOTOMY & SUSPENSION	\$ -
21700	REVISION OF NECK MUSCLE	\$ -
21705	REVISION OF NECK MUSCLE/RIB	\$ -
21720	REVISION OF NECK MUSCLE	\$ -
21725	REVISION OF NECK MUSCLE	\$ -
21740	RECONSTRUCTION OF STERNUM	\$ -
21742	REPAIR STERN/NUSS W/O SCOPE	\$ -
21743	REPAIR STERNUM/NUSS W/SCOPE	\$ -
21750	REPAIR OF STERNUM SEPARATION	\$ -
21811	OPTX OF RIB FX W/FIXJ SCOPE	\$ -
21812	TREATMENT OF RIB FRACTURE	\$ -
21813	TREATMENT OF RIB FRACTURE	\$ -
21820	TREAT STERNUM FRACTURE	\$ -
21825	TREAT STERNUM FRACTURE	\$ -
21899	NECK/CHEST SURGERY PROCEDURE	\$ -
21920	BIOPSY SOFT TISSUE OF BACK	\$ -
21925	BIOPSY SOFT TISSUE OF BACK	\$ -
21930	REMOVE LESION- BACK OR FLANK	\$ -
21931	EXC BACK LES SC 3+ CM	\$ -
21932	EXC BACK TUM DEEP < 5 CM	\$ -
21933	EXC BACK TUM DEEP 5+ CM	\$ -
21935	REMOVE TUMOR- BACK	\$ -
21936	RESECT BACK TUM 5+ CM	\$ -
22010	I&D- P-SPINE- C/T/CERV-THOR	\$ -
22015	I&D- P-SPINE- L/S/LS	\$ -
22100	REMOVE PART OF NECK VERTEBRA	\$ -
22101	REMOVE PART- THORAX VERTEBRA	\$ -
22102	REMOVE PART- LUMBAR VERTEBRA	\$ -
22103	REMOVE EXTRA SPINE SEGMENT	\$ -
22110	REMOVE PART OF NECK VERTEBRA	\$ -
22112	REMOVE PART- THORAX VERTEBRA	\$ -
22114	REMOVE PART- LUMBAR VERTEBRA	\$ -
22116	REMOVE EXTRA SPINE SEGMENT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
22206	CUT SPINE 3 COL- THOR	\$ -
22207	CUT SPINE 3 COL- LUMB	\$ -
22208	CUT SPINE 3 COL- ADDL SEG	\$ -
22210	REVISION OF NECK SPINE	\$ -
22212	REVISION OF THORAX SPINE	\$ -
22214	REVISION OF LUMBAR SPINE	\$ -
22216	REVISE- EXTRA SPINE SEGMENT	\$ -
22220	REVISION OF NECK SPINE	\$ -
22222	REVISION OF THORAX SPINE	\$ -
22224	REVISION OF LUMBAR SPINE	\$ -
22226	REVISE- EXTRA SPINE SEGMENT	\$ -
22310	TREAT SPINE FRACTURE	\$ -
22315	TREAT SPINE FRACTURE	\$ -
22318	TREAT ODONTOID FX W/O GRAFT	\$ -
22319	TREAT ODONTOID FX W/GRAFT	\$ -
22325	TREAT SPINE FRACTURE	\$ -
22326	TREAT NECK SPINE FRACTURE	\$ -
22327	TREAT THORAX SPINE FRACTURE	\$ -
22328	TREAT EACH ADD SPINE FX	\$ -
22505	MANIPULATION OF SPINE	\$ -
22510	PERQ CERVICOTHORACIC INJECT	\$ -
22511	PERQ LUMBOSACRAL INJECTION	\$ -
22512	VERTEBROPLASTY ADDL INJECT	\$ -
22513	PERQ VERTEBRAL AUGMENTATION	\$ -
22514	PERQ VERTEBRAL AUGMENTATION	\$ -
22515	PERQ VERTEBRAL AUGMENTATION	\$ -
22526	IDET- SINGLE LEVEL	\$ -
22527	IDET- 1 OR MORE LEVELS	\$ -
22532	LAT THORAX SPINE FUSION	\$ -
22533	LAT LUMBAR SPINE FUSION	\$ -
22534	LAT THOR/LUMB- ADDL SEG	\$ -
22548	NECK SPINE FUSION	\$ -
22551	NECK SPINE FUSE&REMOVE ADDL	\$ -
22552	ADDL NECK SPINE FUSION	\$ -
22554	NECK SPINE FUSION	\$ -
22556	THORAX SPINE FUSION	\$ -
22558	LUMBAR SPINE FUSION	\$ -
22585	ADDITIONAL SPINAL FUSION	\$ -
22586	PRESCR L FUSE W/ INSTR L5/S1	\$ -
22590	SPINE & SKULL SPINAL FUSION	\$ -
22595	NECK SPINAL FUSION	\$ -
22600	NECK SPINE FUSION	\$ -
22610	THORAX SPINE FUSION	\$ -
22612	LUMBAR SPINE FUSION	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
22614	SPINE FUSION- EXTRA SEGMENT	\$ -
22630	LUMBAR SPINE FUSION	\$ -
22632	SPINE FUSION- EXTRA SEGMENT	\$ -
22633	LUMBAR SPINE FUSION COMBINED	\$ -
22634	SPINE FUSION EXTRA SEGMENT	\$ -
22800	FUSION OF SPINE	\$ -
22802	FUSION OF SPINE	\$ -
22804	FUSION OF SPINE	\$ -
22808	FUSION OF SPINE	\$ -
22810	FUSION OF SPINE	\$ -
22812	FUSION OF SPINE	\$ -
22818	KYPHECTOMY- 1-2 SEGMENTS	\$ -
22819	KYPHECTOMY- 3 OR MORE	\$ -
22830	EXPLORATION OF SPINAL FUSION	\$ -
22840	INSERT SPINE FIXATION DEVICE	\$ -
22841	INSERT SPINE FIXATION DEVICE	\$ -
22842	INSERT SPINE FIXATION DEVICE	\$ -
22843	INSERT SPINE FIXATION DEVICE	\$ -
22844	INSERT SPINE FIXATION DEVICE	\$ -
22845	INSERT SPINE FIXATION DEVICE	\$ -
22846	INSERT SPINE FIXATION DEVICE	\$ -
22847	INSERT SPINE FIXATION DEVICE	\$ -
22848	INSERT PELV FIXATION DEVICE	\$ -
22849	REINSERT SPINAL FIXATION	\$ -
22850	REMOVE SPINE FIXATION DEVICE	\$ -
22852	REMOVE SPINE FIXATION DEVICE	\$ -
22853	INSJ BIOMECHANICAL DEVICE	\$ -
22854	INSJ BIOMECHANICAL DEVICE	\$ -
22855	REMOVE SPINE FIXATION DEVICE	\$ -
22856	CERV ARTIFIC DISKECTOMY	\$ -
22857	LUMBAR ARTIF DISKECTOMY	\$ -
22858	SECOND LEVEL CER DISKECTOMY	\$ -
22859	INSJ BIOMECHANICAL DEVICE	\$ -
22861	REVISE CERV ARTIFIC DISC	\$ -
22862	REVISE LUMBAR ARTIF DISC	\$ -
22864	REMOVE CERV ARTIF DISC	\$ -
22865	REMOVE LUMB ARTIF DISC	\$ -
22867	INSJ STABLJ DEV W/DCMPRN	\$ -
22868	INSJ STABLJ DEV W/DCMPRN	\$ -
22869	INSJ STABLJ DEV W/O DCMPRN	\$ -
22870	INSJ STABLJ DEV W/O DCMPRN	\$ -
22899	SPINE SURGERY PROCEDURE	\$ -
22900	REMOVE ABDOMINAL WALL LESION	\$ -
22901	EXC ABD TUM DEEP > 5 CM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
22902	EXC ABD LES SC < 3 CM	\$ -
22903	EXC ABD LES SC > 3 CM	\$ -
22904	RESECT ABD TUM < 5 CM	\$ -
22905	RESECT ABD TUM > 5 CM	\$ -
22999	ABDOMEN SURGERY PROCEDURE	\$ -
23000	REMOVAL OF CALCIUM DEPOSITS	\$ -
23020	RELEASE SHOULDER JOINT	\$ -
23030	DRAIN SHOULDER LESION	\$ -
23031	DRAIN SHOULDER BURSA	\$ -
23035	DRAIN SHOULDER BONE LESION	\$ -
23040	EXPLORATORY SHOULDER SURGERY	\$ -
23044	EXPLORATORY SHOULDER SURGERY	\$ -
23065	BIOPSY SHOULDER TISSUES	\$ -
23066	BIOPSY SHOULDER TISSUES	\$ -
23071	EXC SHOULDER LES SC > 3 CM	\$ -
23073	EXC SHOULDER TUM DEEP > 5 CM	\$ -
23075	REMOVAL OF SHOULDER LESION	\$ -
23076	REMOVAL OF SHOULDER LESION	\$ -
23077	REMOVE TUMOR OF SHOULDER	\$ -
23078	RESECT SHOULDER TUM > 5 CM	\$ -
23100	BIOPSY OF SHOULDER JOINT	\$ -
23101	SHOULDER JOINT SURGERY	\$ -
23105	REMOVE SHOULDER JOINT LINING	\$ -
23106	INCISION OF COLLARBONE JOINT	\$ -
23107	EXPLORE TREAT SHOULDER JOINT	\$ -
23120	PARTIAL REMOVAL- COLLAR BONE	\$ -
23125	REMOVAL OF COLLAR BONE	\$ -
23130	REMOVE SHOULDER BONE- PART	\$ -
23140	REMOVAL OF BONE LESION	\$ -
23145	REMOVAL OF BONE LESION	\$ -
23146	REMOVAL OF BONE LESION	\$ -
23150	REMOVAL OF HUMERUS LESION	\$ -
23155	REMOVAL OF HUMERUS LESION	\$ -
23156	REMOVAL OF HUMERUS LESION	\$ -
23170	REMOVE COLLAR BONE LESION	\$ -
23172	REMOVE SHOULDER BLADE LESION	\$ -
23174	REMOVE HUMERUS LESION	\$ -
23180	REMOVE COLLAR BONE LESION	\$ -
23182	REMOVE SHOULDER BLADE LESION	\$ -
23184	REMOVE HUMERUS LESION	\$ -
23190	PARTIAL REMOVAL OF SCAPULA	\$ -
23195	REMOVAL OF HEAD OF HUMERUS	\$ -
23200	REMOVAL OF COLLAR BONE	\$ -
23210	REMOVAL OF SHOULDER BLADE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
23220	PARTIAL REMOVAL OF HUMERUS	\$ -
23330	REMOVE SHOULDER FOREIGN BODY	\$ -
23333	REMOVE SHOULDER FB DEEP	\$ -
23334	SHOULDER PROSTHESIS REMOVAL	\$ -
23335	SHOULDER PROSTHESIS REMOVAL	\$ -
23350	INJECTION FOR SHOULDER X-RAY	\$ -
23395	MUSCLE TRANSFER-SHOULDER/ARM	\$ -
23397	MUSCLE TRANSFERS	\$ -
23400	FIXATION OF SHOULDER BLADE	\$ -
23405	INCISION OF TENDON & MUSCLE	\$ -
23406	INCISE TENDON(S) & MUSCLE(S)	\$ -
23410	REPAIR ROTATOR CUFF- ACUTE	\$ -
23412	REPAIR ROTATOR CUFF- CHRONIC	\$ -
23415	RELEASE OF SHOULDER LIGAMENT	\$ -
23420	REPAIR OF SHOULDER	\$ -
23430	REPAIR BICEPS TENDON	\$ -
23440	REMOVE/TRANSPLANT TENDON	\$ -
23450	REPAIR SHOULDER CAPSULE	\$ -
23455	REPAIR SHOULDER CAPSULE	\$ -
23460	REPAIR SHOULDER CAPSULE	\$ -
23462	REPAIR SHOULDER CAPSULE	\$ -
23465	REPAIR SHOULDER CAPSULE	\$ -
23466	REPAIR SHOULDER CAPSULE	\$ -
23470	RECONSTRUCT SHOULDER JOINT	\$ -
23472	RECONSTRUCT SHOULDER JOINT	\$ -
23473	REVIS RECONST SHOULDER JOINT	\$ -
23474	REVIS RECONST SHOULDER JOINT	\$ -
23480	REVISION OF COLLAR BONE	\$ -
23485	REVISION OF COLLAR BONE	\$ -
23490	REINFORCE CLAVICLE	\$ -
23491	REINFORCE SHOULDER BONES	\$ -
23500	TREAT CLAVICLE FRACTURE	\$ -
23505	TREAT CLAVICLE FRACTURE	\$ -
23515	TREAT CLAVICLE FRACTURE	\$ -
23520	TREAT CLAVICLE DISLOCATION	\$ -
23525	TREAT CLAVICLE DISLOCATION	\$ -
23530	TREAT CLAVICLE DISLOCATION	\$ -
23532	TREAT CLAVICLE DISLOCATION	\$ -
23540	TREAT CLAVICLE DISLOCATION	\$ -
23545	TREAT CLAVICLE DISLOCATION	\$ -
23550	TREAT CLAVICLE DISLOCATION	\$ -
23552	TREAT CLAVICLE DISLOCATION	\$ -
23570	TREAT SHOULDER BLADE FX	\$ -
23575	TREAT SHOULDER BLADE FX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
23585	TREAT SCAPULA FRACTURE	\$ -
23600	TREAT HUMERUS FRACTURE	\$ -
23605	TREAT HUMERUS FRACTURE	\$ -
23615	TREAT HUMERUS FRACTURE	\$ -
23616	TREAT HUMERUS FRACTURE	\$ -
23620	TREAT HUMERUS FRACTURE	\$ -
23625	TREAT HUMERUS FRACTURE	\$ -
23630	TREAT HUMERUS FRACTURE	\$ -
23650	TREAT SHOULDER DISLOCATION	\$ -
23655	TREAT SHOULDER DISLOCATION	\$ -
23660	TREAT SHOULDER DISLOCATION	\$ -
23665	TREAT DISLOCATION/FRACTURE	\$ -
23670	TREAT DISLOCATION/FRACTURE	\$ -
23675	TREAT DISLOCATION/FRACTURE	\$ -
23680	TREAT DISLOCATION/FRACTURE	\$ -
23700	FIXATION OF SHOULDER	\$ -
23800	FUSION OF SHOULDER JOINT	\$ -
23802	FUSION OF SHOULDER JOINT	\$ -
23900	AMPUTATION OF ARM & GIRDLE	\$ -
23920	AMPUTATION AT SHOULDER JOINT	\$ -
23921	AMPUTATION FOLLOW-UP SURGERY	\$ -
23929	SHOULDER SURGERY PROCEDURE	\$ -
23930	DRAINAGE OF ARM LESION	\$ -
23931	DRAINAGE OF ARM BURSA	\$ -
23935	DRAIN ARM/ELBOW BONE LESION	\$ -
24000	EXPLORATORY ELBOW SURGERY	\$ -
24006	RELEASE ELBOW JOINT	\$ -
24065	BIOPSY ARM/ELBOW SOFT TISSUE	\$ -
24066	BIOPSY ARM/ELBOW SOFT TISSUE	\$ -
24071	EXC ARM/ELBOW LES SC 3+ CM	\$ -
24073	EX ARM/ELBOW TUM DEEP > 5 CM	\$ -
24075	REMOVE ARM/ELBOW LESION	\$ -
24076	REMOVE ARM/ELBOW LESION	\$ -
24077	REMOVE TUMOR OF ARM/ELBOW	\$ -
24079	RESECT ARM/ELBOW TUM > 5 CM	\$ -
24100	BIOPSY ELBOW JOINT LINING	\$ -
24101	EXPLORE/TREAT ELBOW JOINT	\$ -
24102	REMOVE ELBOW JOINT LINING	\$ -
24105	REMOVAL OF ELBOW BURSA	\$ -
24110	REMOVE HUMERUS LESION	\$ -
24115	REMOVE/GRAFT BONE LESION	\$ -
24116	REMOVE/GRAFT BONE LESION	\$ -
24120	REMOVE ELBOW LESION	\$ -
24125	REMOVE/GRAFT BONE LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
24126	REMOVE/GRAFT BONE LESION	\$ -
24130	REMOVAL OF HEAD OF RADIUS	\$ -
24134	REMOVAL OF ARM BONE LESION	\$ -
24136	REMOVE RADIUS BONE LESION	\$ -
24138	REMOVE ELBOW BONE LESION	\$ -
24140	PARTIAL REMOVAL OF ARM BONE	\$ -
24145	PARTIAL REMOVAL OF RADIUS	\$ -
24147	PARTIAL REMOVAL OF ELBOW	\$ -
24149	RADICAL RESECTION OF ELBOW	\$ -
24150	EXTENSIVE HUMERUS SURGERY	\$ -
24152	EXTENSIVE RADIUS SURGERY	\$ -
24155	REMOVAL OF ELBOW JOINT	\$ -
24160	REMOVE ELBOW JOINT IMPLANT	\$ -
24164	REMOVE RADIUS HEAD IMPLANT	\$ -
24200	REMOVAL OF ARM FOREIGN BODY	\$ -
24201	REMOVAL OF ARM FOREIGN BODY	\$ -
24220	INJECTION FOR ELBOW X-RAY	\$ -
24300	MANIPULATE ELBOW W/ANESTH	\$ -
24301	MUSCLE/TENDON TRANSFER	\$ -
24305	ARM TENDON LENGTHENING	\$ -
24310	REVISION OF ARM TENDON	\$ -
24320	REPAIR OF ARM TENDON	\$ -
24330	REVISION OF ARM MUSCLES	\$ -
24331	REVISION OF ARM MUSCLES	\$ -
24332	TENOLYSIS- TRICEPS	\$ -
24340	REPAIR OF BICEPS TENDON	\$ -
24341	REPAIR ARM TENDON/MUSCLE	\$ -
24342	REPAIR OF RUPTURED TENDON	\$ -
24343	REPR ELBOW LAT LIGMNT W/TISS	\$ -
24344	RECONSTRUCT ELBOW LAT LIGMNT	\$ -
24345	REPR ELBW MED LIGMNT W/TISSU	\$ -
24346	RECONSTRUCT ELBOW MED LIGMNT	\$ -
24357	REPAIR ELBOW- PERC	\$ -
24358	REPAIR ELBOW W/DEB- OPEN	\$ -
24359	REPAIR ELBOW DEB/ATTCH OPEN	\$ -
24360	RECONSTRUCT ELBOW JOINT	\$ -
24361	RECONSTRUCT ELBOW JOINT	\$ -
24362	RECONSTRUCT ELBOW JOINT	\$ -
24363	REPLACE ELBOW JOINT	\$ -
24365	RECONSTRUCT HEAD OF RADIUS	\$ -
24366	RECONSTRUCT HEAD OF RADIUS	\$ -
24370	REVISE RECONST ELBOW JOINT	\$ -
24371	REVISE RECONST ELBOW JOINT	\$ -
24400	REVISION OF HUMERUS	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
24410	REVISION OF HUMERUS	\$ -
24420	REVISION OF HUMERUS	\$ -
24430	REPAIR OF HUMERUS	\$ -
24435	REPAIR HUMERUS WITH GRAFT	\$ -
24470	REVISION OF ELBOW JOINT	\$ -
24495	DECOMPRESSION OF FOREARM	\$ -
24498	REINFORCE HUMERUS	\$ -
24500	TREAT HUMERUS FRACTURE	\$ -
24505	TREAT HUMERUS FRACTURE	\$ -
24515	TREAT HUMERUS FRACTURE	\$ -
24516	TREAT HUMERUS FRACTURE	\$ -
24530	TREAT HUMERUS FRACTURE	\$ -
24535	TREAT HUMERUS FRACTURE	\$ -
24538	TREAT HUMERUS FRACTURE	\$ -
24545	TREAT HUMERUS FRACTURE	\$ -
24546	TREAT HUMERUS FRACTURE	\$ -
24560	TREAT HUMERUS FRACTURE	\$ -
24565	TREAT HUMERUS FRACTURE	\$ -
24566	TREAT HUMERUS FRACTURE	\$ -
24575	TREAT HUMERUS FRACTURE	\$ -
24576	TREAT HUMERUS FRACTURE	\$ -
24577	TREAT HUMERUS FRACTURE	\$ -
24579	TREAT HUMERUS FRACTURE	\$ -
24582	TREAT HUMERUS FRACTURE	\$ -
24586	TREAT ELBOW FRACTURE	\$ -
24587	TREAT ELBOW FRACTURE	\$ -
24600	TREAT ELBOW DISLOCATION	\$ -
24605	TREAT ELBOW DISLOCATION	\$ -
24615	TREAT ELBOW DISLOCATION	\$ -
24620	TREAT ELBOW FRACTURE	\$ -
24635	TREAT ELBOW FRACTURE	\$ -
24640	TREAT ELBOW DISLOCATION	\$ -
24650	TREAT RADIUS FRACTURE	\$ -
24655	TREAT RADIUS FRACTURE	\$ -
24665	TREAT RADIUS FRACTURE	\$ -
24666	TREAT RADIUS FRACTURE	\$ -
24670	TREAT ULNAR FRACTURE	\$ -
24675	TREAT ULNAR FRACTURE	\$ -
24685	TREAT ULNAR FRACTURE	\$ -
24800	FUSION OF ELBOW JOINT	\$ -
24802	FUSION/GRAFT OF ELBOW JOINT	\$ -
24900	AMPUTATION OF UPPER ARM	\$ -
24920	AMPUTATION OF UPPER ARM	\$ -
24925	AMPUTATION FOLLOW-UP SURGERY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
24930	AMPUTATION FOLLOW-UP SURGERY	\$ -
24931	AMPUTATE UPPER ARM & IMPLANT	\$ -
24935	REVISION OF AMPUTATION	\$ -
24940	REVISION OF UPPER ARM	\$ -
24999	UPPER ARM/ELBOW SURGERY	\$ -
25000	INCISION OF TENDON SHEATH	\$ -
25001	INCISE FLEXOR CARPI RADIALIS	\$ -
25020	DECOMPRESS FOREARM 1 SPACE	\$ -
25023	DECOMPRESS FOREARM 1 SPACE	\$ -
25024	DECOMPRESS FOREARM 2 SPACES	\$ -
25025	DECOMPRESS FORARM 2 SPACES	\$ -
25028	DRAINAGE OF FOREARM LESION	\$ -
25031	DRAINAGE OF FOREARM BURSA	\$ -
25035	TREAT FOREARM BONE LESION	\$ -
25040	EXPLORE/TREAT WRIST JOINT	\$ -
25065	BIOPSY FOREARM SOFT TISSUES	\$ -
25066	BIOPSY FOREARM SOFT TISSUES	\$ -
25071	EXC FOREARM LES SC > 3 CM	\$ -
25073	EXC FOREARM TUM DEEP 3+ CM	\$ -
25075	REMOVEL FOREARM LESION SUBCU	\$ -
25076	REMOVEL FOREARM LESION DEEP	\$ -
25077	REMOVE TUMOR- FOREARM/WRIST	\$ -
25078	RESECT FOREARM/WRIST TUM3+CM	\$ -
25085	INCISION OF WRIST CAPSULE	\$ -
25100	BIOPSY OF WRIST JOINT	\$ -
25101	EXPLORE/TREAT WRIST JOINT	\$ -
25105	REMOVE WRIST JOINT LINING	\$ -
25107	REMOVE WRIST JOINT CARTILAGE	\$ -
25109	EXCISE TENDON FOREARM/WRIST	\$ -
25110	REMOVE WRIST TENDON LESION	\$ -
25111	REMOVE WRIST TENDON LESION	\$ -
25112	REREMOVE WRIST TENDON LESION	\$ -
25115	REMOVE WRIST/FOREARM LESION	\$ -
25116	REMOVE WRIST/FOREARM LESION	\$ -
25118	EXCISE WRIST TENDON SHEATH	\$ -
25119	PARTIAL REMOVAL OF ULNA	\$ -
25120	REMOVAL OF FOREARM LESION	\$ -
25125	REMOVE/GRAFT FOREARM LESION	\$ -
25126	REMOVE/GRAFT FOREARM LESION	\$ -
25130	REMOVAL OF WRIST LESION	\$ -
25135	REMOVE & GRAFT WRIST LESION	\$ -
25136	REMOVE & GRAFT WRIST LESION	\$ -
25145	REMOVE FOREARM BONE LESION	\$ -
25150	PARTIAL REMOVAL OF ULNA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
25151	PARTIAL REMOVAL OF RADIUS	\$ -
25170	EXTENSIVE FOREARM SURGERY	\$ -
25210	REMOVAL OF WRIST BONE	\$ -
25215	REMOVAL OF WRIST BONES	\$ -
25230	PARTIAL REMOVAL OF RADIUS	\$ -
25240	PARTIAL REMOVAL OF ULNA	\$ -
25246	INJECTION FOR WRIST X-RAY	\$ -
25248	REMOVE FOREARM FOREIGN BODY	\$ -
25250	REMOVAL OF WRIST PROSTHESIS	\$ -
25251	REMOVAL OF WRIST PROSTHESIS	\$ -
25259	MANIPULATE WRIST W/ANESTHES	\$ -
25260	REPAIR FOREARM TENDON/MUSCLE	\$ -
25263	REPAIR FOREARM TENDON/MUSCLE	\$ -
25265	REPAIR FOREARM TENDON/MUSCLE	\$ -
25270	REPAIR FOREARM TENDON/MUSCLE	\$ -
25272	REPAIR FOREARM TENDON/MUSCLE	\$ -
25274	REPAIR FOREARM TENDON/MUSCLE	\$ -
25275	REPAIR FOREARM TENDON SHEATH	\$ -
25280	REVISE WRIST/FOREARM TENDON	\$ -
25290	INCISE WRIST/FOREARM TENDON	\$ -
25295	RELEASE WRIST/FOREARM TENDON	\$ -
25300	FUSION OF TENDONS AT WRIST	\$ -
25301	FUSION OF TENDONS AT WRIST	\$ -
25310	TRANSPLANT FOREARM TENDON	\$ -
25312	TRANSPLANT FOREARM TENDON	\$ -
25315	REVISE PALSY HAND TENDON(S)	\$ -
25316	REVISE PALSY HAND TENDON(S)	\$ -
25320	REPAIR/REVISE WRIST JOINT	\$ -
25332	REVISE WRIST JOINT	\$ -
25335	REALIGNMENT OF HAND	\$ -
25337	RECONSTRUCT ULNA/RADIOULNAR	\$ -
25350	REVISION OF RADIUS	\$ -
25355	REVISION OF RADIUS	\$ -
25360	REVISION OF ULNA	\$ -
25365	REVISE RADIUS & ULNA	\$ -
25370	REVISE RADIUS OR ULNA	\$ -
25375	REVISE RADIUS & ULNA	\$ -
25390	SHORTEN RADIUS OR ULNA	\$ -
25391	LENGTHEN RADIUS OR ULNA	\$ -
25392	SHORTEN RADIUS & ULNA	\$ -
25393	LENGTHEN RADIUS & ULNA	\$ -
25394	REPAIR CARPAL BONE- SHORTEN	\$ -
25400	REPAIR RADIUS OR ULNA	\$ -
25405	REPAIR/GRAFT RADIUS OR ULNA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
25415	REPAIR RADIUS & ULNA	\$ -
25420	REPAIR/GRAFT RADIUS & ULNA	\$ -
25425	REPAIR/GRAFT RADIUS OR ULNA	\$ -
25426	REPAIR/GRAFT RADIUS & ULNA	\$ -
25430	VASC GRAFT INTO CARPAL BONE	\$ -
25431	REPAIR NONUNION CARPAL BONE	\$ -
25440	REPAIR/GRAFT WRIST BONE	\$ -
25441	RECONSTRUCT WRIST JOINT	\$ -
25442	RECONSTRUCT WRIST JOINT	\$ -
25443	RECONSTRUCT WRIST JOINT	\$ -
25444	RECONSTRUCT WRIST JOINT	\$ -
25445	RECONSTRUCT WRIST JOINT	\$ -
25446	WRIST REPLACEMENT	\$ -
25447	REPAIR WRIST JOINT(S)	\$ -
25449	REMOVE WRIST JOINT IMPLANT	\$ -
25450	REVISION OF WRIST JOINT	\$ -
25455	REVISION OF WRIST JOINT	\$ -
25490	REINFORCE RADIUS	\$ -
25491	REINFORCE ULNA	\$ -
25492	REINFORCE RADIUS AND ULNA	\$ -
25500	TREAT FRACTURE OF RADIUS	\$ -
25505	TREAT FRACTURE OF RADIUS	\$ -
25515	TREAT FRACTURE OF RADIUS	\$ -
25520	TREAT FRACTURE OF RADIUS	\$ -
25525	TREAT FRACTURE OF RADIUS	\$ -
25526	TREAT FRACTURE OF RADIUS	\$ -
25530	TREAT FRACTURE OF ULNA	\$ -
25535	TREAT FRACTURE OF ULNA	\$ -
25545	TREAT FRACTURE OF ULNA	\$ -
25560	TREAT FRACTURE RADIUS & ULNA	\$ -
25565	TREAT FRACTURE RADIUS & ULNA	\$ -
25574	TREAT FRACTURE RADIUS & ULNA	\$ -
25575	TREAT FRACTURE RADIUS/ULNA	\$ -
25600	TREAT FRACTURE RADIUS/ULNA	\$ -
25605	TREAT FRACTURE RADIUS/ULNA	\$ -
25606	TREAT FX DISTAL RADIAL	\$ -
25607	TREAT FX RAD EXTRA-ARTICUL	\$ -
25608	TREAT FX RAD INTRA-ARTICUL	\$ -
25609	TREAT FX RADIAL 3+ FRAG	\$ -
25622	TREAT WRIST BONE FRACTURE	\$ -
25624	TREAT WRIST BONE FRACTURE	\$ -
25628	TREAT WRIST BONE FRACTURE	\$ -
25630	TREAT WRIST BONE FRACTURE	\$ -
25635	TREAT WRIST BONE FRACTURE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
25645	TREAT WRIST BONE FRACTURE	\$ -
25650	TREAT WRIST BONE FRACTURE	\$ -
25651	PIN ULNAR STYLOID FRACTURE	\$ -
25652	TREAT FRACTURE ULNAR STYLOID	\$ -
25660	TREAT WRIST DISLOCATION	\$ -
25670	TREAT WRIST DISLOCATION	\$ -
25671	PIN RADIOULNAR DISLOCATION	\$ -
25675	TREAT WRIST DISLOCATION	\$ -
25676	TREAT WRIST DISLOCATION	\$ -
25680	TREAT WRIST FRACTURE	\$ -
25685	TREAT WRIST FRACTURE	\$ -
25690	TREAT WRIST DISLOCATION	\$ -
25695	TREAT WRIST DISLOCATION	\$ -
25800	FUSION OF WRIST JOINT	\$ -
25805	FUSION/GRAFT OF WRIST JOINT	\$ -
25810	FUSION/GRAFT OF WRIST JOINT	\$ -
25820	FUSION OF HAND BONES	\$ -
25825	FUSE HAND BONES WITH GRAFT	\$ -
25830	FUSION- RADIOULNAR JNT/ULNA	\$ -
25900	AMPUTATION OF FOREARM	\$ -
25905	AMPUTATION OF FOREARM	\$ -
25907	AMPUTATION FOLLOW-UP SURGERY	\$ -
25909	AMPUTATION FOLLOW-UP SURGERY	\$ -
25915	AMPUTATION OF FOREARM	\$ -
25920	AMPUTATE HAND AT WRIST	\$ -
25922	AMPUTATE HAND AT WRIST	\$ -
25924	AMPUTATION FOLLOW-UP SURGERY	\$ -
25927	AMPUTATION OF HAND	\$ -
25929	AMPUTATION FOLLOW-UP SURGERY	\$ -
25931	AMPUTATION FOLLOW-UP SURGERY	\$ -
25999	FOREARM OR WRIST SURGERY	\$ -
26010	DRAINAGE OF FINGER ABSCESS	\$ -
26011	DRAINAGE OF FINGER ABSCESS	\$ -
26020	DRAIN HAND TENDON SHEATH	\$ -
26025	DRAINAGE OF PALM BURSA	\$ -
26030	DRAINAGE OF PALM BURSA(S)	\$ -
26034	TREAT HAND BONE LESION	\$ -
26035	DECOMPRESS FINGERS/HAND	\$ -
26037	DECOMPRESS FINGERS/HAND	\$ -
26040	RELEASE PALM CONTRACTURE	\$ -
26045	RELEASE PALM CONTRACTURE	\$ -
26055	INCISE FINGER TENDON SHEATH	\$ -
26060	INCISION OF FINGER TENDON	\$ -
26070	EXPLORE/TREAT HAND JOINT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
26075	EXPLORE/TREAT FINGER JOINT	\$ -
26080	EXPLORE/TREAT FINGER JOINT	\$ -
26100	BIOPSY HAND JOINT LINING	\$ -
26105	BIOPSY FINGER JOINT LINING	\$ -
26110	BIOPSY FINGER JOINT LINING	\$ -
26111	EXC HAND LES SC > 1.5 CM	\$ -
26113	EXC HAND TUM DEEP > 1.5 CM	\$ -
26115	REMOVEL HAND LESION SUBCUT	\$ -
26116	REMOVEL HAND LESION- DEEP	\$ -
26117	REMOVE TUMOR- HAND/FINGER	\$ -
26118	EXC HAND TUM RA > 3 CM	\$ -
26121	RELEASE PALM CONTRACTURE	\$ -
26123	RELEASE PALM CONTRACTURE	\$ -
26125	RELEASE PALM CONTRACTURE	\$ -
26130	REMOVE WRIST JOINT LINING	\$ -
26135	REVISE FINGER JOINT- EACH	\$ -
26140	REVISE FINGER JOINT- EACH	\$ -
26145	TENDON EXCISION- PALM/FINGER	\$ -
26160	REMOVE TENDON SHEATH LESION	\$ -
26170	REMOVAL OF PALM TENDON- EACH	\$ -
26180	REMOVAL OF FINGER TENDON	\$ -
26185	REMOVE FINGER BONE	\$ -
26200	REMOVE HAND BONE LESION	\$ -
26205	REMOVE/GRAFT BONE LESION	\$ -
26210	REMOVAL OF FINGER LESION	\$ -
26215	REMOVE/GRAFT FINGER LESION	\$ -
26230	PARTIAL REMOVAL OF HAND BONE	\$ -
26235	PARTIAL REMOVAL- FINGER BONE	\$ -
26236	PARTIAL REMOVAL- FINGER BONE	\$ -
26250	EXTENSIVE HAND SURGERY	\$ -
26260	EXTENSIVE FINGER SURGERY	\$ -
26262	PARTIAL REMOVAL OF FINGER	\$ -
26320	REMOVAL OF IMPLANT FROM HAND	\$ -
26340	MANIPULATE FINGER W/ANESTH	\$ -
26341	MANIPULAT PALM CORD POST INJ	\$ -
26350	REPAIR FINGER/HAND TENDON	\$ -
26352	REPAIR/GRAFT HAND TENDON	\$ -
26356	REPAIR FINGER/HAND TENDON	\$ -
26357	REPAIR FINGER/HAND TENDON	\$ -
26358	REPAIR/GRAFT HAND TENDON	\$ -
26370	REPAIR FINGER/HAND TENDON	\$ -
26372	REPAIR/GRAFT HAND TENDON	\$ -
26373	REPAIR FINGER/HAND TENDON	\$ -
26390	REVISE HAND/FINGER TENDON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
26392	REPAIR/GRAFT HAND TENDON	\$ -
26410	REPAIR HAND TENDON	\$ -
26412	REPAIR/GRAFT HAND TENDON	\$ -
26415	EXCISION- HAND/FINGER TENDON	\$ -
26416	GRAFT HAND OR FINGER TENDON	\$ -
26418	REPAIR FINGER TENDON	\$ -
26420	REPAIR/GRAFT FINGER TENDON	\$ -
26426	REPAIR FINGER/HAND TENDON	\$ -
26428	REPAIR/GRAFT FINGER TENDON	\$ -
26432	REPAIR FINGER TENDON	\$ -
26433	REPAIR FINGER TENDON	\$ -
26434	REPAIR/GRAFT FINGER TENDON	\$ -
26437	REALIGNMENT OF TENDONS	\$ -
26440	RELEASE PALM/FINGER TENDON	\$ -
26442	RELEASE PALM & FINGER TENDON	\$ -
26445	RELEASE HAND/FINGER TENDON	\$ -
26449	RELEASE FOREARM/HAND TENDON	\$ -
26450	INCISION OF PALM TENDON	\$ -
26455	INCISION OF FINGER TENDON	\$ -
26460	INCISE HAND/FINGER TENDON	\$ -
26471	FUSION OF FINGER TENDONS	\$ -
26474	FUSION OF FINGER TENDONS	\$ -
26476	TENDON LENGTHENING	\$ -
26477	TENDON SHORTENING	\$ -
26478	LENGTHENING OF HAND TENDON	\$ -
26479	SHORTENING OF HAND TENDON	\$ -
26480	TRANSPLANT HAND TENDON	\$ -
26483	TRANSPLANT/GRAFT HAND TENDON	\$ -
26485	TRANSPLANT PALM TENDON	\$ -
26489	TRANSPLANT/GRAFT PALM TENDON	\$ -
26490	REVISE THUMB TENDON	\$ -
26492	TENDON TRANSFER WITH GRAFT	\$ -
26494	HAND TENDON/MUSCLE TRANSFER	\$ -
26496	REVISE THUMB TENDON	\$ -
26497	FINGER TENDON TRANSFER	\$ -
26498	FINGER TENDON TRANSFER	\$ -
26499	REVISION OF FINGER	\$ -
26500	HAND TENDON RECONSTRUCTION	\$ -
26502	HAND TENDON RECONSTRUCTION	\$ -
26508	RELEASE THUMB CONTRACTURE	\$ -
26510	THUMB TENDON TRANSFER	\$ -
26516	FUSION OF KNUCKLE JOINT	\$ -
26517	FUSION OF KNUCKLE JOINTS	\$ -
26518	FUSION OF KNUCKLE JOINTS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
26520	RELEASE KNUCKLE CONTRACTURE	\$ -
26525	RELEASE FINGER CONTRACTURE	\$ -
26530	REVISE KNUCKLE JOINT	\$ -
26531	REVISE KNUCKLE WITH IMPLANT	\$ -
26535	REVISE FINGER JOINT	\$ -
26536	REVISE/IMPLANT FINGER JOINT	\$ -
26540	REPAIR HAND JOINT	\$ -
26541	REPAIR HAND JOINT WITH GRAFT	\$ -
26542	REPAIR HAND JOINT WITH GRAFT	\$ -
26545	RECONSTRUCT FINGER JOINT	\$ -
26546	REPAIR NONUNION HAND	\$ -
26548	RECONSTRUCT FINGER JOINT	\$ -
26550	CONSTRUCT THUMB REPLACEMENT	\$ -
26551	GREAT TOE-HAND TRANSFER	\$ -
26553	SINGLE TRANSFER- TOE-HAND	\$ -
26554	DOUBLE TRANSFER- TOE-HAND	\$ -
26555	POSITIONAL CHANGE OF FINGER	\$ -
26556	TOE JOINT TRANSFER	\$ -
26560	REPAIR OF WEB FINGER	\$ -
26561	REPAIR OF WEB FINGER	\$ -
26562	REPAIR OF WEB FINGER	\$ -
26565	CORRECT METACARPAL FLAW	\$ -
26567	CORRECT FINGER DEFORMITY	\$ -
26568	LENGTHEN METACARPAL/FINGER	\$ -
26580	REPAIR HAND DEFORMITY	\$ -
26587	RECONSTRUCT EXTRA FINGER	\$ -
26590	REPAIR FINGER DEFORMITY	\$ -
26591	REPAIR MUSCLES OF HAND	\$ -
26593	RELEASE MUSCLES OF HAND	\$ -
26596	EXCISION CONSTRICTING TISSUE	\$ -
26600	TREAT METACARPAL FRACTURE	\$ -
26605	TREAT METACARPAL FRACTURE	\$ -
26607	TREAT METACARPAL FRACTURE	\$ -
26608	TREAT METACARPAL FRACTURE	\$ -
26615	TREAT METACARPAL FRACTURE	\$ -
26641	TREAT THUMB DISLOCATION	\$ -
26645	TREAT THUMB FRACTURE	\$ -
26650	TREAT THUMB FRACTURE	\$ -
26665	TREAT THUMB FRACTURE	\$ -
26670	TREAT HAND DISLOCATION	\$ -
26675	TREAT HAND DISLOCATION	\$ -
26676	PIN HAND DISLOCATION	\$ -
26685	TREAT HAND DISLOCATION	\$ -
26686	TREAT HAND DISLOCATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
26700	TREAT KNUCKLE DISLOCATION	\$ -
26705	TREAT KNUCKLE DISLOCATION	\$ -
26706	PIN KNUCKLE DISLOCATION	\$ -
26715	TREAT KNUCKLE DISLOCATION	\$ -
26720	TREAT FINGER FRACTURE- EACH	\$ -
26725	TREAT FINGER FRACTURE- EACH	\$ -
26727	TREAT FINGER FRACTURE- EACH	\$ -
26735	TREAT FINGER FRACTURE- EACH	\$ -
26740	TREAT FINGER FRACTURE- EACH	\$ -
26742	TREAT FINGER FRACTURE- EACH	\$ -
26746	TREAT FINGER FRACTURE- EACH	\$ -
26750	TREAT FINGER FRACTURE- EACH	\$ -
26755	TREAT FINGER FRACTURE- EACH	\$ -
26756	PIN FINGER FRACTURE- EACH	\$ -
26765	TREAT FINGER FRACTURE- EACH	\$ -
26770	TREAT FINGER DISLOCATION	\$ -
26775	TREAT FINGER DISLOCATION	\$ -
26776	PIN FINGER DISLOCATION	\$ -
26785	TREAT FINGER DISLOCATION	\$ -
26820	THUMB FUSION WITH GRAFT	\$ -
26841	FUSION OF THUMB	\$ -
26842	THUMB FUSION WITH GRAFT	\$ -
26843	FUSION OF HAND JOINT	\$ -
26844	FUSION/GRAFT OF HAND JOINT	\$ -
26850	FUSION OF KNUCKLE	\$ -
26852	FUSION OF KNUCKLE WITH GRAFT	\$ -
26860	FUSION OF FINGER JOINT	\$ -
26861	FUSION OF FINGER JNT- ADD-ON	\$ -
26862	FUSION/GRAFT OF FINGER JOINT	\$ -
26863	FUSE/GRAFT ADDED JOINT	\$ -
26910	AMPUTATE METACARPAL BONE	\$ -
26951	AMPUTATION OF FINGER/THUMB	\$ -
26952	AMPUTATION OF FINGER/THUMB	\$ -
26989	HAND/FINGER SURGERY	\$ -
26990	DRAINAGE OF PELVIS LESION	\$ -
26991	DRAINAGE OF PELVIS BURSA	\$ -
26992	DRAINAGE OF BONE LESION	\$ -
27000	INCISION OF HIP TENDON	\$ -
27001	INCISION OF HIP TENDON	\$ -
27003	INCISION OF HIP TENDON	\$ -
27005	INCISION OF HIP TENDON	\$ -
27006	INCISION OF HIP TENDONS	\$ -
27025	INCISION OF HIP/THIGH FASCIA	\$ -
27027	BUTTOCK FASCIOTOMY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27030	DRAINAGE OF HIP JOINT	\$ -
27033	EXPLORATION OF HIP JOINT	\$ -
27035	DENERVATION OF HIP JOINT	\$ -
27036	EXCISION OF HIP JOINT/MUSCLE	\$ -
27040	BIOPSY OF SOFT TISSUES	\$ -
27041	BIOPSY OF SOFT TISSUES	\$ -
27043	EXC HIP PELVIS LES SC > 3 CM	\$ -
27045	EXC HIP/PELV TUM DEEP > 5 CM	\$ -
27047	REMOVE HIP/PELVIS LESION	\$ -
27048	REMOVE HIP/PELVIS LESION	\$ -
27049	REMOVE TUMOR- HIP/PELVIS	\$ -
27050	BIOPSY OF SACROILIAC JOINT	\$ -
27052	BIOPSY OF HIP JOINT	\$ -
27054	REMOVAL OF HIP JOINT LINING	\$ -
27057	BUTTOCK FASCIOTOMY W/DBRDMT	\$ -
27059	RESECT HIP/PELV TUM > 5 CM	\$ -
27060	REMOVAL OF ISCHIAL BURSA	\$ -
27062	REMOVE FEMUR LESION/BURSA	\$ -
27065	REMOVAL OF HIP BONE LESION	\$ -
27066	REMOVAL OF HIP BONE LESION	\$ -
27067	REMOVE/GRAFT HIP BONE LESION	\$ -
27070	PARTIAL REMOVAL OF HIP BONE	\$ -
27071	PARTIAL REMOVAL OF HIP BONE	\$ -
27075	EXTENSIVE HIP SURGERY	\$ -
27076	EXTENSIVE HIP SURGERY	\$ -
27077	EXTENSIVE HIP SURGERY	\$ -
27078	EXTENSIVE HIP SURGERY	\$ -
27080	REMOVAL OF TAIL BONE	\$ -
27086	REMOVE HIP FOREIGN BODY	\$ -
27087	REMOVE HIP FOREIGN BODY	\$ -
27090	REMOVAL OF HIP PROSTHESIS	\$ -
27091	REMOVAL OF HIP PROSTHESIS	\$ -
27093	INJECTION FOR HIP X-RAY	\$ -
27095	INJECTION FOR HIP X-RAY	\$ -
27096	INJECT SACROILIAC JOINT	\$ -
27097	REVISION OF HIP TENDON	\$ -
27098	TRANSFER TENDON TO PELVIS	\$ -
27100	TRANSFER OF ABDOMINAL MUSCLE	\$ -
27105	TRANSFER OF SPINAL MUSCLE	\$ -
27110	TRANSFER OF ILIOPSOAS MUSCLE	\$ -
27111	TRANSFER OF ILIOPSOAS MUSCLE	\$ -
27120	RECONSTRUCTION OF HIP SOCKET	\$ -
27122	RECONSTRUCTION OF HIP SOCKET	\$ -
27125	PARTIAL HIP REPLACEMENT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27130	TOTAL HIP ARTHROPLASTY	\$ -
27132	TOTAL HIP ARTHROPLASTY	\$ -
27134	REVISE HIP JOINT REPLACEMENT	\$ -
27137	REVISE HIP JOINT REPLACEMENT	\$ -
27138	REVISE HIP JOINT REPLACEMENT	\$ -
27140	TRANSPLANT FEMUR RIDGE	\$ -
27146	INCISION OF HIP BONE	\$ -
27147	REVISION OF HIP BONE	\$ -
27151	INCISION OF HIP BONES	\$ -
27156	REVISION OF HIP BONES	\$ -
27158	REVISION OF PELVIS	\$ -
27161	INCISION OF NECK OF FEMUR	\$ -
27165	INCISION/FIXATION OF FEMUR	\$ -
27170	REPAIR/GRAFT FEMUR HEAD/NECK	\$ -
27175	TREAT SLIPPED EPIPHYSIS	\$ -
27176	TREAT SLIPPED EPIPHYSIS	\$ -
27177	TREAT SLIPPED EPIPHYSIS	\$ -
27178	TREAT SLIPPED EPIPHYSIS	\$ -
27179	REVISE HEAD/NECK OF FEMUR	\$ -
27181	TREAT SLIPPED EPIPHYSIS	\$ -
27185	REVISION OF FEMUR EPIPHYSIS	\$ -
27187	REINFORCE HIP BONES	\$ -
27197	CLSD TX PELVIC RING FX	\$ -
27198	CLSD TX PELVIC RING FX	\$ -
27200	TREAT TAIL BONE FRACTURE	\$ -
27202	TREAT TAIL BONE FRACTURE	\$ -
27215	TREAT PELVIC FRACTURE(S)	\$ -
27216	TREAT PELVIC RING FRACTURE	\$ -
27217	TREAT PELVIC RING FRACTURE	\$ -
27218	TREAT PELVIC RING FRACTURE	\$ -
27220	TREAT HIP SOCKET FRACTURE	\$ -
27222	TREAT HIP SOCKET FRACTURE	\$ -
27226	TREAT HIP WALL FRACTURE	\$ -
27227	TREAT HIP FRACTURE(S)	\$ -
27228	TREAT HIP FRACTURE(S)	\$ -
27230	TREAT THIGH FRACTURE	\$ -
27232	TREAT THIGH FRACTURE	\$ -
27235	TREAT THIGH FRACTURE	\$ -
27236	TREAT THIGH FRACTURE	\$ -
27238	TREAT THIGH FRACTURE	\$ -
27240	TREAT THIGH FRACTURE	\$ -
27244	TREAT THIGH FRACTURE	\$ -
27245	TREAT THIGH FRACTURE	\$ -
27246	TREAT THIGH FRACTURE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27248	TREAT THIGH FRACTURE	\$ -
27250	TREAT HIP DISLOCATION	\$ -
27252	TREAT HIP DISLOCATION	\$ -
27253	TREAT HIP DISLOCATION	\$ -
27254	TREAT HIP DISLOCATION	\$ -
27256	TREAT HIP DISLOCATION	\$ -
27257	TREAT HIP DISLOCATION	\$ -
27258	TREAT HIP DISLOCATION	\$ -
27259	TREAT HIP DISLOCATION	\$ -
27265	TREAT HIP DISLOCATION	\$ -
27266	TREAT HIP DISLOCATION	\$ -
27267	CLTX THIGH FX	\$ -
27268	CLTX THIGH FX W/MNPJ	\$ -
27269	OPTX THIGH FX	\$ -
27275	MANIPULATION OF HIP JOINT	\$ -
27279	ARTHRODESIS SACROILIAC JOINT	\$ -
27280	FUSION OF SACROILIAC JOINT	\$ -
27282	FUSION OF PUBIC BONES	\$ -
27284	FUSION OF HIP JOINT	\$ -
27286	FUSION OF HIP JOINT	\$ -
27290	AMPUTATION OF LEG AT HIP	\$ -
27295	AMPUTATION OF LEG AT HIP	\$ -
27299	PELVIS/HIP JOINT SURGERY	\$ -
27301	DRAIN THIGH/KNEE LESION	\$ -
27303	DRAINAGE OF BONE LESION	\$ -
27305	INCISE THIGH TENDON & FASCIA	\$ -
27306	INCISION OF THIGH TENDON	\$ -
27307	INCISION OF THIGH TENDONS	\$ -
27310	EXPLORATION OF KNEE JOINT	\$ -
27323	BIOPSY- THIGH SOFT TISSUES	\$ -
27324	BIOPSY- THIGH SOFT TISSUES	\$ -
27325	NEURECTOMY- HAMSTRING	\$ -
27326	NEURECTOMY- POPLITEAL	\$ -
27327	REMOVAL OF THIGH LESION	\$ -
27328	REMOVAL OF THIGH LESION	\$ -
27329	REMOVE TUMOR- THIGH/KNEE	\$ -
27330	BIOPSY- KNEE JOINT LINING	\$ -
27331	EXPLORE/TREAT KNEE JOINT	\$ -
27332	REMOVAL OF KNEE CARTILAGE	\$ -
27333	REMOVAL OF KNEE CARTILAGE	\$ -
27334	REMOVE KNEE JOINT LINING	\$ -
27335	REMOVE KNEE JOINT LINING	\$ -
27337	EXC THIGH/KNEE LES SC 3+ CM	\$ -
27339	EXC THIGH/KNEE TUM DEEP 5+CM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27340	REMOVAL OF KNEECAP BURSA	\$ -
27345	REMOVAL OF KNEE CYST	\$ -
27347	REMOVE KNEE CYST	\$ -
27350	REMOVAL OF KNEECAP	\$ -
27355	REMOVE FEMUR LESION	\$ -
27356	REMOVE FEMUR LESION/GRAFT	\$ -
27357	REMOVE FEMUR LESION/GRAFT	\$ -
27358	REMOVE FEMUR LESION/FIXATION	\$ -
27360	PARTIAL REMOVAL- LEG BONE(S)	\$ -
27364	RESECT THIGH/KNEE TUM 5+ CM	\$ -
27365	EXTENSIVE LEG SURGERY	\$ -
27369	NJX CNTRST KNE ARTHG/CT/MRI	\$ -
27372	REMOVAL OF FOREIGN BODY	\$ -
27380	REPAIR OF KNEECAP TENDON	\$ -
27381	REPAIR/GRAFT KNEECAP TENDON	\$ -
27385	REPAIR OF THIGH MUSCLE	\$ -
27386	REPAIR/GRAFT OF THIGH MUSCLE	\$ -
27390	INCISION OF THIGH TENDON	\$ -
27391	INCISION OF THIGH TENDONS	\$ -
27392	INCISION OF THIGH TENDONS	\$ -
27393	LENGTHENING OF THIGH TENDON	\$ -
27394	LENGTHENING OF THIGH TENDONS	\$ -
27395	LENGTHENING OF THIGH TENDONS	\$ -
27396	TRANSPLANT OF THIGH TENDON	\$ -
27397	TRANSPLANTS OF THIGH TENDONS	\$ -
27400	REVISE THIGH MUSCLES/TENDONS	\$ -
27403	REPAIR OF KNEE CARTILAGE	\$ -
27405	REPAIR OF KNEE LIGAMENT	\$ -
27407	REPAIR OF KNEE LIGAMENT	\$ -
27409	REPAIR OF KNEE LIGAMENTS	\$ -
27412	AUTOCHONDROCYTE IMPLANT KNEE	\$ -
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	\$ -
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	\$ -
27418	REPAIR DEGENERATED KNEECAP	\$ -
27420	REVISION OF UNSTABLE KNEECAP	\$ -
27422	REVISION OF UNSTABLE KNEECAP	\$ -
27424	REVISION/REMOVAL OF KNEECAP	\$ -
27425	LAT RETINACULAR RELEASE OPEN	\$ -
27427	RECONSTRUCTION- KNEE	\$ -
27428	RECONSTRUCTION- KNEE	\$ -
27429	RECONSTRUCTION- KNEE	\$ -
27430	REVISION OF THIGH MUSCLES	\$ -
27435	INCISION OF KNEE JOINT	\$ -
27437	REVISE KNEECAP	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27438	REVISE KNEECAP WITH IMPLANT	\$ -
27440	REVISION OF KNEE JOINT	\$ -
27441	REVISION OF KNEE JOINT	\$ -
27442	REVISION OF KNEE JOINT	\$ -
27443	REVISION OF KNEE JOINT	\$ -
27445	REVISION OF KNEE JOINT	\$ -
27446	REVISION OF KNEE JOINT	\$ -
27447	TOTAL KNEE ARTHROPLASTY	\$ -
27448	INCISION OF THIGH	\$ -
27450	INCISION OF THIGH	\$ -
27454	REALIGNMENT OF THIGH BONE	\$ -
27455	REALIGNMENT OF KNEE	\$ -
27457	REALIGNMENT OF KNEE	\$ -
27465	SHORTENING OF THIGH BONE	\$ -
27466	LENGTHENING OF THIGH BONE	\$ -
27468	SHORTEN/LENGTHEN THIGHS	\$ -
27470	REPAIR OF THIGH	\$ -
27472	REPAIR/GRAFT OF THIGH	\$ -
27475	SURGERY TO STOP LEG GROWTH	\$ -
27477	SURGERY TO STOP LEG GROWTH	\$ -
27479	SURGERY TO STOP LEG GROWTH	\$ -
27485	SURGERY TO STOP LEG GROWTH	\$ -
27486	REVISE/REPLACE KNEE JOINT	\$ -
27487	REVISE/REPLACE KNEE JOINT	\$ -
27488	REMOVAL OF KNEE PROSTHESIS	\$ -
27495	REINFORCE THIGH	\$ -
27496	DECOMPRESSION OF THIGH/KNEE	\$ -
27497	DECOMPRESSION OF THIGH/KNEE	\$ -
27498	DECOMPRESSION OF THIGH/KNEE	\$ -
27499	DECOMPRESSION OF THIGH/KNEE	\$ -
27500	TREATMENT OF THIGH FRACTURE	\$ -
27501	TREATMENT OF THIGH FRACTURE	\$ -
27502	TREATMENT OF THIGH FRACTURE	\$ -
27503	TREATMENT OF THIGH FRACTURE	\$ -
27506	TREATMENT OF THIGH FRACTURE	\$ -
27507	TREATMENT OF THIGH FRACTURE	\$ -
27508	TREATMENT OF THIGH FRACTURE	\$ -
27509	TREATMENT OF THIGH FRACTURE	\$ -
27510	TREATMENT OF THIGH FRACTURE	\$ -
27511	TREATMENT OF THIGH FRACTURE	\$ -
27513	TREATMENT OF THIGH FRACTURE	\$ -
27514	TREATMENT OF THIGH FRACTURE	\$ -
27516	TREAT THIGH FX GROWTH PLATE	\$ -
27517	TREAT THIGH FX GROWTH PLATE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27519	TREAT THIGH FX GROWTH PLATE	\$ -
27520	TREAT KNEECAP FRACTURE	\$ -
27524	TREAT KNEECAP FRACTURE	\$ -
27530	TREAT KNEE FRACTURE	\$ -
27532	TREAT KNEE FRACTURE	\$ -
27535	TREAT KNEE FRACTURE	\$ -
27536	TREAT KNEE FRACTURE	\$ -
27538	TREAT KNEE FRACTURE(S)	\$ -
27540	TREAT KNEE FRACTURE	\$ -
27550	TREAT KNEE DISLOCATION	\$ -
27552	TREAT KNEE DISLOCATION	\$ -
27556	TREAT KNEE DISLOCATION	\$ -
27557	TREAT KNEE DISLOCATION	\$ -
27558	TREAT KNEE DISLOCATION	\$ -
27560	TREAT KNEECAP DISLOCATION	\$ -
27562	TREAT KNEECAP DISLOCATION	\$ -
27566	TREAT KNEECAP DISLOCATION	\$ -
27570	FIXATION OF KNEE JOINT	\$ -
27580	FUSION OF KNEE	\$ -
27590	AMPUTATE LEG AT THIGH	\$ -
27591	AMPUTATE LEG AT THIGH	\$ -
27592	AMPUTATE LEG AT THIGH	\$ -
27594	AMPUTATION FOLLOW-UP SURGERY	\$ -
27596	AMPUTATION FOLLOW-UP SURGERY	\$ -
27598	AMPUTATE LOWER LEG AT KNEE	\$ -
27599	LEG SURGERY PROCEDURE	\$ -
27600	DECOMPRESSION OF LOWER LEG	\$ -
27601	DECOMPRESSION OF LOWER LEG	\$ -
27602	DECOMPRESSION OF LOWER LEG	\$ -
27603	DRAIN LOWER LEG LESION	\$ -
27604	DRAIN LOWER LEG BURSA	\$ -
27605	INCISION OF ACHILLES TENDON	\$ -
27606	INCISION OF ACHILLES TENDON	\$ -
27607	TREAT LOWER LEG BONE LESION	\$ -
27610	EXPLORE/TREAT ANKLE JOINT	\$ -
27612	EXPLORATION OF ANKLE JOINT	\$ -
27613	BIOPSY LOWER LEG SOFT TISSUE	\$ -
27614	BIOPSY LOWER LEG SOFT TISSUE	\$ -
27615	REMOVE TUMOR- LOWER LEG	\$ -
27616	RESECT LEG/ANKLE TUM 5+ CM	\$ -
27618	REMOVE LOWER LEG LESION	\$ -
27619	REMOVE LOWER LEG LESION	\$ -
27620	EXPLORE/TREAT ANKLE JOINT	\$ -
27625	REMOVE ANKLE JOINT LINING	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27626	REMOVE ANKLE JOINT LINING	\$ -
27630	REMOVAL OF TENDON LESION	\$ -
27632	EXC LEG/ANKLE LES SC 3+ CM	\$ -
27634	EXC LEG/ANKLE TUM DEEP 5+ CM	\$ -
27635	REMOVE LOWER LEG BONE LESION	\$ -
27637	REMOVE/GRAFT LEG BONE LESION	\$ -
27638	REMOVE/GRAFT LEG BONE LESION	\$ -
27640	PARTIAL REMOVAL OF TIBIA	\$ -
27641	PARTIAL REMOVAL OF FIBULA	\$ -
27645	EXTENSIVE LOWER LEG SURGERY	\$ -
27646	EXTENSIVE LOWER LEG SURGERY	\$ -
27647	EXTENSIVE ANKLE/HEEL SURGERY	\$ -
27648	INJECTION FOR ANKLE X-RAY	\$ -
27650	REPAIR ACHILLES TENDON	\$ -
27652	REPAIR/GRAFT ACHILLES TENDON	\$ -
27654	REPAIR OF ACHILLES TENDON	\$ -
27656	REPAIR LEG FASCIA DEFECT	\$ -
27658	REPAIR OF LEG TENDON- EACH	\$ -
27659	REPAIR OF LEG TENDON- EACH	\$ -
27664	REPAIR OF LEG TENDON- EACH	\$ -
27665	REPAIR OF LEG TENDON- EACH	\$ -
27675	REPAIR LOWER LEG TENDONS	\$ -
27676	REPAIR LOWER LEG TENDONS	\$ -
27680	RELEASE OF LOWER LEG TENDON	\$ -
27681	RELEASE OF LOWER LEG TENDONS	\$ -
27685	REVISION OF LOWER LEG TENDON	\$ -
27686	REVISE LOWER LEG TENDONS	\$ -
27687	REVISION OF CALF TENDON	\$ -
27690	REVISE LOWER LEG TENDON	\$ -
27691	REVISE LOWER LEG TENDON	\$ -
27692	REVISE ADDITIONAL LEG TENDON	\$ -
27695	REPAIR OF ANKLE LIGAMENT	\$ -
27696	REPAIR OF ANKLE LIGAMENTS	\$ -
27698	REPAIR OF ANKLE LIGAMENT	\$ -
27700	REVISION OF ANKLE JOINT	\$ -
27702	RECONSTRUCT ANKLE JOINT	\$ -
27703	RECONSTRUCTION- ANKLE JOINT	\$ -
27704	REMOVAL OF ANKLE IMPLANT	\$ -
27705	INCISION OF TIBIA	\$ -
27707	INCISION OF FIBULA	\$ -
27709	INCISION OF TIBIA & FIBULA	\$ -
27712	REALIGNMENT OF LOWER LEG	\$ -
27715	REVISION OF LOWER LEG	\$ -
27720	REPAIR OF TIBIA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27722	REPAIR/GRAFT OF TIBIA	\$ -
27724	REPAIR/GRAFT OF TIBIA	\$ -
27725	REPAIR OF LOWER LEG	\$ -
27726	REPAIR FIBULA NONUNION	\$ -
27727	REPAIR OF LOWER LEG	\$ -
27730	REPAIR OF TIBIA EPIPHYSIS	\$ -
27732	REPAIR OF FIBULA EPIPHYSIS	\$ -
27734	REPAIR LOWER LEG EPIPHYSES	\$ -
27740	REPAIR OF LEG EPIPHYSES	\$ -
27742	REPAIR OF LEG EPIPHYSES	\$ -
27745	REINFORCE TIBIA	\$ -
27750	TREATMENT OF TIBIA FRACTURE	\$ -
27752	TREATMENT OF TIBIA FRACTURE	\$ -
27756	TREATMENT OF TIBIA FRACTURE	\$ -
27758	TREATMENT OF TIBIA FRACTURE	\$ -
27759	TREATMENT OF TIBIA FRACTURE	\$ -
27760	TREATMENT OF ANKLE FRACTURE	\$ -
27762	TREATMENT OF ANKLE FRACTURE	\$ -
27766	TREATMENT OF ANKLE FRACTURE	\$ -
27767	CLTX POST ANKLE FX	\$ -
27768	CLTX POST ANKLE FX W/MNPJ	\$ -
27769	OPTX POST ANKLE FX	\$ -
27780	TREATMENT OF FIBULA FRACTURE	\$ -
27781	TREATMENT OF FIBULA FRACTURE	\$ -
27784	TREATMENT OF FIBULA FRACTURE	\$ -
27786	TREATMENT OF ANKLE FRACTURE	\$ -
27788	TREATMENT OF ANKLE FRACTURE	\$ -
27792	TREATMENT OF ANKLE FRACTURE	\$ -
27808	TREATMENT OF ANKLE FRACTURE	\$ -
27810	TREATMENT OF ANKLE FRACTURE	\$ -
27814	TREATMENT OF ANKLE FRACTURE	\$ -
27816	TREATMENT OF ANKLE FRACTURE	\$ -
27818	TREATMENT OF ANKLE FRACTURE	\$ -
27822	TREATMENT OF ANKLE FRACTURE	\$ -
27823	TREATMENT OF ANKLE FRACTURE	\$ -
27824	TREAT LOWER LEG FRACTURE	\$ -
27825	TREAT LOWER LEG FRACTURE	\$ -
27826	TREAT LOWER LEG FRACTURE	\$ -
27827	TREAT LOWER LEG FRACTURE	\$ -
27828	TREAT LOWER LEG FRACTURE	\$ -
27829	TREAT LOWER LEG JOINT	\$ -
27830	TREAT LOWER LEG DISLOCATION	\$ -
27831	TREAT LOWER LEG DISLOCATION	\$ -
27832	TREAT LOWER LEG DISLOCATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
27840	TREAT ANKLE DISLOCATION	\$ -
27842	TREAT ANKLE DISLOCATION	\$ -
27846	TREAT ANKLE DISLOCATION	\$ -
27848	TREAT ANKLE DISLOCATION	\$ -
27860	FIXATION OF ANKLE JOINT	\$ -
27870	FUSION OF ANKLE JOINT- OPEN	\$ -
27871	FUSION OF TIBIOFIBULAR JOINT	\$ -
27880	AMPUTATION OF LOWER LEG	\$ -
27881	AMPUTATION OF LOWER LEG	\$ -
27882	AMPUTATION OF LOWER LEG	\$ -
27884	AMPUTATION FOLLOW-UP SURGERY	\$ -
27886	AMPUTATION FOLLOW-UP SURGERY	\$ -
27888	AMPUTATION OF FOOT AT ANKLE	\$ -
27889	AMPUTATION OF FOOT AT ANKLE	\$ -
27892	DECOMPRESSION OF LEG	\$ -
27893	DECOMPRESSION OF LEG	\$ -
27894	DECOMPRESSION OF LEG	\$ -
27899	LEG/ANKLE SURGERY PROCEDURE	\$ -
28001	DRAINAGE OF BURSA OF FOOT	\$ -
28002	TREATMENT OF FOOT INFECTION	\$ -
28003	TREATMENT OF FOOT INFECTION	\$ -
28005	TREAT FOOT BONE LESION	\$ -
28008	INCISION OF FOOT FASCIA	\$ -
28010	INCISION OF TOE TENDON	\$ -
28011	INCISION OF TOE TENDONS	\$ -
28020	EXPLORATION OF FOOT JOINT	\$ -
28022	EXPLORATION OF FOOT JOINT	\$ -
28024	EXPLORATION OF TOE JOINT	\$ -
28035	DECOMPRESSION OF TIBIA NERVE	\$ -
28039	EXC FOOT/TOE TUM SC > 1.5 CM	\$ -
28041	EXC FOOT/TOE TUM DEEP 1.5CM+	\$ -
28043	EXCISION OF FOOT LESION	\$ -
28045	EXCISION OF FOOT LESION	\$ -
28046	RESECTION OF TUMOR- FOOT	\$ -
28047	RESECT FOOT/TOE TUMOR > 3 CM	\$ -
28050	BIOPSY OF FOOT JOINT LINING	\$ -
28052	BIOPSY OF FOOT JOINT LINING	\$ -
28054	BIOPSY OF TOE JOINT LINING	\$ -
28055	NEURECTOMY- FOOT	\$ -
28060	PARTIAL REMOVAL- FOOT FASCIA	\$ -
28062	REMOVAL OF FOOT FASCIA	\$ -
28070	REMOVAL OF FOOT JOINT LINING	\$ -
28072	REMOVAL OF FOOT JOINT LINING	\$ -
28080	REMOVAL OF FOOT LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
28086	EXCISE FOOT TENDON SHEATH	\$ -
28088	EXCISE FOOT TENDON SHEATH	\$ -
28090	REMOVAL OF FOOT LESION	\$ -
28092	REMOVAL OF TOE LESIONS	\$ -
28100	REMOVAL OF ANKLE/HEEL LESION	\$ -
28102	REMOVE/GRAFT FOOT LESION	\$ -
28103	REMOVE/GRAFT FOOT LESION	\$ -
28104	REMOVAL OF FOOT LESION	\$ -
28106	REMOVE/GRAFT FOOT LESION	\$ -
28107	REMOVE/GRAFT FOOT LESION	\$ -
28108	REMOVAL OF TOE LESIONS	\$ -
28110	PART REMOVAL OF METATARSAL	\$ -
28111	PART REMOVAL OF METATARSAL	\$ -
28112	PART REMOVAL OF METATARSAL	\$ -
28113	PART REMOVAL OF METATARSAL	\$ -
28114	REMOVAL OF METATARSAL HEADS	\$ -
28116	REVISION OF FOOT	\$ -
28118	REMOVAL OF HEEL BONE	\$ -
28119	REMOVAL OF HEEL SPUR	\$ -
28120	PART REMOVAL OF ANKLE/HEEL	\$ -
28122	PARTIAL REMOVAL OF FOOT BONE	\$ -
28124	PARTIAL REMOVAL OF TOE	\$ -
28126	PARTIAL REMOVAL OF TOE	\$ -
28130	REMOVAL OF ANKLE BONE	\$ -
28140	REMOVAL OF METATARSAL	\$ -
28150	REMOVAL OF TOE	\$ -
28153	PARTIAL REMOVAL OF TOE	\$ -
28160	PARTIAL REMOVAL OF TOE	\$ -
28171	EXTENSIVE FOOT SURGERY	\$ -
28173	EXTENSIVE FOOT SURGERY	\$ -
28175	EXTENSIVE FOOT SURGERY	\$ -
28190	REMOVAL OF FOOT FOREIGN BODY	\$ -
28192	REMOVAL OF FOOT FOREIGN BODY	\$ -
28193	REMOVAL OF FOOT FOREIGN BODY	\$ -
28200	REPAIR OF FOOT TENDON	\$ -
28202	REPAIR/GRAFT OF FOOT TENDON	\$ -
28208	REPAIR OF FOOT TENDON	\$ -
28210	REPAIR/GRAFT OF FOOT TENDON	\$ -
28220	RELEASE OF FOOT TENDON	\$ -
28222	RELEASE OF FOOT TENDONS	\$ -
28225	RELEASE OF FOOT TENDON	\$ -
28226	RELEASE OF FOOT TENDONS	\$ -
28230	INCISION OF FOOT TENDON(S)	\$ -
28232	INCISION OF TOE TENDON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
28234	INCISION OF FOOT TENDON	\$ -
28238	REVISION OF FOOT TENDON	\$ -
28240	RELEASE OF BIG TOE	\$ -
28250	REVISION OF FOOT FASCIA	\$ -
28260	RELEASE OF MIDFOOT JOINT	\$ -
28261	REVISION OF FOOT TENDON	\$ -
28262	REVISION OF FOOT AND ANKLE	\$ -
28264	RELEASE OF MIDFOOT JOINT	\$ -
28270	RELEASE OF FOOT CONTRACTURE	\$ -
28272	RELEASE OF TOE JOINT- EACH	\$ -
28280	FUSION OF TOES	\$ -
28285	REPAIR OF HAMMERTOES	\$ -
28286	REPAIR OF HAMMERTOES	\$ -
28288	PARTIAL REMOVAL OF FOOT BONE	\$ -
28289	REPAIR HALLUX RIGIDUS	\$ -
28291	CORR HALUX RIGDUS W/IMPLT	\$ -
28292	CORRECTION OF BUNION	\$ -
28295	CORRECTION HALLUX VALGUS	\$ -
28296	CORRECTION OF BUNION	\$ -
28297	CORRECTION OF BUNION	\$ -
28298	CORRECTION OF BUNION	\$ -
28299	CORRECTION OF BUNION	\$ -
28300	INCISION OF HEEL BONE	\$ -
28302	INCISION OF ANKLE BONE	\$ -
28304	INCISION OF MIDFOOT BONES	\$ -
28305	INCISE/GRAFT MIDFOOT BONES	\$ -
28306	INCISION OF METATARSAL	\$ -
28307	INCISION OF METATARSAL	\$ -
28308	INCISION OF METATARSAL	\$ -
28309	INCISION OF METATARSALS	\$ -
28310	REVISION OF BIG TOE	\$ -
28312	REVISION OF TOE	\$ -
28313	REPAIR DEFORMITY OF TOE	\$ -
28315	REMOVAL OF SESAMOID BONE	\$ -
28320	REPAIR OF FOOT BONES	\$ -
28322	REPAIR OF METATARSALS	\$ -
28340	RESECT ENLARGED TOE TISSUE	\$ -
28341	RESECT ENLARGED TOE	\$ -
28344	REPAIR EXTRA TOE(S)	\$ -
28345	REPAIR WEBBED TOE(S)	\$ -
28360	RECONSTRUCT CLEFT FOOT	\$ -
28400	TREATMENT OF HEEL FRACTURE	\$ -
28405	TREATMENT OF HEEL FRACTURE	\$ -
28406	TREATMENT OF HEEL FRACTURE	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
28415	TREAT HEEL FRACTURE	\$ -
28420	TREAT/GRAFT HEEL FRACTURE	\$ -
28430	TREATMENT OF ANKLE FRACTURE	\$ -
28435	TREATMENT OF ANKLE FRACTURE	\$ -
28436	TREATMENT OF ANKLE FRACTURE	\$ -
28445	TREAT ANKLE FRACTURE	\$ -
28446	OSTEOCHONDRAL TALUS AUTOGRFT	\$ -
28450	TREAT MIDFOOT FRACTURE- EACH	\$ -
28455	TREAT MIDFOOT FRACTURE- EACH	\$ -
28456	TREAT MIDFOOT FRACTURE	\$ -
28465	TREAT MIDFOOT FRACTURE- EACH	\$ -
28470	TREAT METATARSAL FRACTURE	\$ -
28475	TREAT METATARSAL FRACTURE	\$ -
28476	TREAT METATARSAL FRACTURE	\$ -
28485	TREAT METATARSAL FRACTURE	\$ -
28490	TREAT BIG TOE FRACTURE	\$ -
28495	TREAT BIG TOE FRACTURE	\$ -
28496	TREAT BIG TOE FRACTURE	\$ -
28505	TREAT BIG TOE FRACTURE	\$ -
28510	TREATMENT OF TOE FRACTURE	\$ -
28515	TREATMENT OF TOE FRACTURE	\$ -
28525	TREAT TOE FRACTURE	\$ -
28530	TREAT SESAMOID BONE FRACTURE	\$ -
28531	TREAT SESAMOID BONE FRACTURE	\$ -
28540	TREAT FOOT DISLOCATION	\$ -
28545	TREAT FOOT DISLOCATION	\$ -
28546	TREAT FOOT DISLOCATION	\$ -
28555	REPAIR FOOT DISLOCATION	\$ -
28570	TREAT FOOT DISLOCATION	\$ -
28575	TREAT FOOT DISLOCATION	\$ -
28576	TREAT FOOT DISLOCATION	\$ -
28585	REPAIR FOOT DISLOCATION	\$ -
28600	TREAT FOOT DISLOCATION	\$ -
28605	TREAT FOOT DISLOCATION	\$ -
28606	TREAT FOOT DISLOCATION	\$ -
28615	REPAIR FOOT DISLOCATION	\$ -
28630	TREAT TOE DISLOCATION	\$ -
28635	TREAT TOE DISLOCATION	\$ -
28636	TREAT TOE DISLOCATION	\$ -
28645	REPAIR TOE DISLOCATION	\$ -
28660	TREAT TOE DISLOCATION	\$ -
28665	TREAT TOE DISLOCATION	\$ -
28666	TREAT TOE DISLOCATION	\$ -
28675	REPAIR OF TOE DISLOCATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
28705	FUSION OF FOOT BONES	\$ -
28715	FUSION OF FOOT BONES	\$ -
28725	FUSION OF FOOT BONES	\$ -
28730	FUSION OF FOOT BONES	\$ -
28735	FUSION OF FOOT BONES	\$ -
28737	REVISION OF FOOT BONES	\$ -
28740	FUSION OF FOOT BONES	\$ -
28750	FUSION OF BIG TOE JOINT	\$ -
28755	FUSION OF BIG TOE JOINT	\$ -
28760	FUSION OF BIG TOE JOINT	\$ -
28800	AMPUTATION OF MIDFOOT	\$ -
28805	AMPUTATION THRU METATARSAL	\$ -
28810	AMPUTATION TOE & METATARSAL	\$ -
28820	AMPUTATION OF TOE	\$ -
28825	PARTIAL AMPUTATION OF TOE	\$ -
28890	HIGH ENERGY ESWT- PLANTAR F	\$ -
28899	FOOT/TOES SURGERY PROCEDURE	\$ -
29000	APPLICATION OF BODY CAST	\$ -
29010	APPLICATION OF BODY CAST	\$ -
29015	APPLICATION OF BODY CAST	\$ -
29035	APPLICATION OF BODY CAST	\$ -
29040	APPLICATION OF BODY CAST	\$ -
29044	APPLICATION OF BODY CAST	\$ -
29046	APPLICATION OF BODY CAST	\$ -
29049	APPLICATION OF FIGURE EIGHT	\$ -
29055	APPLICATION OF SHOULDER CAST	\$ -
29058	APPLICATION OF SHOULDER CAST	\$ -
29065	APPLICATION OF LONG ARM CAST	\$ -
29075	APPLICATION OF FOREARM CAST	\$ -
29085	APPLY HAND/WRIST CAST	\$ -
29086	APPLY FINGER CAST	\$ -
29105	APPLY LONG ARM SPLINT	\$ -
29125	APPLY FOREARM SPLINT	\$ -
29126	APPLY FOREARM SPLINT	\$ -
29130	APPLICATION OF FINGER SPLINT	\$ -
29131	APPLICATION OF FINGER SPLINT	\$ -
29200	STRAPPING OF CHEST	\$ -
29240	STRAPPING OF SHOULDER	\$ -
29260	STRAPPING OF ELBOW OR WRIST	\$ -
29280	STRAPPING OF HAND OR FINGER	\$ -
29305	APPLICATION OF HIP CAST	\$ -
29325	APPLICATION OF HIP CASTS	\$ -
29345	APPLICATION OF LONG LEG CAST	\$ -
29355	APPLICATION OF LONG LEG CAST	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
29358	APPLY LONG LEG CAST BRACE	\$ -
29365	APPLICATION OF LONG LEG CAST	\$ -
29405	APPLY SHORT LEG CAST	\$ -
29425	APPLY SHORT LEG CAST	\$ -
29435	APPLY SHORT LEG CAST	\$ -
29440	ADDITION OF WALKER TO CAST	\$ -
29445	APPLY RIGID LEG CAST	\$ -
29450	APPLICATION OF LEG CAST	\$ -
29505	APPLICATION- LONG LEG SPLINT	\$ -
29515	APPLICATION LOWER LEG SPLINT	\$ -
29520	STRAPPING OF HIP	\$ -
29530	STRAPPING OF KNEE	\$ -
29540	STRAPPING OF ANKLE AND/OR FT	\$ -
29550	STRAPPING OF TOES	\$ -
29580	APPLICATION OF PASTE BOOT	\$ -
29581	APPLY MULTLAY COMPRS LWR LEG	\$ -
29584	APPL MULTLAY COMPRS ARM/HAND	\$ -
29700	REMOVAL/REVISION OF CAST	\$ -
29705	REMOVAL/REVISION OF CAST	\$ -
29710	REMOVAL/REVISION OF CAST	\$ -
29720	REPAIR OF BODY CAST	\$ -
29730	WINDOWING OF CAST	\$ -
29740	WEDGING OF CAST	\$ -
29750	WEDGING OF CLUBFOOT CAST	\$ -
29799	CASTING/STRAPPING PROCEDURE	\$ -
29800	JAW ARTHROSCOPY/SURGERY	\$ -
29804	JAW ARTHROSCOPY/SURGERY	\$ -
29805	SHOULDER ARTHROSCOPY- DX	\$ -
29806	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29807	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29819	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29820	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29821	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29822	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29823	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29824	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29825	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29826	SHOULDER ARTHROSCOPY/SURGERY	\$ -
29827	ARTHROSCOP ROTATOR CUFF REPR	\$ -
29828	ARTHROSCOPY BICEPS TENODESIS	\$ -
29830	ELBOW ARTHROSCOPY	\$ -
29834	ELBOW ARTHROSCOPY/SURGERY	\$ -
29835	ELBOW ARTHROSCOPY/SURGERY	\$ -
29836	ELBOW ARTHROSCOPY/SURGERY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
29837	ELBOW ARTHROSCOPY/SURGERY	\$ -
29838	ELBOW ARTHROSCOPY/SURGERY	\$ -
29840	WRIST ARTHROSCOPY	\$ -
29843	WRIST ARTHROSCOPY/SURGERY	\$ -
29844	WRIST ARTHROSCOPY/SURGERY	\$ -
29845	WRIST ARTHROSCOPY/SURGERY	\$ -
29846	WRIST ARTHROSCOPY/SURGERY	\$ -
29847	WRIST ARTHROSCOPY/SURGERY	\$ -
29848	WRIST ENDOSCOPY/SURGERY	\$ -
29850	KNEE ARTHROSCOPY/SURGERY	\$ -
29851	KNEE ARTHROSCOPY/SURGERY	\$ -
29855	TIBIAL ARTHROSCOPY/SURGERY	\$ -
29856	TIBIAL ARTHROSCOPY/SURGERY	\$ -
29860	HIP ARTHROSCOPY- DX	\$ -
29861	HIP ARTHROSCOPY/SURGERY	\$ -
29862	HIP ARTHROSCOPY/SURGERY	\$ -
29863	HIP ARTHROSCOPY/SURGERY	\$ -
29866	AUTGRFT IMPLNT- KNEE W/SCOPE	\$ -
29867	ALLGRFT IMPLNT- KNEE W/SCOPE	\$ -
29868	MENISCAL TRNSPL- KNEE W/SCPE	\$ -
29870	KNEE ARTHROSCOPY- DX	\$ -
29871	KNEE ARTHROSCOPY/DRAINAGE	\$ -
29873	KNEE ARTHROSCOPY/SURGERY	\$ -
29874	KNEE ARTHROSCOPY/SURGERY	\$ -
29875	KNEE ARTHROSCOPY/SURGERY	\$ -
29876	KNEE ARTHROSCOPY/SURGERY	\$ -
29877	KNEE ARTHROSCOPY/SURGERY	\$ -
29879	KNEE ARTHROSCOPY/SURGERY	\$ -
29880	KNEE ARTHROSCOPY/SURGERY	\$ -
29881	KNEE ARTHROSCOPY/SURGERY	\$ -
29882	KNEE ARTHROSCOPY/SURGERY	\$ -
29883	KNEE ARTHROSCOPY/SURGERY	\$ -
29884	KNEE ARTHROSCOPY/SURGERY	\$ -
29885	KNEE ARTHROSCOPY/SURGERY	\$ -
29886	KNEE ARTHROSCOPY/SURGERY	\$ -
29887	KNEE ARTHROSCOPY/SURGERY	\$ -
29888	KNEE ARTHROSCOPY/SURGERY	\$ -
29889	KNEE ARTHROSCOPY/SURGERY	\$ -
29891	ANKLE ARTHROSCOPY/SURGERY	\$ -
29892	ANKLE ARTHROSCOPY/SURGERY	\$ -
29893	SCOPE- PLANTAR FASCIOTOMY	\$ -
29894	ANKLE ARTHROSCOPY/SURGERY	\$ -
29895	ANKLE ARTHROSCOPY/SURGERY	\$ -
29897	ANKLE ARTHROSCOPY/SURGERY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
29898	ANKLE ARTHROSCOPY/SURGERY	\$ -
29899	ANKLE ARTHROSCOPY/SURGERY	\$ -
29900	MCP JOINT ARTHROSCOPY- DX	\$ -
29901	MCP JOINT ARTHROSCOPY- SURG	\$ -
29902	MCP JOINT ARTHROSCOPY- SURG	\$ -
29904	SUBTALAR ARTHRO W/FB RMVL	\$ -
29905	SUBTALAR ARTHRO W/EXC	\$ -
29906	SUBTALAR ARTHRO W/DEB	\$ -
29907	SUBTALAR ARTHRO W/FUSION	\$ -
29914	HIP ARTHRO W/FEMOROPLASTY	\$ -
29915	HIP ARTHRO ACETABULOPLASTY	\$ -
29916	HIP ARTHRO W/LABRAL REPAIR	\$ -
29999	ARTHROSCOPY OF JOINT	\$ -
30000	DRAINAGE OF NOSE LESION	\$ -
30020	DRAINAGE OF NOSE LESION	\$ -
30100	INTRANASAL BIOPSY	\$ -
30110	REMOVAL OF NOSE POLYP(S)	\$ -
30115	REMOVAL OF NOSE POLYP(S)	\$ -
30117	REMOVAL OF INTRANASAL LESION	\$ -
30118	REMOVAL OF INTRANASAL LESION	\$ -
30120	REVISION OF NOSE	\$ -
30124	REMOVAL OF NOSE LESION	\$ -
30125	REMOVAL OF NOSE LESION	\$ -
30130	REMOVAL OF TURBINATE BONES	\$ -
30140	REMOVAL OF TURBINATE BONES	\$ -
30150	PARTIAL REMOVAL OF NOSE	\$ -
30160	REMOVAL OF NOSE	\$ -
30200	INJECTION TREATMENT OF NOSE	\$ -
30210	NASAL SINUS THERAPY	\$ -
30220	INSERT NASAL SEPTAL BUTTON	\$ -
30300	FOREIGN BODY-NOSE	\$ -
30310	REMOVE NASAL FOREIGN BODY	\$ -
30320	REMOVE NASAL FOREIGN BODY	\$ -
30400	RECONSTRUCTION OF NOSE	\$ -
30410	RECONSTRUCTION OF NOSE	\$ -
30420	RECONSTRUCTION OF NOSE	\$ -
30430	REVISION OF NOSE	\$ -
30435	REVISION OF NOSE	\$ -
30450	REVISION OF NOSE	\$ -
30460	REVISION OF NOSE	\$ -
30462	REVISION OF NOSE	\$ -
30465	REPAIR NASAL STENOSIS	\$ -
30468	RPR NSL VLV COLLAPSE W/IMPLT	\$ -
30520	REPAIR OF NASAL SEPTUM	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
30540	REPAIR NASAL DEFECT	\$ -
30545	REPAIR NASAL DEFECT	\$ -
30560	RELEASE OF NASAL ADHESIONS	\$ -
30580	REPAIR UPPER JAW FISTULA	\$ -
30600	REPAIR MOUTH/NOSE FISTULA	\$ -
30620	INTRANASAL RECONSTRUCTION	\$ -
30630	REPAIR NASAL SEPTUM DEFECT	\$ -
30801	CAUTERIZATION- INNER NOSE	\$ -
30802	CAUTERIZATION- INNER NOSE	\$ -
30901	CONTROL OF NOSEBLEED	\$ -
30903	CONTROL OF NOSEBLEED	\$ -
30905	CONTROL OF NOSEBLEED	\$ -
30906	REPEAT CONTROL OF NOSEBLEED	\$ -
30915	LIGATION- NASAL SINUS ARTERY	\$ -
30920	LIGATION- UPPER JAW ARTERY	\$ -
30930	THERAPY- FRACTURE OF NOSE	\$ -
30999	NASAL SURGERY PROCEDURE	\$ -
31000	IRRIGATION- MAXILLARY SINUS	\$ -
31002	IRRIGATION- SPHENOID SINUS	\$ -
31020	EXPLORATION- MAXILLARY SINUS	\$ -
31030	EXPLORATION- MAXILLARY SINUS	\$ -
31032	EXPLORE SINUS- REMOVE POLYPS	\$ -
31040	EXPLORATION BEHIND UPPER JAW	\$ -
31050	EXPLORATION- SPHENOID SINUS	\$ -
31051	SPHENOID SINUS SURGERY	\$ -
31070	EXPLORATION OF FRONTAL SINUS	\$ -
31075	EXPLORATION OF FRONTAL SINUS	\$ -
31080	REMOVAL OF FRONTAL SINUS	\$ -
31081	REMOVAL OF FRONTAL SINUS	\$ -
31084	REMOVAL OF FRONTAL SINUS	\$ -
31085	REMOVAL OF FRONTAL SINUS	\$ -
31086	REMOVAL OF FRONTAL SINUS	\$ -
31087	REMOVAL OF FRONTAL SINUS	\$ -
31090	EXPLORATION OF SINUSES	\$ -
31200	REMOVAL OF ETHMOID SINUS	\$ -
31201	REMOVAL OF ETHMOID SINUS	\$ -
31205	REMOVAL OF ETHMOID SINUS	\$ -
31225	REMOVAL OF UPPER JAW	\$ -
31230	REMOVAL OF UPPER JAW	\$ -
31231	NASAL ENDOSCOPY- DX	\$ -
31233	NASAL/SINUS ENDOSCOPY- DX	\$ -
31235	NASAL/SINUS ENDOSCOPY- DX	\$ -
31237	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31238	NASAL/SINUS ENDOSCOPY- SURG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
31239	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31240	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31241	NSL/SINS NDSC W/ARTERY LIG	\$ -
31253	NSL/SINS NDSC TOTAL	\$ -
31254	REVISION OF ETHMOID SINUS	\$ -
31255	REMOVAL OF ETHMOID SINUS	\$ -
31256	EXPLORATION MAXILLARY SINUS	\$ -
31257	NSL/SINS NDSC TOT W/SPHENDT	\$ -
31259	NSL/SINS NDSC SPHN TISS RMVL	\$ -
31267	ENDOSCOPY- MAXILLARY SINUS	\$ -
31276	SINUS ENDOSCOPY- SURGICAL	\$ -
31287	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31288	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31290	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31291	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31292	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31293	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31294	NASAL/SINUS ENDOSCOPY- SURG	\$ -
31295	SINUS ENDO W/BALLOON DIL	\$ -
31296	SINUS ENDO W/BALLOON DIL	\$ -
31297	SINUS ENDO W/BALLOON DIL	\$ -
31298	NSL/SINS NDSC W/SINS DILAT	\$ -
31299	SINUS SURGERY PROCEDURE	\$ -
31300	REMOVAL OF LARYNX LESION	\$ -
31360	REMOVAL OF LARYNX	\$ -
31365	REMOVAL OF LARYNX	\$ -
31367	PARTIAL REMOVAL OF LARYNX	\$ -
31368	PARTIAL REMOVAL OF LARYNX	\$ -
31370	PARTIAL REMOVAL OF LARYNX	\$ -
31375	PARTIAL REMOVAL OF LARYNX	\$ -
31380	PARTIAL REMOVAL OF LARYNX	\$ -
31382	PARTIAL REMOVAL OF LARYNX	\$ -
31390	REMOVAL OF LARYNX	\$ -
31395	RECONSTRUCT LARYNX	\$ -
31400	REVISION OF LARYNX	\$ -
31420	REMOVAL OF EPIGLOTTIS	\$ -
31500	INTUBATION	\$ -
31502	CHANGE OF WINDPIPE AIRWAY	\$ -
31505	DIAGNOSTIC LARYNGOSCOPY	\$ -
31510	LARYNGOSCOPY WITH BIOPSY	\$ -
31511	REMOVE FOREIGN BODY- LARYNX	\$ -
31512	REMOVAL OF LARYNX LESION	\$ -
31513	INJECTION INTO VOCAL CORD	\$ -
31515	LARYNGOSCOPY FOR ASPIRATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
31520	DIAGNOSTIC LARYNGOSCOPY	\$ -
31525	DIAGNOSTIC LARYNGOSCOPY	\$ -
31526	DIAGNOSTIC LARYNGOSCOPY	\$ -
31527	LARYNGOSCOPY FOR TREATMENT	\$ -
31528	LARYNGOSCOPY AND DILATION	\$ -
31529	LARYNGOSCOPY AND DILATION	\$ -
31530	OPERATIVE LARYNGOSCOPY	\$ -
31531	OPERATIVE LARYNGOSCOPY	\$ -
31535	OPERATIVE LARYNGOSCOPY	\$ -
31536	OPERATIVE LARYNGOSCOPY	\$ -
31540	OPERATIVE LARYNGOSCOPY	\$ -
31541	OPERATIVE LARYNGOSCOPY	\$ -
31545	REMOVE VC LESION W/SCOPE	\$ -
31546	REMOVE VC LESION SCOPE/GRAFT	\$ -
31551	LARYNGOPLASTY LARYNGEAL STEN	\$ -
31552	LARYNGOPLASTY LARYNGEAL STEN	\$ -
31553	LARYNGOPLASTY LARYNGEAL STEN	\$ -
31554	LARYNGOPLASTY LARYNGEAL STEN	\$ -
31560	OPERATIVE LARYNGOSCOPY	\$ -
31561	OPERATIVE LARYNGOSCOPY	\$ -
31570	LARYNGOSCOPY WITH INJECTION	\$ -
31571	LARYNGOSCOPY WITH INJECTION	\$ -
31572	LARGSC W/LASER DSTRJ LES	\$ -
31573	LARGSC W/THER INJECTION	\$ -
31574	LARGSC W/NJX AUGMENTATION	\$ -
31575	DIAGNOSTIC LARYNGOSCOPY	\$ -
31576	LARYNGOSCOPY WITH BIOPSY	\$ -
31577	REMOVE FOREIGN BODY- LARYNX	\$ -
31578	REMOVAL OF LARYNX LESION	\$ -
31579	DIAGNOSTIC LARYNGOSCOPY	\$ -
31580	REVISION OF LARYNX	\$ -
31584	TREAT LARYNX FRACTURE	\$ -
31587	REVISION OF LARYNX	\$ -
31590	REINNERVATE LARYNX	\$ -
31591	LARYNGOPLASTY MEDIALIZATION	\$ -
31592	CRICOTRACHEAL RESECTION	\$ -
31599	LARYNX SURGERY PROCEDURE	\$ -
31600	INCISION OF WINDPIPE	\$ -
31601	INCISION OF WINDPIPE	\$ -
31603	INCISION OF WINDPIPE	\$ -
31605	INCISION OF WINDPIPE	\$ -
31610	INCISION OF WINDPIPE	\$ -
31611	SURGERY/SPEECH PROSTHESIS	\$ -
31612	PUNCTURE/CLEAR WINDPIPE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
31613	REPAIR WINDPIPE OPENING	\$ -
31614	REPAIR WINDPIPE OPENING	\$ -
31615	VISUALIZATION OF WINDPIPE	\$ -
31622	DX BRONCHOSCOPE/WASH	\$ -
31623	DX BRONCHOSCOPE/BRUSH	\$ -
31624	DX BRONCHOSCOPE/LAVAGE	\$ -
31625	BRONCHOSCOPY W/BIOPSY(S)	\$ -
31626	BRONCHOSCOPY W/MARKERS	\$ -
31627	NAVIGATIONAL BRONCHOSCOPY	\$ -
31628	BRONCHOSCOPY/LUNG BX- EACH	\$ -
31629	BRONCHOSCOPY/NEEDLE BX- EACH	\$ -
31630	BRONCHOSCOPY DILATE/FX REPR	\$ -
31631	BRONCHOSCOPY- DILATE W/STENT	\$ -
31632	BRONCHOSCOPY/LUNG BX- ADDL	\$ -
31633	BRONCHOSCOPY/NEEDLE BX ADDL	\$ -
31634	BRONCH W/BALLOON OCCLUSION	\$ -
31635	BRONCHOSCOPY W/FB REMOVAL	\$ -
31636	BRONCHOSCOPY- BRONCH STENTS	\$ -
31637	BRONCHOSCOPY- STENT ADD-ON	\$ -
31638	BRONCHOSCOPY- REVISE STENT	\$ -
31640	BRONCHOSCOPY W/TUMOR EXCISE	\$ -
31641	BRONCHOSCOPY- TREAT BLOCKAGE	\$ -
31643	DIAG BRONCHOSCOPE/CATHETER	\$ -
31645	BRONCHOSCOPY- CLEAR AIRWAYS	\$ -
31646	BRONCHOSCOPY- RECLEAR AIRWAY	\$ -
31647	BRONCHIAL VALVE INIT INSERT	\$ -
31648	BRONCHIAL VALVE ADDL INSERT	\$ -
31649	BRONCHIAL VALVE REMOV INIT	\$ -
31651	BRONCHIAL VALVE REMOV ADDL	\$ -
31652	BRONCH EBUS SAMPLNG 1/2 NODE	\$ -
31653	BRONCH EBUS SAMPLNG 3/> NODE	\$ -
31654	BRONCH EBUS IVNTJ PERPH LES	\$ -
31660	BRONCH THERMOPLSTY 1 LOBE	\$ -
31661	BRONCH THERMOPLSTY 2/> LOBES	\$ -
31717	BRONCHIAL BRUSH BIOPSY	\$ -
31720	CLEARANCE OF AIRWAYS	\$ -
31725	CLEARANCE OF AIRWAYS	\$ -
31730	INTRO- WINDPIPE WIRE/TUBE	\$ -
31750	REPAIR OF WINDPIPE	\$ -
31755	REPAIR OF WINDPIPE	\$ -
31760	REPAIR OF WINDPIPE	\$ -
31766	RECONSTRUCTION OF WINDPIPE	\$ -
31770	REPAIR/GRAFT OF BRONCHUS	\$ -
31775	RECONSTRUCT BRONCHUS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
31780	RECONSTRUCT WINDPIPE	\$ -
31781	RECONSTRUCT WINDPIPE	\$ -
31785	REMOVE WINDPIPE LESION	\$ -
31786	REMOVE WINDPIPE LESION	\$ -
31800	REPAIR OF WINDPIPE INJURY	\$ -
31805	REPAIR OF WINDPIPE INJURY	\$ -
31820	CLOSURE OF WINDPIPE LESION	\$ -
31825	REPAIR OF WINDPIPE DEFECT	\$ -
31830	REVISE WINDPIPE SCAR	\$ -
31899	AIRWAYS SURGICAL PROCEDURE	\$ -
32035	EXPLORATION OF CHEST	\$ -
32036	EXPLORATION OF CHEST	\$ -
32096	OPEN WEDGE/BX LUNG INFILTR	\$ -
32097	OPEN WEDGE/BX LUNG NODULE	\$ -
32098	OPEN BIOPSY OF LUNG PLEURA	\$ -
32100	EXPLORATION/BIOPSY OF CHEST	\$ -
32110	EXPLORE/REPAIR CHEST	\$ -
32120	RE-EXPLORATION OF CHEST	\$ -
32124	EXPLORE CHEST FREE ADHESIONS	\$ -
32140	REMOVAL OF LUNG LESION(S)	\$ -
32141	REMOVE/TREAT LUNG LESIONS	\$ -
32150	REMOVAL OF LUNG LESION(S)	\$ -
32151	REMOVE LUNG FOREIGN BODY	\$ -
32160	OPEN CHEST HEART MASSAGE	\$ -
32200	DRAIN- OPEN- LUNG LESION	\$ -
32215	TREAT CHEST LINING	\$ -
32220	RELEASE OF LUNG	\$ -
32225	PARTIAL RELEASE OF LUNG	\$ -
32310	REMOVAL OF CHEST LINING	\$ -
32320	FREE/REMOVE CHEST LINING	\$ -
32400	NEEDLE BIOPSY CHEST LINING	\$ -
32408	CORE NDL BX LNG/MED PERQ	\$ -
32440	REMOVAL OF LUNG	\$ -
32442	SLEEVE PNEUMONECTOMY	\$ -
32445	REMOVAL OF LUNG	\$ -
32480	PARTIAL REMOVAL OF LUNG	\$ -
32482	BILOBECTOMY	\$ -
32484	SEGMENTECTOMY	\$ -
32486	SLEEVE LOBECTOMY	\$ -
32488	COMPLETION PNEUMONECTOMY	\$ -
32491	LUNG VOLUME REDUCTION	\$ -
32501	REPAIR BRONCHUS ADD-ON	\$ -
32503	RESECT APICAL LUNG TUMOR	\$ -
32504	RESECT APICAL LUNG TUM/CHEST	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
32505	WEDGE RESECT OF LUNG INITIAL	\$ -
32506	WEDGE RESECT OF LUNG ADD-ON	\$ -
32507	WEDGE RESECT OF LUNG DIAG	\$ -
32540	REMOVAL OF LUNG LESION	\$ -
32550	INSERT PLEURAL CATH	\$ -
32551	INSERTION OF CHEST TUBE	\$ -
32552	REMOVE LUNG CATHETER	\$ -
32553	INS MARK THOR FOR RT PERQ	\$ -
32554	ASPIRATE PLEURA W/O IMAGING	\$ -
32555	ASPIRATE PLEURA W/ IMAGING	\$ -
32556	INSERT CATH PLEURA W/O IMAGE	\$ -
32557	INSERT CATH PLEURA W/ IMAGE	\$ -
32560	TREAT LUNG LINING CHEMICALLY	\$ -
32561	LYSE CHEST FIBRIN INIT DAY	\$ -
32562	LYSE CHEST FIBRIN SUBQ DAY	\$ -
32601	THORACOSCOPY- DIAGNOSTIC	\$ -
32604	THORACOSCOPY- DIAGNOSTIC	\$ -
32606	THORACOSCOPY- DIAGNOSTIC	\$ -
32607	THORACOSCOPY W/BX INFILTRATE	\$ -
32608	THORACOSCOPY W/BX NODULE	\$ -
32609	THORACOSCOPY W/BX PLEURA	\$ -
32650	THORACOSCOPY- SURGICAL	\$ -
32651	THORACOSCOPY- SURGICAL	\$ -
32652	THORACOSCOPY- SURGICAL	\$ -
32653	THORACOSCOPY- SURGICAL	\$ -
32654	THORACOSCOPY- SURGICAL	\$ -
32655	THORACOSCOPY- SURGICAL	\$ -
32656	THORACOSCOPY- SURGICAL	\$ -
32658	THORACOSCOPY- SURGICAL	\$ -
32659	THORACOSCOPY- SURGICAL	\$ -
32661	THORACOSCOPY- SURGICAL	\$ -
32662	THORACOSCOPY- SURGICAL	\$ -
32663	THORACOSCOPY- SURGICAL	\$ -
32664	THORACOSCOPY- SURGICAL	\$ -
32665	THORACOSCOPY- SURGICAL	\$ -
32666	THORACOSCOPY W/WEDGE RESECT	\$ -
32667	THORACOSCOPY W/W RESECT ADDL	\$ -
32668	THORACOSCOPY W/W RESECT DIAG	\$ -
32669	THORACOSCOPY REMOVE SEGMENT	\$ -
32670	THORACOSCOPY BILOBECTOMY	\$ -
32671	THORACOSCOPY PNEUMONECTOMY	\$ -
32672	THORACOSCOPY FOR LVRS	\$ -
32673	THORACOSCOPY W/THYMUS RESECT	\$ -
32674	THORACOSCOPY LYMPH NODE EXC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
32701	THORAX STEREO RAD TARGETW/TX	\$ -
32800	REPAIR LUNG HERNIA	\$ -
32810	CLOSE CHEST AFTER DRAINAGE	\$ -
32815	CLOSE BRONCHIAL FISTULA	\$ -
32820	RECONSTRUCT INJURED CHEST	\$ -
32850	DONOR PNEUMONECTOMY	\$ -
32851	LUNG TRANSPLANT- SINGLE	\$ -
32852	LUNG TRANSPLANT WITH BYPASS	\$ -
32853	LUNG TRANSPLANT- DOUBLE	\$ -
32854	LUNG TRANSPLANT WITH BYPASS	\$ -
32855	PREPARE DONOR LUNG- SINGLE	\$ -
32856	PREPARE DONOR LUNG- DOUBLE	\$ -
32900	REMOVAL OF RIB(S)	\$ -
32905	REVISE	\$ -
32906	REVISE	\$ -
32940	REVISION OF LUNG	\$ -
32960	THERAPEUTIC PNEUMOTHORAX	\$ -
32994	ABLATE PULM TUMOR PERQ CRYBL	\$ -
32997	TOTAL LUNG LAVAGE	\$ -
32998	PERQ RF ABLATE TX- PUL TUMOR	\$ -
32999	CHEST SURGERY PROCEDURE	\$ -
33016	PERICARDIOCENTESIS W/IMAGING	\$ -
33017	PRCRD DRG 6YR+ W/O CGEN CAR	\$ -
33018	PRCRD DRG 0-5YR OR W/ANOMLY	\$ -
33019	PERQ PRCRD DRG INSJ CATH CT	\$ -
33020	INCISION OF HEART SAC	\$ -
33025	INCISION OF HEART SAC	\$ -
33030	PARTIAL REMOVAL OF HEART SAC	\$ -
33031	PARTIAL REMOVAL OF HEART SAC	\$ -
33050	REMOVAL OF HEART SAC LESION	\$ -
33120	REMOVAL OF HEART LESION	\$ -
33130	REMOVAL OF HEART LESION	\$ -
33140	HEART REVASCULARIZE (TMR)	\$ -
33141	HEART TMR W/OTHER PROCEDURE	\$ -
33202	INSERT EPICARD ELTRD- OPEN	\$ -
33203	INSERT EPICARD ELTRD- ENDO	\$ -
33206	INSERTION OF HEART PACEMAKER	\$ -
33207	INSERTION OF HEART PACEMAKER	\$ -
33208	INSERTION OF HEART PACEMAKER	\$ -
33210	INSERTION OF HEART ELECTRODE	\$ -
33211	INSERTION OF HEART ELECTRODE	\$ -
33212	INSERTION OF PULSE GENERATOR	\$ -
33213	INSERTION OF PULSE GENERATOR	\$ -
33214	UPGRADE OF PACEMAKER SYSTEM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33215	REPOSITION PACING-DEFIB LEAD	\$ -
33216	INSERT LEAD PACE-DEFIB- ONE	\$ -
33217	INSERT LEAD PACE-DEFIB- DUAL	\$ -
33218	REPAIR LEAD PACE-DEFIB- ONE	\$ -
33220	REPAIR LEAD PACE-DEFIB- DUAL	\$ -
33221	INSERT PULSE GEN MULT LEADS	\$ -
33222	REVISE POCKET- PACEMAKER	\$ -
33223	REVISE POCKET- PACING-DEFIB	\$ -
33224	INSERT PACING LEAD & CONNECT	\$ -
33225	L VENTRIC PACING LEAD ADD-ON	\$ -
33226	REPOSITION L VENTRIC LEAD	\$ -
33227	REMOVE&REPLACE PM GEN SINGL	\$ -
33228	REMV&REPLC PM GEN DUAL LEAD	\$ -
33229	REMV&REPLC PM GEN MULT LEADS	\$ -
33230	INSRT PULSE GEN W/DUAL LEADS	\$ -
33231	INSRT PULSE GEN W/MULT LEADS	\$ -
33233	REMOVAL OF PACEMAKER SYSTEM	\$ -
33234	REMOVAL OF PACEMAKER SYSTEM	\$ -
33235	REMOVAL PACEMAKER ELECTRODE	\$ -
33236	REMOVE ELECTRODE/THORACOTOMY	\$ -
33237	REMOVE ELECTRODE/THORACOTOMY	\$ -
33238	REMOVE ELECTRODE/THORACOTOMY	\$ -
33240	INSERT PULSE GENERATOR	\$ -
33241	REMOVE PULSE GENERATOR	\$ -
33243	REMOVE ELTRD/THORACOTOMY	\$ -
33244	REMOVE ELTRD- TRANSVEN	\$ -
33249	ELTRD/INSERT PACE-DEFIB	\$ -
33250	ABLATE HEART DYSRHYTHM FOCUS	\$ -
33251	ABLATE HEART DYSRHYTHM FOCUS	\$ -
33254	ABLATE ATRIA- LMTD	\$ -
33255	ABLATE ATRIA W/O BYPASS- EXT	\$ -
33256	ABLATE ATRIA W/BYPASS- EXTEN	\$ -
33257	ABLATE ATRIA- LMTD- ADD-ON	\$ -
33258	ABLATE ATRIA- X10SV- ADD-ON	\$ -
33259	ABLATE ATRIA W/BYPASS ADD-ON	\$ -
33261	ABLATE HEART DYSRHYTHM FOCUS	\$ -
33262	REMV&REPLC CVD GEN SING LEAD	\$ -
33263	REMV&REPLC CVD GEN DUAL LEAD	\$ -
33264	REMV&REPLC CVD GEN MULT LEAD	\$ -
33265	ABLATE ATRIA W/BYPASS- ENDO	\$ -
33266	ABLATE ATRIA W/O BYPASS ENDO	\$ -
33267	EXCL LAA OPEN ANY METHOD	\$ -
33268	EXCL LAA OPN OTH PX ANY METH	\$ -
33269	EXCL LAA THRSCP ANY METHOD	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33270	INS/REP SUBQ DEFIBRILLATOR	\$ -
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	\$ -
33272	RMVL OF SUBQ DEFIBRILLATOR	\$ -
33273	REPOS PREV IMPLTBL SUBQ DFB	\$ -
33274	TCAT INSJ/RPL PERM LDLS PM	\$ -
33275	TCAT RMVL PERM LDLS PM	\$ -
33285	INSJ SUBQ CAR RHYTHM MNTR	\$ -
33286	RMVL SUBQ CAR RHYTHM MNTR	\$ -
33289	TCAT IMPL WRLS P-ART PRS SNR	\$ -
33300	REPAIR OF HEART WOUND	\$ -
33305	REPAIR OF HEART WOUND	\$ -
33310	EXPLORATORY HEART SURGERY	\$ -
33315	EXPLORATORY HEART SURGERY	\$ -
33320	REPAIR MAJOR BLOOD VESSEL(S)	\$ -
33321	REPAIR MAJOR VESSEL	\$ -
33322	REPAIR MAJOR BLOOD VESSEL(S)	\$ -
33330	INSERT MAJOR VESSEL GRAFT	\$ -
33335	INSERT MAJOR VESSEL GRAFT	\$ -
33340	PERQ CLSR TCAT L ATR APNDGE	\$ -
33361	REPLACE AORTIC VALVE PERQ	\$ -
33362	REPLACE AORTIC VALVE OPEN	\$ -
33363	REPLACE AORTIC VALVE OPEN	\$ -
33364	REPLACE AORTIC VALVE OPEN	\$ -
33365	REPLACE AORTIC VALVE OPEN	\$ -
33366	TRCATH REPLACE AORTIC VALVE	\$ -
33367	REPLACE AORTIC VALVE W/BYP	\$ -
33368	REPLACE AORTIC VALVE W/BYP	\$ -
33369	REPLACE AORTIC VALVE W/BYP	\$ -
33370	TCAT PLMT&RMVL CEPD PERQ	\$ -
33390	VALVULOPLASTY AORTIC VALVE	\$ -
33391	VALVULOPLASTY AORTIC VALVE	\$ -
33404	PREPARE HEART-AORTA CONDUIT	\$ -
33405	REPLACEMENT OF AORTIC VALVE	\$ -
33406	REPLACEMENT OF AORTIC VALVE	\$ -
33410	REPLACEMENT OF AORTIC VALVE	\$ -
33411	REPLACEMENT OF AORTIC VALVE	\$ -
33412	REPLACEMENT OF AORTIC VALVE	\$ -
33413	REPLACEMENT OF AORTIC VALVE	\$ -
33414	REPAIR OF AORTIC VALVE	\$ -
33415	REVISION- SUBVALVULAR TISSUE	\$ -
33416	REVISE VENTRICLE MUSCLE	\$ -
33417	REPAIR OF AORTIC VALVE	\$ -
33418	REPAIR TCAT MITRAL VALVE	\$ -
33419	REPAIR TCAT MITRAL VALVE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33420	REVISION OF MITRAL VALVE	\$ -
33422	REVISION OF MITRAL VALVE	\$ -
33425	REPAIR OF MITRAL VALVE	\$ -
33426	REPAIR OF MITRAL VALVE	\$ -
33427	REPAIR OF MITRAL VALVE	\$ -
33430	REPLACEMENT OF MITRAL VALVE	\$ -
33440	RPLCMT A-VALVE TLCJ AUTOL PV	\$ -
33460	REVISION OF TRICUSPID VALVE	\$ -
33463	VALVULOPLASTY- TRICUSPID	\$ -
33464	VALVULOPLASTY- TRICUSPID	\$ -
33465	REPLACE TRICUSPID VALVE	\$ -
33468	REVISION OF TRICUSPID VALVE	\$ -
33471	VALVOTOMY- PULMONARY VALVE	\$ -
33474	REVISION OF PULMONARY VALVE	\$ -
33475	REPLACEMENT- PULMONARY VALVE	\$ -
33476	REVISION OF HEART CHAMBER	\$ -
33477	IMPLANT TCAT PULM VLV PERQ	\$ -
33478	REVISION OF HEART CHAMBER	\$ -
33496	REPAIR- PROSTH VALVE CLOT	\$ -
33500	REPAIR HEART VESSEL FISTULA	\$ -
33501	REPAIR HEART VESSEL FISTULA	\$ -
33502	CORONARY ARTERY CORRECTION	\$ -
33503	CORONARY ARTERY GRAFT	\$ -
33504	CORONARY ARTERY GRAFT	\$ -
33505	REPAIR ARTERY W/TUNNEL	\$ -
33506	REPAIR ARTERY- TRANSLOCATION	\$ -
33507	REPAIR ART- INTRAMURAL	\$ -
33508	ENDOSCOPIC VEIN HARVEST	\$ -
33509	NDSC HRV UXTR ART 1 SGM CAB	\$ -
33510	CABG- VEIN- SINGLE	\$ -
33511	CABG- VEIN- TWO	\$ -
33512	CABG- VEIN- THREE	\$ -
33513	CABG- VEIN- FOUR	\$ -
33514	CABG- VEIN- FIVE	\$ -
33516	CABG- VEIN- SIX OR MORE	\$ -
33517	CABG- ARTERY-VEIN- SINGLE	\$ -
33518	CABG- ARTERY-VEIN- TWO	\$ -
33519	CABG- ARTERY-VEIN- THREE	\$ -
33521	CABG- ARTERY-VEIN- FOUR	\$ -
33522	CABG- ARTERY-VEIN- FIVE	\$ -
33523	CABG- ART-VEIN- SIX OR MORE	\$ -
33530	CORONARY ARTERY- BYPASS/REOP	\$ -
33533	CABG- ARTERIAL- SINGLE	\$ -
33534	CABG- ARTERIAL- TWO	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33535	CABG- ARTERIAL- THREE	\$ -
33536	CABG- ARTERIAL- FOUR OR MORE	\$ -
33542	REMOVAL OF HEART LESION	\$ -
33545	REPAIR OF HEART DAMAGE	\$ -
33548	RESTORE/REMODEL- VENTRICLE	\$ -
33572	OPEN CORONARY ENDARTERECTOMY	\$ -
33600	CLOSURE OF VALVE	\$ -
33602	CLOSURE OF VALVE	\$ -
33606	ANASTOMOSIS/ARTERY-AORTA	\$ -
33608	REPAIR ANOMALY W/CONDUIT	\$ -
33610	REPAIR BY ENLARGEMENT	\$ -
33611	REPAIR DOUBLE VENTRICLE	\$ -
33612	REPAIR DOUBLE VENTRICLE	\$ -
33615	REPAIR- MODIFIED FONTAN	\$ -
33617	REPAIR SINGLE VENTRICLE	\$ -
33619	REPAIR SINGLE VENTRICLE	\$ -
33620	APPLY R&L PULM ART BANDS	\$ -
33621	TRANSTHOR CATH FOR STENT	\$ -
33622	REDO COMPL CARDIAC ANOMALY	\$ -
33641	REPAIR HEART SEPTUM DEFECT	\$ -
33645	REVISION OF HEART VEINS	\$ -
33647	REPAIR HEART SEPTUM DEFECTS	\$ -
33660	REPAIR OF HEART DEFECTS	\$ -
33665	REPAIR OF HEART DEFECTS	\$ -
33670	REPAIR OF HEART CHAMBERS	\$ -
33675	CLOSE MULT VSD	\$ -
33676	CLOSE MULT VSD W/RESECTION	\$ -
33677	CL MULT VSD W/REM PUL BAND	\$ -
33681	REPAIR HEART SEPTUM DEFECT	\$ -
33684	REPAIR HEART SEPTUM DEFECT	\$ -
33688	REPAIR HEART SEPTUM DEFECT	\$ -
33690	REINFORCE PULMONARY ARTERY	\$ -
33692	REPAIR OF HEART DEFECTS	\$ -
33694	REPAIR OF HEART DEFECTS	\$ -
33697	REPAIR OF HEART DEFECTS	\$ -
33702	REPAIR OF HEART DEFECTS	\$ -
33710	REPAIR OF HEART DEFECTS	\$ -
33720	REPAIR OF HEART DEFECT	\$ -
33724	REPAIR VENOUS ANOMALY	\$ -
33726	REPAIR PUL VENOUS STENOSIS	\$ -
33730	REPAIR HEART-VEIN DEFECT(S)	\$ -
33732	REPAIR HEART-VEIN DEFECT	\$ -
33735	REVISION OF HEART CHAMBER	\$ -
33736	REVISION OF HEART CHAMBER	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33737	REVISION OF HEART CHAMBER	\$ -
33741	TAS CONGENITAL CAR ANOMAL	\$ -
33745	TIS CGEN CAR ANOMAL 1ST SHNT	\$ -
33746	TIS CGEN CAR ANOMAL EA ADDL	\$ -
33750	MAJOR VESSEL SHUNT	\$ -
33755	MAJOR VESSEL SHUNT	\$ -
33762	MAJOR VESSEL SHUNT	\$ -
33764	MAJOR VESSEL SHUNT	\$ -
33766	MAJOR VESSEL SHUNT	\$ -
33767	MAJOR VESSEL SHUNT	\$ -
33768	CAVOPULMONARY SHUNTING	\$ -
33770	REPAIR GREAT VESSELS DEFECT	\$ -
33771	REPAIR GREAT VESSELS DEFECT	\$ -
33774	REPAIR GREAT VESSELS DEFECT	\$ -
33775	REPAIR GREAT VESSELS DEFECT	\$ -
33776	REPAIR GREAT VESSELS DEFECT	\$ -
33777	REPAIR GREAT VESSELS DEFECT	\$ -
33778	REPAIR GREAT VESSELS DEFECT	\$ -
33779	REPAIR GREAT VESSELS DEFECT	\$ -
33780	REPAIR GREAT VESSELS DEFECT	\$ -
33781	REPAIR GREAT VESSELS DEFECT	\$ -
33782	NIKAIDOH PROC	\$ -
33783	NIKAIDOH PROC W/OSTIA IMPLT	\$ -
33786	REPAIR ARTERIAL TRUNK	\$ -
33788	REVISION OF PULMONARY ARTERY	\$ -
33800	AORTIC SUSPENSION	\$ -
33802	REPAIR VESSEL DEFECT	\$ -
33803	REPAIR VESSEL DEFECT	\$ -
33813	REPAIR SEPTAL DEFECT	\$ -
33814	REPAIR SEPTAL DEFECT	\$ -
33820	REVISE MAJOR VESSEL	\$ -
33822	REVISE MAJOR VESSEL	\$ -
33824	REVISE MAJOR VESSEL	\$ -
33840	REMOVE AORTA CONSTRICTION	\$ -
33845	REMOVE AORTA CONSTRICTION	\$ -
33851	REMOVE AORTA CONSTRICTION	\$ -
33852	REPAIR SEPTAL DEFECT	\$ -
33853	REPAIR SEPTAL DEFECT	\$ -
33858	AS-AORT GRF F/AORTIC DSJ	\$ -
33859	AS-AORT GRF F/DS OTH/THN DSJ	\$ -
33863	ASCENDING AORTIC GRAFT	\$ -
33864	ASCENDING AORTIC GRAFT	\$ -
33866	AORTIC HEMIARCH GRAFT	\$ -
33871	TRANSVRS A-ARCH GRF HYPTHRM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33875	THORACIC AORTIC GRAFT	\$ -
33877	THORACOABDOMINAL GRAFT	\$ -
33880	ENDOVASC TAA REPR INCL SUBCL	\$ -
33881	ENDOVASC TAA REPR W/O SUBCL	\$ -
33883	INSERT ENDOVASC PROSTH- TAA	\$ -
33884	ENDOVASC PROSTH- TAA- ADD-ON	\$ -
33886	ENDOVASC PROSTH- DELAYED	\$ -
33889	ARTERY TRANSPOSE/ENDOVAS TAA	\$ -
33891	CAR-CAR BP GRFT/ENDOVAS TAA	\$ -
33894	EVASC ST RPR THRC/AA ACRS BR	\$ -
33895	EVASC ST RPR THRC/AA X CRSG	\$ -
33897	PERQ TRLUML ANGP NT/RECR COA	\$ -
33910	REMOVE LUNG ARTERY EMBOLI	\$ -
33915	REMOVE LUNG ARTERY EMBOLI	\$ -
33916	SURGERY OF GREAT VESSEL	\$ -
33917	REPAIR PULMONARY ARTERY	\$ -
33920	REPAIR PULMONARY ATRESIA	\$ -
33922	TRANSECT PULMONARY ARTERY	\$ -
33924	REMOVE PULMONARY SHUNT	\$ -
33925	RPR PUL ART UNIFOCAL W/O CPB	\$ -
33926	REPR PUL ART- UNIFOCAL W/CPB	\$ -
33927	IMPLTJ TOT RPLCMT HRT SYS	\$ -
33928	RMVL & RPLCMT TOT HRT SYS	\$ -
33929	RMVL RPLCMT HRT SYS F/TRNSPL	\$ -
33930	REMOVAL OF DONOR HEART/LUNG	\$ -
33933	PREPARE DONOR HEART/LUNG	\$ -
33935	TRANSPLANTATION- HEART/LUNG	\$ -
33940	REMOVAL OF DONOR HEART	\$ -
33944	PREPARE DONOR HEART	\$ -
33945	TRANSPLANTATION OF HEART	\$ -
33946	ECMO/ECLS INITIATION VENOUS	\$ -
33947	ECMO/ECLS INITIATION ARTERY	\$ -
33948	ECMO/ECLS DAILY MGMT-VENOUS	\$ -
33949	ECMO/ECLS DAILY MGMT ARTERY	\$ -
33951	ECMO/ECLS INSJ PRPH CANNULA	\$ -
33952	ECMO/ECLS INSJ PRPH CANNULA	\$ -
33953	ECMO/ECLS INSJ PRPH CANNULA	\$ -
33954	ECMO/ECLS INSJ PRPH CANNULA	\$ -
33955	ECMO/ECLS INSJ CTR CANNULA	\$ -
33956	ECMO/ECLS INSJ CTR CANNULA	\$ -
33957	ECMO/ECLS REPOS PERPH CNULA	\$ -
33958	ECMO/ECLS REPOS PERPH CNULA	\$ -
33959	ECMO/ECLS REPOS PERPH CNULA	\$ -
33962	ECMO/ECLS REPOS PERPH CNULA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
33963	ECMO/ECLS REPOS PERPH CNULA	\$ -
33964	ECMO/ECLS REPOS PERPH CNULA	\$ -
33965	ECMO/ECLS RMVL PERPH CANNULA	\$ -
33966	ECMO/ECLS RMVL PRPH CANNULA	\$ -
33967	INSERT IA PERCUT DEVICE	\$ -
33968	REMOVE AORTIC ASSIST DEVICE	\$ -
33969	ECMO/ECLS RMVL PERPH CANNULA	\$ -
33970	AORTIC CIRCULATION ASSIST	\$ -
33971	AORTIC CIRCULATION ASSIST	\$ -
33973	INSERT BALLOON DEVICE	\$ -
33974	REMOVE INTRA-AORTIC BALLOON	\$ -
33975	IMPLANT VENTRICULAR DEVICE	\$ -
33976	IMPLANT VENTRICULAR DEVICE	\$ -
33977	REMOVE VENTRICULAR DEVICE	\$ -
33978	REMOVE VENTRICULAR DEVICE	\$ -
33979	INSERT INTRACORPOREAL DEVICE	\$ -
33980	REMOVE INTRACORPOREAL DEVICE	\$ -
33981	REPLACE VAD PUMP EXT	\$ -
33982	REPLACE VAD INTRA W/O BP	\$ -
33983	REPLACE VAD INTRA W/BP	\$ -
33984	ECMO/ECLS RMVL PRPH CANNULA	\$ -
33985	ECMO/ECLS RMVL CTR CANNULA	\$ -
33986	ECMO/ECLS RMVL CTR CANNULA	\$ -
33987	ARTERY EXPOS/GRAFT ARTERY	\$ -
33988	INSERTION OF LEFT HEART VENT	\$ -
33989	REMOVAL OF LEFT HEART VENT	\$ -
33990	INSERT VAD ARTERY ACCESS	\$ -
33991	INSERT VAD ART&VEIN ACCESS	\$ -
33992	REMOVE VAD DIFFERENT SESSION	\$ -
33993	REPOSITION VAD DIFF SESSION	\$ -
33995	INSJ PERQ VAD R HRT VENOUS	\$ -
33997	RMVL PERQ RIGHT HEART VAD	\$ -
33999	CARDIAC SURGERY PROCEDURE	\$ -
34001	REMOVAL OF ARTERY CLOT	\$ -
34051	REMOVAL OF ARTERY CLOT	\$ -
34101	REMOVAL OF ARTERY CLOT	\$ -
34111	REMOVAL OF ARM ARTERY CLOT	\$ -
34151	REMOVAL OF ARTERY CLOT	\$ -
34201	REMOVAL OF ARTERY CLOT	\$ -
34203	REMOVAL OF LEG ARTERY CLOT	\$ -
34401	REMOVAL OF VEIN CLOT	\$ -
34421	REMOVAL OF VEIN CLOT	\$ -
34451	REMOVAL OF VEIN CLOT	\$ -
34471	REMOVAL OF VEIN CLOT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
34490	REMOVAL OF VEIN CLOT	\$ -
34501	REPAIR VALVE- FEMORAL VEIN	\$ -
34502	RECONSTRUCT VENA CAVA	\$ -
34510	TRANSPOSITION OF VEIN VALVE	\$ -
34520	CROSS-OVER VEIN GRAFT	\$ -
34530	LEG VEIN FUSION	\$ -
34701	EVASC RPR A-AO NDGFT	\$ -
34702	EVASC RPR A-AO NDGFT RPT	\$ -
34703	EVASC RPR A-UNILAC NDGFT	\$ -
34704	EVASC RPR A-UNILAC NDGFT RPT	\$ -
34705	EVASC RPR A-BIILIAC NDGFT	\$ -
34706	EVASC RPR A-BIILIAC RPT	\$ -
34707	EVASC RPR ILIO-ILIAC NDGFT	\$ -
34708	EVASC RPR ILIO-ILIAC RPT	\$ -
34709	PLMT XTN PROSTH EVASC RPR	\$ -
34710	DLYD PLMT XTN PROSTH 1ST VSL	\$ -
34711	DLYD PLMT XTN PROSTH EA ADDL	\$ -
34712	TCAT DLVR ENHNCD FIXJ DEV	\$ -
34713	PERQ ACCESS & CLSR FEM ART	\$ -
34714	OPN FEM ART EXPOS CNDT CRTJ	\$ -
34715	OPN AX/SUBCLA ART EXPOS	\$ -
34716	OPN AX/SUBCLA ART EXPOS CNDT	\$ -
34717	EVASC RPR A-ILIAC NDGFT	\$ -
34718	EVASC RPR N/A A-ILIAC NDGFT	\$ -
34808	ENDOVASC ABDO OCCLUD DEVICE	\$ -
34812	XPOSE FOR ENDOPROSTH- FEMORL	\$ -
34813	FEMORAL ENDOVAS GRAFT ADD-ON	\$ -
34820	XPOSE FOR ENDOPROSTH- ILIAC	\$ -
34830	OPEN AORTIC TUBE PROSTH REPR	\$ -
34831	OPEN AORTOILIAC PROSTH REPR	\$ -
34832	OPEN AORTOFEMOR PROSTH REPR	\$ -
34833	XPOSE FOR ENDOPROSTH- ILIAC	\$ -
34834	XPOSE- ENDOPROSTH- BRACHIAL	\$ -
34839	PLNNING PT SPEC FENEST GRAFT	\$ -
34841	ENDOVASC VISC AORTA 1 GRAFT	\$ -
34842	ENDOVASC VISC AORTA 2 GRAFT	\$ -
34843	ENDOVASC VISC AORTA 3 GRAFT	\$ -
34844	ENDOVASC VISC AORTA 4 GRAFT	\$ -
34845	VISC & INFRAREN ABD 1 PROSTH	\$ -
34846	VISC & INFRAREN ABD 2 PROSTH	\$ -
34847	VISC & INFRAREN ABD 3 PROSTH	\$ -
34848	VISC & INFRAREN ABD 4+ PROST	\$ -
35001	REPAIR DEFECT OF ARTERY	\$ -
35002	REPAIR ARTERY RUPTURE- NECK	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
35005	REPAIR DEFECT OF ARTERY	\$ -
35011	REPAIR DEFECT OF ARTERY	\$ -
35013	REPAIR ARTERY RUPTURE- ARM	\$ -
35021	REPAIR DEFECT OF ARTERY	\$ -
35022	REPAIR ARTERY RUPTURE- CHEST	\$ -
35045	REPAIR DEFECT OF ARM ARTERY	\$ -
35081	REPAIR DEFECT OF ARTERY	\$ -
35082	REPAIR ARTERY RUPTURE- AORTA	\$ -
35091	REPAIR DEFECT OF ARTERY	\$ -
35092	REPAIR ARTERY RUPTURE- AORTA	\$ -
35102	REPAIR DEFECT OF ARTERY	\$ -
35103	REPAIR ARTERY RUPTURE- GROIN	\$ -
35111	REPAIR DEFECT OF ARTERY	\$ -
35112	REPAIR ARTERY RUPTURE-SPLEEN	\$ -
35121	REPAIR DEFECT OF ARTERY	\$ -
35122	REPAIR ARTERY RUPTURE- BELLY	\$ -
35131	REPAIR DEFECT OF ARTERY	\$ -
35132	REPAIR ARTERY RUPTURE- GROIN	\$ -
35141	REPAIR DEFECT OF ARTERY	\$ -
35142	REPAIR ARTERY RUPTURE- THIGH	\$ -
35151	REPAIR DEFECT OF ARTERY	\$ -
35152	REPAIR ARTERY RUPTURE- KNEE	\$ -
35180	REPAIR BLOOD VESSEL LESION	\$ -
35182	REPAIR BLOOD VESSEL LESION	\$ -
35184	REPAIR BLOOD VESSEL LESION	\$ -
35188	REPAIR BLOOD VESSEL LESION	\$ -
35189	REPAIR BLOOD VESSEL LESION	\$ -
35190	REPAIR BLOOD VESSEL LESION	\$ -
35201	REPAIR BLOOD VESSEL LESION	\$ -
35206	REPAIR BLOOD VESSEL LESION	\$ -
35207	REPAIR BLOOD VESSEL LESION	\$ -
35211	REPAIR BLOOD VESSEL LESION	\$ -
35216	REPAIR BLOOD VESSEL LESION	\$ -
35221	REPAIR BLOOD VESSEL LESION	\$ -
35226	REPAIR BLOOD VESSEL LESION	\$ -
35231	REPAIR BLOOD VESSEL LESION	\$ -
35236	REPAIR BLOOD VESSEL LESION	\$ -
35241	REPAIR BLOOD VESSEL LESION	\$ -
35246	REPAIR BLOOD VESSEL LESION	\$ -
35251	REPAIR BLOOD VESSEL LESION	\$ -
35256	REPAIR BLOOD VESSEL LESION	\$ -
35261	REPAIR BLOOD VESSEL LESION	\$ -
35266	REPAIR BLOOD VESSEL LESION	\$ -
35271	REPAIR BLOOD VESSEL LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
35276	REPAIR BLOOD VESSEL LESION	\$ -
35281	REPAIR BLOOD VESSEL LESION	\$ -
35286	REPAIR BLOOD VESSEL LESION	\$ -
35301	RECHANNELING OF ARTERY	\$ -
35302	RECHANNELING OF ARTERY	\$ -
35303	RECHANNELING OF ARTERY	\$ -
35304	RECHANNELING OF ARTERY	\$ -
35305	RECHANNELING OF ARTERY	\$ -
35306	RECHANNELING OF ARTERY	\$ -
35311	RECHANNELING OF ARTERY	\$ -
35321	RECHANNELING OF ARTERY	\$ -
35331	RECHANNELING OF ARTERY	\$ -
35341	RECHANNELING OF ARTERY	\$ -
35351	RECHANNELING OF ARTERY	\$ -
35355	RECHANNELING OF ARTERY	\$ -
35361	RECHANNELING OF ARTERY	\$ -
35363	RECHANNELING OF ARTERY	\$ -
35371	RECHANNELING OF ARTERY	\$ -
35372	RECHANNELING OF ARTERY	\$ -
35390	REOPERATION- CAROTID ADD-ON	\$ -
35400	ANGIOSCOPY	\$ -
35500	HARVEST VEIN FOR BYPASS	\$ -
35501	ARTERY BYPASS GRAFT	\$ -
35506	ARTERY BYPASS GRAFT	\$ -
35508	ARTERY BYPASS GRAFT	\$ -
35509	ARTERY BYPASS GRAFT	\$ -
35510	ARTERY BYPASS GRAFT	\$ -
35511	ARTERY BYPASS GRAFT	\$ -
35512	ARTERY BYPASS GRAFT	\$ -
35515	ARTERY BYPASS GRAFT	\$ -
35516	ARTERY BYPASS GRAFT	\$ -
35518	ARTERY BYPASS GRAFT	\$ -
35521	ARTERY BYPASS GRAFT	\$ -
35522	ARTERY BYPASS GRAFT	\$ -
35523	ARTERY BYPASS GRAFT	\$ -
35525	ARTERY BYPASS GRAFT	\$ -
35526	ARTERY BYPASS GRAFT	\$ -
35531	ARTERY BYPASS GRAFT	\$ -
35533	ARTERY BYPASS GRAFT	\$ -
35535	ARTERY BYPASS GRAFT	\$ -
35536	ARTERY BYPASS GRAFT	\$ -
35537	ARTERY BYPASS GRAFT	\$ -
35538	ARTERY BYPASS GRAFT	\$ -
35539	ARTERY BYPASS GRAFT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
35540	ARTERY BYPASS GRAFT	\$ -
35556	ARTERY BYPASS GRAFT	\$ -
35558	ARTERY BYPASS GRAFT	\$ -
35560	ARTERY BYPASS GRAFT	\$ -
35563	ARTERY BYPASS GRAFT	\$ -
35565	ARTERY BYPASS GRAFT	\$ -
35566	ARTERY BYPASS GRAFT	\$ -
35570	ARTERY BYPASS GRAFT	\$ -
35571	ARTERY BYPASS GRAFT	\$ -
35572	HARVEST FEMOROPOPLITEAL VEIN	\$ -
35583	VEIN BYPASS GRAFT	\$ -
35585	VEIN BYPASS GRAFT	\$ -
35587	VEIN BYPASS GRAFT	\$ -
35600	HARVEST ARTERY FOR CABG	\$ -
35601	ARTERY BYPASS GRAFT	\$ -
35606	ARTERY BYPASS GRAFT	\$ -
35612	ARTERY BYPASS GRAFT	\$ -
35616	ARTERY BYPASS GRAFT	\$ -
35621	ARTERY BYPASS GRAFT	\$ -
35623	BYPASS GRAFT- NOT VEIN	\$ -
35626	ARTERY BYPASS GRAFT	\$ -
35631	ARTERY BYPASS GRAFT	\$ -
35632	ARTERY BYPASS GRAFT	\$ -
35633	ARTERY BYPASS GRAFT	\$ -
35634	ARTERY BYPASS GRAFT	\$ -
35636	ARTERY BYPASS GRAFT	\$ -
35637	ARTERY BYPASS GRAFT	\$ -
35638	ARTERY BYPASS GRAFT	\$ -
35642	ARTERY BYPASS GRAFT	\$ -
35645	ARTERY BYPASS GRAFT	\$ -
35646	ARTERY BYPASS GRAFT	\$ -
35647	ARTERY BYPASS GRAFT	\$ -
35650	ARTERY BYPASS GRAFT	\$ -
35654	ARTERY BYPASS GRAFT	\$ -
35656	ARTERY BYPASS GRAFT	\$ -
35661	ARTERY BYPASS GRAFT	\$ -
35663	ARTERY BYPASS GRAFT	\$ -
35665	ARTERY BYPASS GRAFT	\$ -
35666	ARTERY BYPASS GRAFT	\$ -
35671	ARTERY BYPASS GRAFT	\$ -
35681	COMPOSITE BYPASS GRAFT	\$ -
35682	COMPOSITE BYPASS GRAFT	\$ -
35683	COMPOSITE BYPASS GRAFT	\$ -
35685	BYPASS GRAFT PATENCY/PATCH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
35686	BYPASS GRAFT/AV FIST PATENCY	\$ -
35691	ARTERIAL TRANSPOSITION	\$ -
35693	ARTERIAL TRANSPOSITION	\$ -
35694	ARTERIAL TRANSPOSITION	\$ -
35695	ARTERIAL TRANSPOSITION	\$ -
35697	REIMPLANT ARTERY EACH	\$ -
35700	REOPERATION- BYPASS GRAFT	\$ -
35701	EXPLORATION- CAROTID ARTERY	\$ -
35702	EXPL N/FLWD SURG UXTR ART	\$ -
35703	EXPL N/FLWD SURG LXTR ART	\$ -
35800	EXPLORE NECK VESSELS	\$ -
35820	EXPLORE CHEST VESSELS	\$ -
35840	EXPLORE ABDOMINAL VESSELS	\$ -
35860	EXPLORE LIMB VESSELS	\$ -
35870	REPAIR VESSEL GRAFT DEFECT	\$ -
35875	REMOVAL OF CLOT IN GRAFT	\$ -
35876	REMOVAL OF CLOT IN GRAFT	\$ -
35879	REVISE GRAFT W/VEIN	\$ -
35881	REVISE GRAFT W/VEIN	\$ -
35883	REVISE GRAFT W/NONAUTO GRAFT	\$ -
35884	REVISE GRAFT W/VEIN	\$ -
35901	EXCISION- GRAFT- NECK	\$ -
35903	EXCISION- GRAFT- EXTREMITY	\$ -
35905	EXCISION- GRAFT- THORAX	\$ -
35907	EXCISION- GRAFT- ABDOMEN	\$ -
36000	PLACE NEEDLE IN VEIN	\$ -
36002	PSEUDOANEURYSM INJECTION TRT	\$ -
36005	INJECTION EXT VENOGRAPHY	\$ -
36010	PLACE CATHETER IN VEIN	\$ -
36011	PLACE CATHETER IN VEIN	\$ -
36012	PLACE CATHETER IN VEIN	\$ -
36013	PLACE CATHETER IN ARTERY	\$ -
36014	PLACE CATHETER IN ARTERY	\$ -
36015	PLACE CATHETER IN ARTERY	\$ -
36100	ESTABLISH ACCESS TO ARTERY	\$ -
36140	ESTABLISH ACCESS TO ARTERY	\$ -
36160	ESTABLISH ACCESS TO AORTA	\$ -
36200	PLACE CATHETER IN AORTA	\$ -
36215	PLACE CATHETER IN ARTERY	\$ -
36216	PLACE CATHETER IN ARTERY	\$ -
36217	PLACE CATHETER IN ARTERY	\$ -
36218	PLACE CATHETER IN ARTERY	\$ -
36221	PLACE CATH THORACIC AORTA	\$ -
36222	PLACE CATH CAROTID/INOM ART	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
36223	PLACE CATH CAROTID/INOM ART	\$ -
36224	PLACE CATH CAROTD ART	\$ -
36225	PLACE CATH SUBCLAVIAN ART	\$ -
36226	PLACE CATH VERTEBRAL ART	\$ -
36227	PLACE CATH XTRNL CAROTID	\$ -
36228	PLACE CATH INTRACRANIAL ART	\$ -
36245	PLACE CATHETER IN ARTERY	\$ -
36246	PLACE CATHETER IN ARTERY	\$ -
36247	PLACE CATHETER IN ARTERY	\$ -
36248	PLACE CATHETER IN ARTERY	\$ -
36251	INS CATH REN ART 1ST UNILAT	\$ -
36252	INS CATH REN ART 1ST BILAT	\$ -
36253	INS CATH REN ART 2ND+ UNILAT	\$ -
36254	INS CATH REN ART 2ND+ BILAT	\$ -
36260	INSERTION OF INFUSION PUMP	\$ -
36261	REVISION OF INFUSION PUMP	\$ -
36262	REMOVAL OF INFUSION PUMP	\$ -
36299	VESSEL INJECTION PROCEDURE	\$ -
36400	BL DRAW < 3 YRS FEM/JUGULAR	\$ -
36405	IV SCALP VEIN*	\$ -
36406	BL DRAW < 3 YRS OTHER VEIN	\$ -
36410	VENIPUNCT- NON-ROUT*	\$ -
36415	Collection of Venous Blood	\$ 23.00
36416	Collection of Capillary Blood	\$ 22.00
36416	Newborn Screening (Capillary specimen)	\$ 22.00
36420	VEIN ACCESS CUTDOWN < 1 YR	\$ -
36425	VEIN ACCESS CUTDOWN > 1 YR	\$ -
36430	BLOOD TRANSFUSION SERVICE	\$ -
36440	BL PUSH TRANSFUSE- 2 YR OR <	\$ -
36450	BL EXCHANGE/TRANSFUSE- NB	\$ -
36455	EXCHANGE TRANSF'N	\$ -
36456	PRTL EXCHANGE TRANSFUSE NB	\$ -
36460	TRANSFUSION SERVICE- FETAL	\$ -
36465	NJX NONCMPND SCLRSNT 1 VEIN	\$ -
36466	NJX NONCMPND SCLRSNT MLT VN	\$ -
36468	INJECTION(S)- SPIDER VEINS	\$ -
36470	INJECTION THERAPY OF VEIN	\$ -
36471	INJECTION THERAPY OF VEINS	\$ -
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	\$ -
36474	ENDOVENOUS MCHNCHEM ADD-ON	\$ -
36475	ENDOVENOUS RF- 1ST VEIN	\$ -
36476	ENDOVENOUS RF- VEIN ADD-ON	\$ -
36478	ENDOVENOUS LASER- 1ST VEIN	\$ -
36479	ENDOVENOUS LASER VEIN ADDON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
36481	INSERTION OF CATHETER- VEIN	\$ -
36482	ENDOVEN THER CHEM ADHES 1ST	\$ -
36483	ENDOVEN THER CHEM ADHES SBSQ	\$ -
36500	INSERTION OF CATHETER- VEIN	\$ -
36510	UMBIL VEIN CATH*	\$ -
36511	APHERESIS WBC	\$ -
36512	APHERESIS RBC	\$ -
36513	APHERESIS PLATELETS	\$ -
36514	APHERESIS PLASMA	\$ -
36516	APHERESIS- SELECTIVE	\$ -
36522	PHOTOPHERESIS	\$ -
36555	INSERT NON-TUNNEL CV CATH	\$ -
36556	INSERT NON-TUNNEL CV CATH	\$ -
36557	INSERT TUNNELED CV CATH	\$ -
36558	INSERT TUNNELED CV CATH	\$ -
36560	INSERT TUNNELED CV CATH	\$ -
36561	INSERT TUNNELED CV CATH	\$ -
36563	INSERT TUNNELED CV CATH	\$ -
36565	INSERT TUNNELED CV CATH	\$ -
36566	INSERT TUNNELED CV CATH	\$ -
36568	INSERT TUNNELED CV CATH	\$ -
36569	INSERT TUNNELED CV CATH	\$ -
36570	INSERT TUNNELED CV CATH	\$ -
36571	INSERT TUNNELED CV CATH	\$ -
36572	INSJ PICC RS&I <5 YR	\$ -
36573	INSJ PICC RS&I 5 YR+	\$ -
36575	REPAIR TUNNELED CV CATH	\$ -
36576	REPAIR TUNNELED CV CATH	\$ -
36578	REPLACE TUNNELED CV CATH	\$ -
36580	REPLACE TUNNELED CV CATH	\$ -
36581	REPLACE TUNNELED CV CATH	\$ -
36582	REPLACE TUNNELED CV CATH	\$ -
36583	REPLACE TUNNELED CV CATH	\$ -
36584	REPLACE TUNNELED CV CATH	\$ -
36585	REPLACE TUNNELED CV CATH	\$ -
36589	REMOVAL TUNNELED CV CATH	\$ -
36590	REMOVAL TUNNELED CV CATH	\$ -
36591	DRAW BLOOD OFF VENOUS DEVICE	\$ -
36592	COLLECT BLOOD FROM PICC	\$ -
36593	DECLOT VASCULAR DEVICE	\$ -
36595	MECH REMOV TUNNELED CV CATH	\$ -
36596	MECH REMOV TUNNELED CV CATH	\$ -
36597	REPOSITION VENOUS CATHETER	\$ -
36598	INJ W/FLUOR- EVAL CV DEVICE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
36600	ART PUNCTURE FOR DX*	\$ -
36620	INSERTION CATHETER- ARTERY	\$ -
36625	INSERTION CATHETER- ARTERY	\$ -
36640	INSERTION CATHETER- ARTERY	\$ -
36660	UMBILICAL ART. CATH	\$ -
36680	INSERT NEEDLE- BONE CAVITY	\$ -
36800	INSERTION OF CANNULA	\$ -
36810	INSERTION OF CANNULA	\$ -
36815	INSERTION OF CANNULA	\$ -
36818	AV FUSE- UPPR ARM- CEPHALIC	\$ -
36819	AV FUSION/UPPR ARM VEIN	\$ -
36820	AV FUSION/FOREARM VEIN	\$ -
36821	AV FUSION DIRECT ANY SITE	\$ -
36823	INSERTION OF CANNULA(S)	\$ -
36825	ARTERY-VEIN AUTOGRAFT	\$ -
36830	ARTERY-VEIN NONAUTOGRAFT	\$ -
36831	OPEN THROMBECT AV FISTULA	\$ -
36832	AV FISTULA REVISION- OPEN	\$ -
36833	AV FISTULA REVISION	\$ -
36835	ARTERY TO VEIN SHUNT	\$ -
36838	DIST REVAS LIGATION- HEMO	\$ -
36860	EXTERNAL CANNULA DECLOTTING	\$ -
36861	CANNULA DECLOTTING	\$ -
36901	INTRO CATH DIALYSIS CIRCUIT	\$ -
36902	INTRO CATH DIALYSIS CIRCUIT	\$ -
36903	INTRO CATH DIALYSIS CIRCUIT	\$ -
36904	THRMBC/NFS DIALYSIS CIRCUIT	\$ -
36905	THRMBC/NFS DIALYSIS CIRCUIT	\$ -
36906	THRMBC/NFS DIALYSIS CIRCUIT	\$ -
36907	BALO ANGIOP CTR DIALYSIS SEG	\$ -
36908	STENT PLMT CTR DIALYSIS SEG	\$ -
36909	DIALYSIS CIRCUIT EMBOLJ	\$ -
37140	REVISION OF CIRCULATION	\$ -
37145	REVISION OF CIRCULATION	\$ -
37160	REVISION OF CIRCULATION	\$ -
37180	REVISION OF CIRCULATION	\$ -
37181	SPLICE SPLEEN/KIDNEY VEINS	\$ -
37182	INSERT HEPATIC SHUNT (TIPS)	\$ -
37183	REMOVE HEPATIC SHUNT (TIPS)	\$ -
37184	PRIM ART MECH THROMBECTOMY	\$ -
37185	PRIM ART M-THROMBECT ADD-ON	\$ -
37186	SEC ART M-THROMBECT ADD-ON	\$ -
37187	VENOUS MECH THROMBECTOMY	\$ -
37188	VENOUS M-THROMBECTOMY ADD-ON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
37191	INS ENDOVAS VENA CAVA FILTR	\$ -
37192	REDO ENDOVAS VENA CAVA FILTR	\$ -
37193	REM ENDOVAS VENA CAVA FILTER	\$ -
37195	THROMBOLYTIC THERAPY- STROKE	\$ -
37197	REMOVE INTRVAS FOREIGN BODY	\$ -
37200	TRANSCATHETER BIOPSY	\$ -
37211	THROMBOLYTIC ART THERAPY	\$ -
37212	THROMBOLYTIC VENOUS THERAPY	\$ -
37213	THROMBLYTIC ART/VEN THERAPY	\$ -
37214	CESSJ THERAPY CATH REMOVAL	\$ -
37215	TRANSCATH STENT- CCA W/EPS	\$ -
37216	TRANSCATH STENT- CCA W/O EPS	\$ -
37217	STENT PLACEMT RETRO CAROTID	\$ -
37218	STENT PLACEMT ANTE CAROTID	\$ -
37220	ILIAC REVASC	\$ -
37221	ILIAC REVASC W/STENT	\$ -
37222	ILIAC REVASC ADD-ON	\$ -
37223	ILIAC REVASC W/STENT ADD-ON	\$ -
37224	FEM/POPL REVAS W/TLA	\$ -
37225	FEM/POPL REVAS W/ATHER	\$ -
37226	FEM/POPL REVASC W/STENT	\$ -
37227	FEM/POPL REVASC STNT & ATHER	\$ -
37228	TIB/PER REVASC W/TLA	\$ -
37229	TIB/PER REVASC W/ATHER	\$ -
37230	TIB/PER REVASC W/STENT	\$ -
37231	TIB/PER REVASC STENT & ATHER	\$ -
37232	TIB/PER REVASC ADD-ON	\$ -
37233	TIBPER REVASC W/ATHER ADD-ON	\$ -
37234	REVSC OPN/PRQ TIB/PERO STENT	\$ -
37235	TIB/PER REVASC STNT & ATHER	\$ -
37236	OPEN/PERQ PLACE STENT 1ST	\$ -
37237	OPEN/PERQ PLACE STENT EA ADD	\$ -
37238	OPEN/PERQ PLACE STENT SAME	\$ -
37239	OPEN/PERQ PLACE STENT EA ADD	\$ -
37241	VASC EMBOLIZE/OCCLUDE VENOUS	\$ -
37242	VASC EMBOLIZE/OCCLUDE ARTERY	\$ -
37243	VASC EMBOLIZE/OCCLUDE ORGAN	\$ -
37244	VASC EMBOLIZE/OCCLUDE BLEED	\$ -
37246	TRLUML BALO ANGIOP 1ST ART	\$ -
37247	TRLUML BALO ANGIOP ADDL ART	\$ -
37248	TRLUML BALO ANGIOP 1ST VEIN	\$ -
37249	TRLUML BALO ANGIOP ADDL VEIN	\$ -
37252	INTRVASC US NONCORONARY 1ST	\$ -
37253	INTRVASC US NONCORONARY ADDL	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
37500	ENDOSCOPY LIGATE PERF VEINS	\$ -
37501	VASCULAR ENDOSCOPY PROCEDURE	\$ -
37565	LIGATION OF NECK VEIN	\$ -
37600	LIGATION OF NECK ARTERY	\$ -
37605	LIGATION OF NECK ARTERY	\$ -
37606	LIGATION OF NECK ARTERY	\$ -
37607	LIGATION OF A-V FISTULA	\$ -
37609	TEMPORAL ARTERY PROCEDURE	\$ -
37615	LIGATION OF NECK ARTERY	\$ -
37616	LIGATION OF CHEST ARTERY	\$ -
37617	LIGATION OF ABDOMEN ARTERY	\$ -
37618	LIGATION OF EXTREMITY ARTERY	\$ -
37619	LIGATION OF INF VENA CAVA	\$ -
37650	REVISION OF MAJOR VEIN	\$ -
37660	REVISION OF MAJOR VEIN	\$ -
37700	REVISE LEG VEIN	\$ -
37718	LIGATE/STRIP SHORT LEG VEIN	\$ -
37722	LIGATE/STRIP LONG LEG VEIN	\$ -
37735	REMOVAL OF LEG VEINS/LESION	\$ -
37760	LIGATION- LEG VEINS- OPEN	\$ -
37761	LIGATE LEG VEINS OPEN	\$ -
37765	PHLEB VEINS - EXTREM - to 20	\$ -
37766	PHLEB VEINS - EXTREM 20+	\$ -
37780	REVISION OF LEG VEIN	\$ -
37785	REVISE SECONDARY VARICOSITY	\$ -
37788	REVASCULARIZATION- PENIS	\$ -
37790	PENILE VENOUS OCCLUSION	\$ -
37799	VASCULAR SURGERY PROCEDURE	\$ -
38100	REMOVAL OF SPLEEN- TOTAL	\$ -
38101	REMOVAL OF SPLEEN- PARTIAL	\$ -
38102	REMOVAL OF SPLEEN- TOTAL	\$ -
38115	REPAIR OF RUPTURED SPLEEN	\$ -
38120	LAPAROSCOPY- SPLENECTOMY	\$ -
38129	LAPAROSCOPE PROC- SPLEEN	\$ -
38200	INJECTION FOR SPLEEN X-RAY	\$ -
38204	BL DONOR SEARCH MANAGEMENT	\$ -
38205	HARVEST ALLOGENIC STEM CELLS	\$ -
38206	HARVEST AUTO STEM CELLS	\$ -
38207	CRYOPRESERVE STEM CELLS	\$ -
38208	THAW PRESERVED STEM CELLS	\$ -
38209	WASH HARVEST STEM CELLS	\$ -
38210	T-CELL DEPLETION OF HARVEST	\$ -
38211	TUMOR CELL DEplete OF HARVST	\$ -
38212	RBC DEPLETION OF HARVEST	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
38213	PLATELET DEplete OF HARVEST	\$ -
38214	VOLUME DEplete OF HARVEST	\$ -
38215	HARVEST STEM CELL CONCENTRTE	\$ -
38220	BONE MARROW ASPIRATION	\$ -
38221	BONE MARROW BIOPSY	\$ -
38222	DX BONE MARROW BX & ASPIR	\$ -
38230	BONE MARROW COLLECTION	\$ -
38232	BONE MARROW HARVEST AUTOLOG	\$ -
38240	BONE MARROW/STEM TRANSPLANT	\$ -
38241	BONE MARROW/STEM TRANSPLANT	\$ -
38242	LYMPHOCYTE INFUSE TRANSPLANT	\$ -
38243	TRANSPLJ HEMATOPOIETIC BOOST	\$ -
38300	DRAINAGE- LYMPH NODE LESION	\$ -
38305	DRAINAGE- LYMPH NODE LESION	\$ -
38308	INCISION OF LYMPH CHANNELS	\$ -
38380	THORACIC DUCT PROCEDURE	\$ -
38381	THORACIC DUCT PROCEDURE	\$ -
38382	THORACIC DUCT PROCEDURE	\$ -
38500	BIOPSY/REMOVAL- LYMPH NODES	\$ -
38505	NEEDLE BIOPSY- LYMPH NODES	\$ -
38510	BIOPSY/REMOVAL- LYMPH NODES	\$ -
38520	BIOPSY/REMOVAL- LYMPH NODES	\$ -
38525	BIOPSY/REMOVAL- LYMPH NODES	\$ -
38530	BIOPSY/REMOVAL- LYMPH NODES	\$ -
38531	OPEN BX/EXC INGUINOFEM NODES	\$ -
38542	EXPLORE DEEP NODE(S)- NECK	\$ -
38550	REMOVAL- NECK/ARMPIT LESION	\$ -
38555	REMOVAL- NECK/ARMPIT LESION	\$ -
38562	REMOVAL- PELVIC LYMPH NODES	\$ -
38564	REMOVAL- ABDOMEN LYMPH NODES	\$ -
38570	LAPAROSCOPY- LYMPH NODE BIOP	\$ -
38571	LAPAROSCOPY- LYMPHADENECTOMY	\$ -
38572	LAPAROSCOPY- LYMPHADENECTOMY	\$ -
38573	LAPS PELVIC LYMPHADEC	\$ -
38589	LAPAROSCOPE PROC- LYMPHATIC	\$ -
38700	REMOVAL OF LYMPH NODES- NECK	\$ -
38720	REMOVAL OF LYMPH NODES- NECK	\$ -
38724	REMOVAL OF LYMPH NODES- NECK	\$ -
38740	REMOVE ARMPIT LYMPH NODES	\$ -
38745	REMOVE ARMPIT LYMPH NODES	\$ -
38746	REMOVE THORACIC LYMPH NODES	\$ -
38747	REMOVE ABDOMINAL LYMPH NODES	\$ -
38760	REMOVE GROIN LYMPH NODES	\$ -
38765	REMOVE GROIN LYMPH NODES	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
38770	REMOVE PELVIS LYMPH NODES	\$ -
38780	REMOVE ABDOMEN LYMPH NODES	\$ -
38790	INJECT FOR LYMPHATIC X-RAY	\$ -
38792	IDENTIFY SENTINEL NODE	\$ -
38794	ACCESS THORACIC LYMPH DUCT	\$ -
38900	IO MAP OF SENT LYMPH NODE	\$ -
38999	BLOOD/LYMPH SYSTEM PROCEDURE	\$ -
39000	EXPLORATION OF CHEST	\$ -
39010	EXPLORATION OF CHEST	\$ -
39200	REMOVAL CHEST LESION	\$ -
39220	REMOVAL CHEST LESION	\$ -
39401	MEDIASTINOSCPY W/MEDSTNL BX	\$ -
39402	MEDIASTINOSCPY W/LMPH NOD BX	\$ -
39499	CHEST PROCEDURE	\$ -
39501	REPAIR DIAPHRAGM LACERATION	\$ -
39503	REPAIR OF DIAPHRAGM HERNIA	\$ -
39540	REPAIR OF DIAPHRAGM HERNIA	\$ -
39541	REPAIR OF DIAPHRAGM HERNIA	\$ -
39545	REVISION OF DIAPHRAGM	\$ -
39560	RESECT DIAPHRAGM- SIMPLE	\$ -
39561	RESECT DIAPHRAGM- COMPLEX	\$ -
39599	DIAPHRAGM SURGERY PROCEDURE	\$ -
40490	BIOPSY OF LIP	\$ -
40500	PARTIAL EXCISION OF LIP	\$ -
40510	PARTIAL EXCISION OF LIP	\$ -
40520	PARTIAL EXCISION OF LIP	\$ -
40525	RECONSTRUCT LIP WITH FLAP	\$ -
40527	RECONSTRUCT LIP WITH FLAP	\$ -
40530	PARTIAL REMOVAL OF LIP	\$ -
40650	REPAIR LIP	\$ -
40652	REPAIR LIP	\$ -
40654	REPAIR LIP	\$ -
40700	REPAIR CLEFT LIP/NASAL	\$ -
40701	REPAIR CLEFT LIP/NASAL	\$ -
40702	REPAIR CLEFT LIP/NASAL	\$ -
40720	REPAIR CLEFT LIP/NASAL	\$ -
40761	REPAIR CLEFT LIP/NASAL	\$ -
40799	LIP SURGERY PROCEDURE	\$ -
40800	DRAINAGE OF MOUTH LESION	\$ -
40801	DRAINAGE OF MOUTH LESION	\$ -
40804	REMOVAL- FOREIGN BODY- MOUTH	\$ -
40805	REMOVAL- FOREIGN BODY- MOUTH	\$ -
40806	INCISION OF LIP FOLD	\$ -
40808	BIOPSY OF MOUTH LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
40810	EXCISION OF MOUTH LESION	\$ -
40812	EXCISE/REPAIR MOUTH LESION	\$ -
40814	EXCISE/REPAIR MOUTH LESION	\$ -
40816	EXCISION OF MOUTH LESION	\$ -
40818	EXCISE ORAL MUCOSA FOR GRAFT	\$ -
40819	FRENULECTOMY	\$ -
40820	TREATMENT OF MOUTH LESION	\$ -
40830	REPAIR MOUTH LACERATION	\$ -
40831	REPAIR MOUTH LACERATION	\$ -
40840	RECONSTRUCTION OF MOUTH	\$ -
40842	RECONSTRUCTION OF MOUTH	\$ -
40843	RECONSTRUCTION OF MOUTH	\$ -
40844	RECONSTRUCTION OF MOUTH	\$ -
40845	RECONSTRUCTION OF MOUTH	\$ -
40899	MOUTH SURGERY PROCEDURE	\$ -
41000	DRAINAGE OF MOUTH LESION	\$ -
41005	DRAINAGE OF MOUTH LESION	\$ -
41006	DRAINAGE OF MOUTH LESION	\$ -
41007	DRAINAGE OF MOUTH LESION	\$ -
41008	DRAINAGE OF MOUTH LESION	\$ -
41009	DRAINAGE OF MOUTH LESION	\$ -
41010	INCISION OF TONGUE FOLD	\$ -
41015	DRAINAGE OF MOUTH LESION	\$ -
41016	DRAINAGE OF MOUTH LESION	\$ -
41017	DRAINAGE OF MOUTH LESION	\$ -
41018	DRAINAGE OF MOUTH LESION	\$ -
41019	PLACE NEEDLES H&N FOR RT	\$ -
41100	BIOPSY OF TONGUE	\$ -
41105	BIOPSY OF TONGUE	\$ -
41108	BIOPSY OF FLOOR OF MOUTH	\$ -
41110	EXCISION OF TONGUE LESION	\$ -
41112	EXCISION OF TONGUE LESION	\$ -
41113	EXCISION OF TONGUE LESION	\$ -
41114	EXCISION OF TONGUE LESION	\$ -
41115	EXCISION OF TONGUE FOLD	\$ -
41116	EXCISION OF MOUTH LESION	\$ -
41120	PARTIAL REMOVAL OF TONGUE	\$ -
41130	PARTIAL REMOVAL OF TONGUE	\$ -
41135	TONGUE AND NECK SURGERY	\$ -
41140	REMOVAL OF TONGUE	\$ -
41145	TONGUE REMOVAL- NECK SURGERY	\$ -
41150	TONGUE- MOUTH- JAW SURGERY	\$ -
41153	TONGUE- MOUTH- NECK SURGERY	\$ -
41155	TONGUE- JAW- & NECK SURGERY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
41250	REPAIR TONGUE LACERATION	\$ -
41251	REPAIR TONGUE LACERATION	\$ -
41252	REPAIR TONGUE LACERATION	\$ -
41510	TONGUE TO LIP SURGERY	\$ -
41512	TONGUE SUSPENSION	\$ -
41520	TONGUE TIE	\$ -
41530	TONGUE BASE VOL REDUCTION	\$ -
41599	TONGUE AND MOUTH SURGERY	\$ -
41800	DRAINAGE OF GUM LESION	\$ -
41805	REMOVAL FOREIGN BODY- GUM	\$ -
41806	REMOVAL FOREIGN BODY-JAWBONE	\$ -
41820	EXCISION- GUM- EACH QUADRANT	\$ -
41821	EXCISION OF GUM FLAP	\$ -
41822	EXCISION OF GUM LESION	\$ -
41823	EXCISION OF GUM LESION	\$ -
41825	EXCISION OF GUM LESION	\$ -
41826	EXCISION OF GUM LESION	\$ -
41827	EXCISION OF GUM LESION	\$ -
41828	EXCISION OF GUM LESION	\$ -
41830	REMOVAL OF GUM TISSUE	\$ -
41850	TREATMENT OF GUM LESION	\$ -
41870	GUM GRAFT	\$ -
41872	REPAIR GUM	\$ -
41874	REPAIR TOOTH SOCKET	\$ -
41899	DENTAL SURGERY PROCEDURE	\$ 286.00
42000	DRAINAGE MOUTH ROOF LESION	\$ -
42100	BIOPSY ROOF OF MOUTH	\$ -
42104	EXCISION LESION- MOUTH ROOF	\$ -
42106	EXCISION LESION- MOUTH ROOF	\$ -
42107	EXCISION LESION- MOUTH ROOF	\$ -
42120	REMOVE PALATE/LESION	\$ -
42140	EXCISION OF UVULA	\$ -
42145	REPAIR PALATE- PHARYNX/UVULA	\$ -
42160	TREATMENT MOUTH ROOF LESION	\$ -
42180	REPAIR PALATE	\$ -
42182	REPAIR PALATE	\$ -
42200	RECONSTRUCT CLEFT PALATE	\$ -
42205	RECONSTRUCT CLEFT PALATE	\$ -
42210	RECONSTRUCT CLEFT PALATE	\$ -
42215	RECONSTRUCT CLEFT PALATE	\$ -
42220	RECONSTRUCT CLEFT PALATE	\$ -
42225	RECONSTRUCT CLEFT PALATE	\$ -
42226	LENGTHENING OF PALATE	\$ -
42227	LENGTHENING OF PALATE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
42235	REPAIR PALATE	\$ -
42260	REPAIR NOSE TO LIP FISTULA	\$ -
42280	PREPARATION- PALATE MOLD	\$ -
42281	INSERTION- PALATE PROSTHESIS	\$ -
42299	PALATE/UVULA SURGERY	\$ -
42300	DRAINAGE OF SALIVARY GLAND	\$ -
42305	DRAINAGE OF SALIVARY GLAND	\$ -
42310	DRAINAGE OF SALIVARY GLAND	\$ -
42320	DRAINAGE OF SALIVARY GLAND	\$ -
42330	REMOVAL OF SALIVARY STONE	\$ -
42335	REMOVAL OF SALIVARY STONE	\$ -
42340	REMOVAL OF SALIVARY STONE	\$ -
42400	BIOPSY OF SALIVARY GLAND	\$ -
42405	BIOPSY OF SALIVARY GLAND	\$ -
42408	EXCISION OF SALIVARY CYST	\$ -
42409	DRAINAGE OF SALIVARY CYST	\$ -
42410	EXCISE PAROTID GLAND/LESION	\$ -
42415	EXCISE PAROTID GLAND/LESION	\$ -
42420	EXCISE PAROTID GLAND/LESION	\$ -
42425	EXCISE PAROTID GLAND/LESION	\$ -
42426	EXCISE PAROTID GLAND/LESION	\$ -
42440	EXCISE SUBMAXILLARY GLAND	\$ -
42450	EXCISE SUBLINGUAL GLAND	\$ -
42500	REPAIR SALIVARY DUCT	\$ -
42505	REPAIR SALIVARY DUCT	\$ -
42507	PAROTID DUCT DIVERSION	\$ -
42509	PAROTID DUCT DIVERSION	\$ -
42510	PAROTID DUCT DIVERSION	\$ -
42550	INJECTION FOR SALIVARY X-RAY	\$ -
42600	CLOSURE OF SALIVARY FISTULA	\$ -
42650	DILATION OF SALIVARY DUCT	\$ -
42660	DILATION OF SALIVARY DUCT	\$ -
42665	LIGATION OF SALIVARY DUCT	\$ -
42699	SALIVARY SURGERY PROCEDURE	\$ -
42700	DRAINAGE OF TONSIL ABSCESS	\$ -
42720	DRAINAGE OF THROAT ABSCESS	\$ -
42725	DRAINAGE OF THROAT ABSCESS	\$ -
42800	BIOPSY OF THROAT	\$ -
42804	BIOPSY OF UPPER NOSE/THROAT	\$ -
42806	BIOPSY OF UPPER NOSE/THROAT	\$ -
42808	EXCISE PHARYNX LESION	\$ -
42809	REMOVE PHARYNX FOREIGN BODY	\$ -
42810	EXCISION OF NECK CYST	\$ -
42815	EXCISION OF NECK CYST	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
42820	REMOVE TONSILS AND ADENOIDS	\$ -
42821	REMOVE TONSILS AND ADENOIDS	\$ -
42825	REMOVAL OF TONSILS	\$ -
42826	REMOVAL OF TONSILS	\$ -
42830	REMOVAL OF ADENOIDS	\$ -
42831	REMOVAL OF ADENOIDS	\$ -
42835	REMOVAL OF ADENOIDS	\$ -
42836	REMOVAL OF ADENOIDS	\$ -
42842	EXTENSIVE SURGERY OF THROAT	\$ -
42844	EXTENSIVE SURGERY OF THROAT	\$ -
42845	EXTENSIVE SURGERY OF THROAT	\$ -
42860	EXCISION OF TONSIL TAGS	\$ -
42870	EXCISION OF LINGUAL TONSIL	\$ -
42890	PARTIAL REMOVAL OF PHARYNX	\$ -
42892	REVISION OF PHARYNGEAL WALLS	\$ -
42894	REVISION OF PHARYNGEAL WALLS	\$ -
42900	REPAIR THROAT WOUND	\$ -
42950	RECONSTRUCTION OF THROAT	\$ -
42953	REPAIR THROAT- ESOPHAGUS	\$ -
42955	SURGICAL OPENING OF THROAT	\$ -
42960	CONTROL THROAT BLEEDING	\$ -
42961	CONTROL THROAT BLEEDING	\$ -
42962	CONTROL THROAT BLEEDING	\$ -
42970	CONTROL NOSE/THROAT BLEEDING	\$ -
42971	CONTROL NOSE/THROAT BLEEDING	\$ -
42972	CONTROL NOSE/THROAT BLEEDING	\$ -
42975	DISE EVAL SLP DO BRTH FLX DX	\$ -
42999	THROAT SURGERY PROCEDURE	\$ -
43020	INCISION OF ESOPHAGUS	\$ -
43030	THROAT MUSCLE SURGERY	\$ -
43045	INCISION OF ESOPHAGUS	\$ -
43100	EXCISION OF ESOPHAGUS LESION	\$ -
43101	EXCISION OF ESOPHAGUS LESION	\$ -
43107	REMOVAL OF ESOPHAGUS	\$ -
43108	REMOVAL OF ESOPHAGUS	\$ -
43112	REMOVAL OF ESOPHAGUS	\$ -
43113	REMOVAL OF ESOPHAGUS	\$ -
43116	PARTIAL REMOVAL OF ESOPHAGUS	\$ -
43117	PARTIAL REMOVAL OF ESOPHAGUS	\$ -
43118	PARTIAL REMOVAL OF ESOPHAGUS	\$ -
43121	PARTIAL REMOVAL OF ESOPHAGUS	\$ -
43122	PARTIAL REMOVAL OF ESOPHAGUS	\$ -
43123	PARTIAL REMOVAL OF ESOPHAGUS	\$ -
43124	REMOVAL OF ESOPHAGUS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
43130	REMOVAL OF ESOPHAGUS POUCH	\$ -
43135	REMOVAL OF ESOPHAGUS POUCH	\$ -
43180	ESOPHAGOSCOPY RIGID TRNSO	\$ -
43191	ESOPHAGOSCOPY RIGID TRNSO DX	\$ -
43192	ESOPHAGOSCP RIG TRNSO INJECT	\$ -
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	\$ -
43194	ESOPHAGOSCP RIG TRNSO REM FB	\$ -
43195	ESOPHAGOSCOPY RIGID BALLOON	\$ -
43196	ESOPHAGOSCP GUIDE WIRE DILAT	\$ -
43197	ESOPHAGOSCOPY FLEX DX BRUSH	\$ -
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	\$ -
43200	ESOPHAGUS ENDOSCOPY	\$ -
43201	ESOPH SCOPE W/SUBMUCOUS INJ	\$ -
43202	ESOPHAGUS ENDOSCOPY- BIOPSY	\$ -
43204	ESOPH SCOPE W/SCLEROSIS INJ	\$ -
43205	ESOPHAGUS ENDOSCOPY/LIGATION	\$ -
43206	ESOPH OPTICAL ENDOMICROSCOPY	\$ -
43210	EGD ESOPHAGOGASTRIC FNDOPSTY	\$ -
43211	ESOPHAGOSCP MUCOSAL RESECT	\$ -
43212	ESOPHAGOSCP STENT PLACEMENT	\$ -
43213	ESOPHAGOSCOPY RETRO BALLOON	\$ -
43214	ESOPHAGOSC DILATE BALLOON 30	\$ -
43215	ESOPHAGUS ENDOSCOPY	\$ -
43216	ESOPHAGUS ENDOSCOPY/LESION	\$ -
43217	ESOPHAGUS ENDOSCOPY	\$ -
43220	ESOPH ENDOSCOPY- DILATION	\$ -
43226	ESOPH ENDOSCOPY- DILATION	\$ -
43227	ESOPH ENDOSCOPY- REPAIR	\$ -
43229	ESOPHAGOSCOPY LESION ABLATE	\$ -
43231	ESOPH ENDOSCOPY W/US EXAM	\$ -
43232	ESOPH ENDOSCOPY W/US FN BX	\$ -
43233	EGD BALLOON DIL ESOPH30 MM/>	\$ -
43235	UPPER GI ENDOSCOPY- DIAGNOSIS	\$ -
43236	UPPER GI SCOPE W/SUBMUC INJ	\$ -
43237	ENDOSCOPIC US EXAM- ESOPH	\$ -
43238	UPPER GI ENDOSCOPY W/US FN BX	\$ -
43239	UPPER GI ENDOSCOPY- BIOPSY	\$ -
43240	ESOPH ENDOSCOPE W/DRAIN CYST	\$ -
43241	UPPER GI ENDOSCOPY WITH TUBE	\$ -
43242	UPPER GI ENDOSCOPY W/US FN BX	\$ -
43243	UPPER GI ENDOSCOPY & INJECT	\$ -
43244	UPPER GI ENDOSCOPY/LIGATION	\$ -
43245	UPPER GI SCOPE DILATE STRICTR	\$ -
43246	PLACE GASTROSTOMY TUBE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
43247	OPERATIVE UPPER GI ENDOSCOPY	\$ -
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	\$ -
43249	ESOPH ENDOSCOPY- DILATION	\$ -
43250	UPPER GI ENDOSCOPY/TUMOR	\$ -
43251	OPERATIVE UPPER GI ENDOSCOPY	\$ -
43252	UPPR GI OPTICL ENDOMICRSCOPY	\$ -
43253	EGD US TRANSMURAL INJXN/MARK	\$ -
43254	EGD ENDO MUCOSAL RESECTION	\$ -
43255	OPERATIVE UPPER GI ENDOSCOPY	\$ -
43257	UPPR GI SCOPE W/THRML TXMNT	\$ -
43259	ENDOSCOPIC ULTRASOUND EXAM	\$ -
43260	ENDO CHOLANGIOPANCREATOGRAPH	\$ -
43261	ENDO CHOLANGIOPANCREATOGRAPH	\$ -
43262	ENDO CHOLANGIOPANCREATOGRAPH	\$ -
43263	ENDO CHOLANGIOPANCREATOGRAPH	\$ -
43264	ENDO CHOLANGIOPANCREATOGRAPH	\$ -
43265	ENDO CHOLANGIOPANCREATOGRAPH	\$ -
43266	EGD ENDOSCOPIC STENT PLACE	\$ -
43270	EGD LESION ABLATION	\$ -
43273	ENDOSCOPIC PANCREATOSCOPY	\$ -
43274	ERCP DUCT STENT PLACEMENT	\$ -
43275	ERCP REMOVE FORGN BODY DUCT	\$ -
43276	ERCP STENT EXCHANGE W/DILATE	\$ -
43277	ERCP EA DUCT/AMPULLA DILATE	\$ -
43278	ERCP LESION ABLATE W/DILATE	\$ -
43279	LAP MYOTOMY- HELLER	\$ -
43280	LAPAROSCOPY- FUNDOPLASTY	\$ -
43281	LAP PARAESOPHAG HERN REPAIR	\$ -
43282	LAP PARAESOPH HER RPR W/MESH	\$ -
43283	LAP ESOPH LENGTHENING	\$ -
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	\$ -
43285	RMVL ESOPHGL SPHNCTR DEV	\$ -
43286	ESPHG TOT W/LAPS MOBLJ	\$ -
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	\$ -
43288	ESPHG THRSC MOBLJ	\$ -
43289	LAPAROSCOPE PROC- ESOPH	\$ -
43300	REPAIR OF ESOPHAGUS	\$ -
43305	REPAIR ESOPHAGUS AND FISTULA	\$ -
43310	REPAIR OF ESOPHAGUS	\$ -
43312	REPAIR ESOPHAGUS AND FISTULA	\$ -
43313	ESOPHAGOPLASTY CONGENITAL	\$ -
43314	TRACHEO-ESOPHAGOPLASTY CONG	\$ -
43320	FUSE ESOPHAGUS & STOMACH	\$ -
43325	REVISE ESOPHAGUS & STOMACH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
43327	ESOPH FUNDOPLASTY LAP	\$ -
43328	ESOPH FUNDOPLASTY THOR	\$ -
43330	REPAIR OF ESOPHAGUS	\$ -
43331	REPAIR OF ESOPHAGUS	\$ -
43332	TRANSAB ESOPH HIAT HERN RPR	\$ -
43333	TRANSAB ESOPH HIAT HERN RPR	\$ -
43334	TRANSTHOR DIAPHRAG HERN RPR	\$ -
43335	TRANSTHOR DIAPHRAG HERN RPR	\$ -
43336	THORABD DIAPHR HERN REPAIR	\$ -
43337	THORABD DIAPHR HERN REPAIR	\$ -
43338	ESOPH LENGTHENING	\$ -
43340	FUSE ESOPHAGUS & INTESTINE	\$ -
43341	FUSE ESOPHAGUS	\$ -
43351	SURGICAL OPENING- ESOPHAGUS	\$ -
43352	SURGICAL OPENING- ESOPHAGUS	\$ -
43360	GASTROINTESTINAL REPAIR	\$ -
43361	GASTROINTESTINAL REPAIR	\$ -
43400	LIGATE ESOPHAGUS VEINS	\$ -
43405	LIGATE/STAPLE ESOPHAGUS	\$ -
43410	REPAIR ESOPHAGUS WOUND	\$ -
43415	REPAIR ESOPHAGUS WOUND	\$ -
43420	REPAIR ESOPHAGUS OPENING	\$ -
43425	REPAIR ESOPHAGUS OPENING	\$ -
43450	DILATE ESOPHAGUS	\$ -
43453	DILATE ESOPHAGUS	\$ -
43460	PRESSURE TREATMENT ESOPHAGUS	\$ -
43496	FREE JEJUNUM FLAP- MICROVASC	\$ -
43497	TRANSORL LWR ESOPHGL MYOTOMY	\$ -
43499	ESOPHAGUS SURGERY PROCEDURE	\$ -
43500	SURGICAL OPENING OF STOMACH	\$ -
43501	SURGICAL REPAIR OF STOMACH	\$ -
43502	SURGICAL REPAIR OF STOMACH	\$ -
43510	SURGICAL OPENING OF STOMACH	\$ -
43520	INCISION OF PYLORIC MUSCLE	\$ -
43605	BIOPSY OF STOMACH	\$ -
43610	EXCISION OF STOMACH LESION	\$ -
43611	EXCISION OF STOMACH LESION	\$ -
43620	REMOVAL OF STOMACH	\$ -
43621	REMOVAL OF STOMACH	\$ -
43622	REMOVAL OF STOMACH	\$ -
43631	REMOVAL OF STOMACH- PARTIAL	\$ -
43632	REMOVAL OF STOMACH- PARTIAL	\$ -
43633	REMOVAL OF STOMACH- PARTIAL	\$ -
43634	REMOVAL OF STOMACH- PARTIAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
43635	REMOVAL OF STOMACH- PARTIAL	\$ -
43640	VAGOTOMY & PYLORUS REPAIR	\$ -
43641	VAGOTOMY & PYLORUS REPAIR	\$ -
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	\$ -
43645	LAP GASTR BYPASS INCL SMLL I	\$ -
43647	LAP IMPL ELECTRODE- ANTRUM	\$ -
43648	LAP REVISE/REMV ELTRD ANTRUM	\$ -
43651	LAPAROSCOPY- VAGUS NERVE	\$ -
43652	LAPAROSCOPY- VAGUS NERVE	\$ -
43653	LAPAROSCOPY- GASTROSTOMY	\$ -
43659	LAPAROSCOPE PROC- STOM	\$ -
43752	NASAL/OROGASTRIC W/STENT	\$ -
43753	TX GASTRO INTUB W/ASP	\$ -
43754	DX GASTR INTUB W/ASP SPEC	\$ -
43755	DX GASTR INTUB W/ASP SPECS	\$ -
43756	DX DUOD INTUB W/ASP SPEC	\$ -
43757	DX DUOD INTUB W/ASP SPECS	\$ -
43761	REPOSITION GASTROSTOMY TUBE	\$ -
43762	RPLC GTUBE NO REVJ TRC	\$ -
43763	RPLC GTUBE REVJ GSTRST TRC	\$ -
43770	LAP- PLACE GASTR ADJUST BAND	\$ -
43771	LAP- REVISE ADJUST GAST BAND	\$ -
43772	LAP- REMOVE ADJUST GAST BAND	\$ -
43773	LAP- CHANGE ADJUST GAST BAND	\$ -
43774	LAP REMOV ADJ GAST BAND/PORT	\$ -
43775	LAP SLEEVE GASTRECTOMY	\$ -
43800	RECONSTRUCTION OF PYLORUS	\$ -
43810	FUSION OF STOMACH AND BOWEL	\$ -
43820	FUSION OF STOMACH AND BOWEL	\$ -
43825	FUSION OF STOMACH AND BOWEL	\$ -
43830	PLACE GASTROSTOMY TUBE	\$ -
43831	PLACE GASTROSTOMY TUBE	\$ -
43832	PLACE GASTROSTOMY TUBE	\$ -
43840	REPAIR OF STOMACH LESION	\$ -
43842	GASTROPLASTY FOR OBESITY	\$ -
43843	GASTROPLASTY FOR OBESITY	\$ -
43845	GASTROPLASTY DUODENAL SWITCH	\$ -
43846	GASTRIC BYPASS FOR OBESITY	\$ -
43847	GASTRIC BYPASS FOR OBESITY	\$ -
43848	REVISION GASTROPLASTY	\$ -
43860	REVISE STOMACH-BOWEL FUSION	\$ -
43865	REVISE STOMACH-BOWEL FUSION	\$ -
43870	REPAIR STOMACH OPENING	\$ -
43880	REPAIR STOMACH-BOWEL FISTULA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
43881	IMPL/REDO ELECTRD- ANTRUM	\$ -
43882	REVISE/REMOVE ELECTRD ANTRUM	\$ -
43886	REVISE GASTRIC PORT- OPEN	\$ -
43887	REMOVE GASTRIC PORT- OPEN	\$ -
43888	CHANGE GASTRIC PORT- OPEN	\$ -
43999	STOMACH SURGERY PROCEDURE	\$ -
44005	FREEING OF BOWEL ADHESION	\$ -
44010	INCISION OF SMALL BOWEL	\$ -
44015	INSERT NEEDLE CATH BOWEL	\$ -
44020	EXPLORE SMALL INTESTINE	\$ -
44021	DECOMPRESS SMALL BOWEL	\$ -
44025	INCISION OF LARGE BOWEL	\$ -
44050	REDUCE BOWEL OBSTRUCTION	\$ -
44055	CORRECT MALROTATION OF BOWEL	\$ -
44100	BIOPSY OF BOWEL	\$ -
44110	EXCISE INTESTINE LESION(S)	\$ -
44111	EXCISION OF BOWEL LESION(S)	\$ -
44120	REMOVAL OF SMALL INTESTINE	\$ -
44121	REMOVAL OF SMALL INTESTINE	\$ -
44125	REMOVAL OF SMALL INTESTINE	\$ -
44126	ENTERECTOMY W/O TAPER- CONG	\$ -
44127	ENTERECTOMY W/TAPER- CONG	\$ -
44128	ENTERECTOMY CONG- ADD-ON	\$ -
44130	BOWEL TO BOWEL FUSION	\$ -
44132	ENTERECTOMY- CADAVER DONOR	\$ -
44133	ENTERECTOMY- LIVE DONOR	\$ -
44135	INTESTINE TRANSPLNT- CADAVER	\$ -
44136	INTESTINE TRANSPLANT- LIVE	\$ -
44137	REMOVE INTESTINAL ALLOGRAFT	\$ -
44139	MOBILIZATION OF COLON	\$ -
44140	PARTIAL REMOVAL OF COLON	\$ -
44141	PARTIAL REMOVAL OF COLON	\$ -
44143	PARTIAL REMOVAL OF COLON	\$ -
44144	PARTIAL REMOVAL OF COLON	\$ -
44145	PARTIAL REMOVAL OF COLON	\$ -
44146	PARTIAL REMOVAL OF COLON	\$ -
44147	PARTIAL REMOVAL OF COLON	\$ -
44150	REMOVAL OF COLON	\$ -
44151	REMOVAL OF COLON/ILEOSTOMY	\$ -
44155	REMOVAL OF COLON/ILEOSTOMY	\$ -
44156	REMOVAL OF COLON/ILEOSTOMY	\$ -
44157	COLECTOMY W/ILEOANAL ANAST	\$ -
44158	COLECTOMY W/NEO-RECTUM POUCH	\$ -
44160	REMOVAL OF COLON	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
44180	LAP- ENTEROLYSIS	\$ -
44186	LAP- JEJUNOSTOMY	\$ -
44187	LAP- ILEO/JEJUNO-STOMY	\$ -
44188	LAP- COLOSTOMY	\$ -
44202	LAP RESECT S/INTESTINE SINGL	\$ -
44203	LAP RESECT S/INTESTINE- ADDL	\$ -
44204	LAPARO PARTIAL COLECTOMY	\$ -
44205	LAP COLECTOMY PART W/ILEUM	\$ -
44206	LAP PART COLECTOMY W/STOMA	\$ -
44207	L COLECTOMY/COLOPROCTOSTOMY	\$ -
44208	L COLECTOMY/COLOPROCTOSTOMY	\$ -
44210	LAPARO TOTAL PROCTOCOLECTOMY	\$ -
44211	LAPARO TOTAL PROCTOCOLECTOMY	\$ -
44212	LAPARO TOTAL PROCTOCOLECTOMY	\$ -
44213	LAP- MOBIL SPLENIC FL ADD-ON	\$ -
44227	LAP- CLOSE ENTEROSTOMY	\$ -
44238	LAPAROSCOPE PROC- INTESTINE	\$ -
44300	OPEN BOWEL TO SKIN	\$ -
44310	ILEOSTOMY/JEJUNOSTOMY	\$ -
44312	REVISION OF ILEOSTOMY	\$ -
44314	REVISION OF ILEOSTOMY	\$ -
44316	DEVISE BOWEL POUCH	\$ -
44320	COLOSTOMY	\$ -
44322	COLOSTOMY WITH BIOPSIES	\$ -
44340	REVISION OF COLOSTOMY	\$ -
44345	REVISION OF COLOSTOMY	\$ -
44346	REVISION OF COLOSTOMY	\$ -
44360	SMALL BOWEL ENDOSCOPY	\$ -
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	\$ -
44363	SMALL BOWEL ENDOSCOPY	\$ -
44364	SMALL BOWEL ENDOSCOPY	\$ -
44365	SMALL BOWEL ENDOSCOPY	\$ -
44366	SMALL BOWEL ENDOSCOPY	\$ -
44369	SMALL BOWEL ENDOSCOPY	\$ -
44370	SMALL BOWEL ENDOSCOPY/STENT	\$ -
44372	SMALL BOWEL ENDOSCOPY	\$ -
44373	SMALL BOWEL ENDOSCOPY	\$ -
44376	SMALL BOWEL ENDOSCOPY	\$ -
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	\$ -
44378	SMALL BOWEL ENDOSCOPY	\$ -
44379	S BOWEL ENDOSCOPE W/STENT	\$ -
44380	SMALL BOWEL ENDOSCOPY	\$ -
44381	SMALL BOWEL ENDOSCOPY BR/WA	\$ -
44382	SMALL BOWEL ENDOSCOPY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
44384	SMALL BOWEL ENDOSCOPY	\$ -
44385	ENDOSCOPY OF BOWEL POUCH	\$ -
44386	ENDOSCOPY- BOWEL POUCH/BIOP	\$ -
44388	COLON ENDOSCOPY	\$ -
44389	COLONOSCOPY WITH BIOPSY	\$ -
44390	COLONOSCOPY FOR FOREIGN BODY	\$ -
44391	COLONOSCOPY FOR BLEEDING	\$ -
44392	COLONOSCOPY & POLYPECTOMY	\$ -
44394	COLONOSCOPY W/SNARE	\$ -
44401	COLONOSCOPY WITH ABLATION	\$ -
44402	COLONOSCOPY W/STENT PLCMT	\$ -
44403	COLONOSCOPY W/RESECTION	\$ -
44404	COLONOSCOPY W/INJECTION	\$ -
44405	COLONOSCOPY W/DILATION	\$ -
44406	COLONOSCOPY W/ULTRASOUND	\$ -
44407	COLONOSCOPY W/NDL ASPIR/BX	\$ -
44408	COLONOSCOPY W/DECOMPRESSION	\$ -
44500	INTRO- GASTROINTESTINAL TUBE	\$ -
44602	SUTURE- SMALL INTESTINE	\$ -
44603	SUTURE- SMALL INTESTINE	\$ -
44604	SUTURE- LARGE INTESTINE	\$ -
44605	REPAIR OF BOWEL LESION	\$ -
44615	INTESTINAL STRICTUROPLASTY	\$ -
44620	REPAIR BOWEL OPENING	\$ -
44625	REPAIR BOWEL OPENING	\$ -
44626	REPAIR BOWEL OPENING	\$ -
44640	REPAIR BOWEL-SKIN FISTULA	\$ -
44650	REPAIR BOWEL FISTULA	\$ -
44660	REPAIR BOWEL-BLADDER FISTULA	\$ -
44661	REPAIR BOWEL-BLADDER FISTULA	\$ -
44680	SURGICAL REVISION- INTESTINE	\$ -
44700	SUSPEND BOWEL W/PROSTHESIS	\$ -
44701	INTRAOP COLON LAVAGE ADD-ON	\$ -
44705	PREPARE FECAL MICROBIOTA	\$ -
44715	PREPARE DONOR INTESTINE	\$ -
44720	PREP DONOR INTESTINE/VENOUS	\$ -
44721	PREP DONOR INTESTINE/ARTERY	\$ -
44799	UNLISTED PROCEDURE INTESTINE	\$ -
44800	EXCISION OF BOWEL POUCH	\$ -
44820	EXCISION OF MESENTERY LESION	\$ -
44850	REPAIR OF MESENTERY	\$ -
44899	BOWEL SURGERY PROCEDURE	\$ -
44900	DRAIN APP ABSCESS- OPEN	\$ -
44950	APPENDECTOMY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
44955	APPENDECTOMY ADD-ON	\$ -
44960	APPENDECTOMY	\$ -
44970	LAPAROSCOPY- APPENDECTOMY	\$ -
44979	LAPAROSCOPE PROC- APP	\$ -
45000	DRAINAGE OF PELVIC ABSCESS	\$ -
45005	DRAINAGE OF RECTAL ABSCESS	\$ -
45020	DRAINAGE OF RECTAL ABSCESS	\$ -
45100	BIOPSY OF RECTUM	\$ -
45108	REMOVAL OF ANORECTAL LESION	\$ -
45110	REMOVAL OF RECTUM	\$ -
45111	PARTIAL REMOVAL OF RECTUM	\$ -
45112	REMOVAL OF RECTUM	\$ -
45113	PARTIAL PROCTECTOMY	\$ -
45114	PARTIAL REMOVAL OF RECTUM	\$ -
45116	PARTIAL REMOVAL OF RECTUM	\$ -
45119	REMOVE RECTUM W/RESERVOIR	\$ -
45120	REMOVAL OF RECTUM	\$ -
45121	REMOVAL OF RECTUM AND COLON	\$ -
45123	PARTIAL PROCTECTOMY	\$ -
45126	PELVIC EXENTERATION	\$ -
45130	EXCISION OF RECTAL PROLAPSE	\$ -
45135	EXCISION OF RECTAL PROLAPSE	\$ -
45136	EXCISE ILEOANAL RESERVIOR	\$ -
45150	EXCISION OF RECTAL STRICTURE	\$ -
45160	EXCISION OF RECTAL LESION	\$ -
45171	EXC RECT TUM TRANSANAL PART	\$ -
45172	EXC RECT TUM TRANSANAL FULL	\$ -
45190	DESTRUCTION- RECTAL TUMOR	\$ -
45300	PROCTOSIGMOIDOSCOPY DX	\$ -
45303	PROCTOSIGMOIDOSCOPY DILATE	\$ -
45305	PROCTOSIGMOIDOSCOPY W/BX	\$ -
45307	PROCTOSIGMOIDOSCOPY FB	\$ -
45308	PROCTOSIGMOIDOSCOPY REMOVAL	\$ -
45309	PROCTOSIGMOIDOSCOPY REMOVAL	\$ -
45315	PROCTOSIGMOIDOSCOPY REMOVAL	\$ -
45317	PROCTOSIGMOIDOSCOPY BLEED	\$ -
45320	PROCTOSIGMOIDOSCOPY ABLATE	\$ -
45321	PROCTOSIGMOIDOSCOPY VOLVUL	\$ -
45327	PROCTOSIGMOIDOSCOPY W/STENT	\$ -
45330	DIAGNOSTIC SIGMOIDOSCOPY	\$ -
45331	SIGMOIDOSCOPY AND BIOPSY	\$ -
45332	SIGMOIDOSCOPY W/FB REMOVAL	\$ -
45333	SIGMOIDOSCOPY & POLYPECTOMY	\$ -
45334	SIGMOIDOSCOPY FOR BLEEDING	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
45335	SIGMOIDOSCOPE W/SUBMUC INJ	\$ -
45337	SIGMOIDOSCOPY & DECOMPRESS	\$ -
45338	SIGMOIDOSCPY W/TUMR REMOVE	\$ -
45340	SIG W/BALLOON DILATION	\$ -
45341	SIGMOIDOSCOPY W/ULTRASOUND	\$ -
45342	SIGMOIDOSCOPY W/US GUIDE BX	\$ -
45346	SIGMOIDOSCOPY W/ABLATION	\$ -
45347	SIGMOIDOSCOPY W/PLCMT STENT	\$ -
45349	SIGMOIDOSCOPY W/RESECTION	\$ -
45350	SGMDSC W/BAND LIGATION	\$ -
45378	DIAGNOSTIC COLONOSCOPY	\$ -
45379	COLONOSCOPY W/FB REMOVAL	\$ -
45380	COLONOSCOPY AND BIOPSY	\$ -
45381	COLONOSCOPE- SUBMUCOUS INJ	\$ -
45382	COLONOSCOPY/CONTROL BLEEDING	\$ -
45384	LESION REMOVE COLONOSCOPY	\$ -
45385	LESION REMOVAL COLONOSCOPY	\$ -
45386	COLONOSCOPE DILATE STRICTURE	\$ -
45388	COLONOSCOPY W/ABLATION	\$ -
45389	COLONOSCOPY W/STENT PLCMT	\$ -
45390	COLONOSCOPY W/RESECTION	\$ -
45391	COLONOSCOPY W/ENDOSCOPE US	\$ -
45392	COLONOSCOPY W/ENDOSCOPIC FNB	\$ -
45393	COLONOSCOPY W/DECOMPRESSION	\$ -
45395	LAP- REMOVAL OF RECTUM	\$ -
45397	LAP- REMOVE RECTUM W/POUCH	\$ -
45398	COLONOSCOPY W/BAND LIGATION	\$ -
45399	UNLISTED PROCEDURE COLON	\$ -
45400	LAPAROSCOPIC PROC	\$ -
45402	LAP PROCTOPEXY W/SIG RESECT	\$ -
45499	LAPAROSCOPE PROC- RECTUM	\$ -
45500	REPAIR OF RECTUM	\$ -
45505	REPAIR OF RECTUM	\$ -
45520	TREATMENT OF RECTAL PROLAPSE	\$ -
45540	CORRECT RECTAL PROLAPSE	\$ -
45541	CORRECT RECTAL PROLAPSE	\$ -
45550	REPAIR RECTUM/REMOVE SIGMOID	\$ -
45560	REPAIR OF RECTOCELE	\$ -
45562	EXPLORATION/REPAIR OF RECTUM	\$ -
45563	EXPLORATION/REPAIR OF RECTUM	\$ -
45800	REPAIR RECT/BLADDER FISTULA	\$ -
45805	REPAIR FISTULA W/COLOSTOMY	\$ -
45820	REPAIR RECTOURETHRAL FISTULA	\$ -
45825	REPAIR FISTULA W/COLOSTOMY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
45900	REDUCTION OF RECTAL PROLAPSE	\$ -
45905	DILATION OF ANAL SPHINCTER	\$ -
45910	DILATION OF RECTAL NARROWING	\$ -
45915	REMOVE RECTAL OBSTRUCTION	\$ -
45990	SURG DX EXAM- ANORECTAL	\$ -
45999	RECTUM SURGERY PROCEDURE	\$ -
46020	PLACEMENT OF SETON	\$ -
46030	REMOVAL OF RECTAL MARKER	\$ -
46040	INCISION OF RECTAL ABSCESS	\$ -
46045	INCISION OF RECTAL ABSCESS	\$ -
46050	INCISION OF ANAL ABSCESS	\$ -
46060	INCISION OF RECTAL ABSCESS	\$ -
46070	INCISION OF ANAL SEPTUM	\$ -
46080	INCISION OF ANAL SPHINCTER	\$ -
46083	INCISE EXTERNAL HEMORRHOID	\$ -
46200	REMOVAL OF ANAL FISSURE	\$ -
46220	REMOVAL OF ANAL TAG	\$ -
46221	LIGATION OF HEMORRHOID(S)	\$ -
46230	REMOVAL OF ANAL TAGS	\$ -
46250	HEMORRHOIDECTOMY	\$ -
46255	HEMORRHOIDECTOMY	\$ -
46257	REMOVE HEMORRHOIDS & FISSURE	\$ -
46258	REMOVE HEMORRHOIDS & FISTULA	\$ -
46260	HEMORRHOIDECTOMY	\$ -
46261	REMOVE HEMORRHOIDS & FISSURE	\$ -
46262	REMOVE HEMORRHOIDS & FISTULA	\$ -
46270	REMOVAL OF ANAL FISTULA	\$ -
46275	REMOVAL OF ANAL FISTULA	\$ -
46280	REMOVAL OF ANAL FISTULA	\$ -
46285	REMOVAL OF ANAL FISTULA	\$ -
46288	REPAIR ANAL FISTULA	\$ -
46320	REMOVAL OF HEMORRHOID CLOT	\$ -
46500	INJECTION INTO HEMORRHOID(S)	\$ -
46505	CHEMODENERVATION ANAL MUSC	\$ -
46600	DIAGNOSTIC ANOSCOPY	\$ -
46601	DIAGNOSTIC ANOSCOPY	\$ -
46604	ANOSCOPY AND DILATION	\$ -
46606	ANOSCOPY AND BIOPSY	\$ -
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	\$ -
46608	ANOSCOPY- REMOVE FOR BODY	\$ -
46610	ANOSCOPY- REMOVE LESION	\$ -
46611	ANOSCOPY	\$ -
46612	ANOSCOPY- REMOVE LESIONS	\$ -
46614	ANOSCOPY- CONTROL BLEEDING	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
46615	ANOSCOPY	\$ -
46700	REPAIR OF ANAL STRICTURE	\$ -
46705	REPAIR OF ANAL STRICTURE	\$ -
46706	REPR OF ANAL FISTULA W/GLUE	\$ -
46707	REPAIR ANORECTAL FIST W/PLUG	\$ -
46710	REPR PER/VAG POUCH SNGL PROC	\$ -
46712	REPR PER/VAG POUCH DBL PROC	\$ -
46715	REPAIR OF ANOVAGINAL FISTULA	\$ -
46716	REPAIR OF ANOVAGINAL FISTULA	\$ -
46730	CONSTRUCTION OF ABSENT ANUS	\$ -
46735	CONSTRUCTION OF ABSENT ANUS	\$ -
46740	CONSTRUCTION OF ABSENT ANUS	\$ -
46742	REPAIR OF IMPERFORATED ANUS	\$ -
46744	REPAIR OF CLOACAL ANOMALY	\$ -
46746	REPAIR OF CLOACAL ANOMALY	\$ -
46748	REPAIR OF CLOACAL ANOMALY	\$ -
46750	REPAIR OF ANAL SPHINCTER	\$ -
46751	REPAIR OF ANAL SPHINCTER	\$ -
46753	RECONSTRUCTION OF ANUS	\$ -
46754	REMOVAL OF SUTURE FROM ANUS	\$ -
46760	REPAIR OF ANAL SPHINCTER	\$ -
46761	REPAIR OF ANAL SPHINCTER	\$ -
46900	DESTRUCTION- ANAL LESION(S)	\$ -
46910	DESTRUCTION- ANAL LESION(S)	\$ -
46916	CRYOSURGERY- ANAL LESION(S)	\$ -
46917	LASER SURGERY- ANAL LESIONS	\$ -
46922	EXCISION OF ANAL LESION(S)	\$ -
46924	DESTRUCTION- ANAL LESION(S)	\$ -
46930	DESTROY INTERNAL HEMORRHOIDS	\$ -
46940	TREATMENT OF ANAL FISSURE	\$ -
46942	TREATMENT OF ANAL FISSURE	\$ -
46945	LIGATION OF HEMORRHOIDS	\$ -
46946	LIGATION OF HEMORRHOIDS	\$ -
46947	HEMORRHOIDOPEXY BY STAPLING	\$ -
46948	INT HRHC TRANAL DARTLZJ 2+	\$ -
46999	ANUS SURGERY PROCEDURE	\$ -
47000	NEEDLE BIOPSY OF LIVER	\$ -
47001	NEEDLE BIOPSY- LIVER ADD-ON	\$ -
47010	OPEN DRAINAGE- LIVER LESION	\$ -
47015	INJECT/ASPIRATE LIVER CYST	\$ -
47100	WEDGE BIOPSY OF LIVER	\$ -
47120	PARTIAL REMOVAL OF LIVER	\$ -
47122	EXTENSIVE REMOVAL OF LIVER	\$ -
47125	PARTIAL REMOVAL OF LIVER	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
47130	PARTIAL REMOVAL OF LIVER	\$ -
47133	REMOVAL OF DONOR LIVER	\$ -
47135	TRANSPLANTATION OF LIVER	\$ -
47140	PARTIAL REMOVAL- DONOR LIVER	\$ -
47141	PARTIAL REMOVAL- DONOR LIVER	\$ -
47142	PARTIAL REMOVAL- DONOR LIVER	\$ -
47143	PREP DONOR LIVER- WHOLE	\$ -
47144	PREP DONOR LIVER- 3-SEGMENT	\$ -
47145	PREP DONOR LIVER- LOBE SPLIT	\$ -
47146	PREP DONOR LIVER/VENOUS	\$ -
47147	PREP DONOR LIVER/ARTERIAL	\$ -
47300	SURGERY FOR LIVER LESION	\$ -
47350	REPAIR LIVER WOUND	\$ -
47360	REPAIR LIVER WOUND	\$ -
47361	REPAIR LIVER WOUND	\$ -
47362	REPAIR LIVER WOUND	\$ -
47370	LAPARO ABLATE LIVER TUMOR RF	\$ -
47371	LAPARO ABLATE LIVER CRYOSURG	\$ -
47379	LAPAROSCOPE PROCEDURE- LIVER	\$ -
47380	OPEN ABLATE LIVER TUMOR RF	\$ -
47381	OPEN ABLATE LIVER TUMOR CRYO	\$ -
47382	PERCUT ABLATE LIVER RF	\$ -
47383	PERQ ABLTJ LVR CRYOABLATION	\$ -
47399	LIVER SURGERY PROCEDURE	\$ -
47400	INCISION OF LIVER DUCT	\$ -
47420	INCISION OF BILE DUCT	\$ -
47425	INCISION OF BILE DUCT	\$ -
47460	INCISE BILE DUCT SPHINCTER	\$ -
47480	INCISION OF GALLBLADDER	\$ -
47490	INCISION OF GALLBLADDER	\$ -
47531	INJECTION FOR CHOLANGIOGRAM	\$ -
47532	INJECTION FOR CHOLANGIOGRAM	\$ -
47533	PLMT BILIARY DRAINAGE CATH	\$ -
47534	PLMT BILIARY DRAINAGE CATH	\$ -
47535	CONVERSION EXT BIL DRG CATH	\$ -
47536	EXCHANGE BILIARY DRG CATH	\$ -
47537	REMOVAL BILIARY DRG CATH	\$ -
47538	PERQ PLMT BILE DUCT STENT	\$ -
47539	PERQ PLMT BILE DUCT STENT	\$ -
47540	PERQ PLMT BILE DUCT STENT	\$ -
47541	PLMT ACCESS BIL TREE SM BWL	\$ -
47542	DILATE BILIARY DUCT/AMPULLA	\$ -
47543	ENDOLUMINAL BX BILIARY TREE	\$ -
47544	REMOVAL DUCT GLBLDR CALCULI	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
47550	BILE DUCT ENDOSCOPY ADD-ON	\$ -
47552	BILIARY ENDOSCOPY THRU SKIN	\$ -
47553	BILIARY ENDOSCOPY THRU SKIN	\$ -
47554	BILIARY ENDOSCOPY THRU SKIN	\$ -
47555	BILIARY ENDOSCOPY THRU SKIN	\$ -
47556	BILIARY ENDOSCOPY THRU SKIN	\$ -
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$ -
47563	LAPARO CHOLECYSTECTOMY/GRAPH	\$ -
47564	LAPARO CHOLECYSTECTOMY/EXPLR	\$ -
47570	LAPARO CHOLECYSTOENTEROSTOMY	\$ -
47579	LAPAROSCOPE PROC- BILIARY	\$ -
47600	REMOVAL OF GALLBLADDER	\$ -
47605	REMOVAL OF GALLBLADDER	\$ -
47610	REMOVAL OF GALLBLADDER	\$ -
47612	REMOVAL OF GALLBLADDER	\$ -
47620	REMOVAL OF GALLBLADDER	\$ -
47700	EXPLORATION OF BILE DUCTS	\$ -
47701	BILE DUCT REVISION	\$ -
47711	EXCISION OF BILE DUCT TUMOR	\$ -
47712	EXCISION OF BILE DUCT TUMOR	\$ -
47715	EXCISION OF BILE DUCT CYST	\$ -
47720	FUSE GALLBLADDER & BOWEL	\$ -
47721	FUSE UPPER GI STRUCTURES	\$ -
47740	FUSE GALLBLADDER & BOWEL	\$ -
47741	FUSE GALLBLADDER & BOWEL	\$ -
47760	FUSE BILE DUCTS AND BOWEL	\$ -
47765	FUSE LIVER DUCTS & BOWEL	\$ -
47780	FUSE BILE DUCTS AND BOWEL	\$ -
47785	FUSE BILE DUCTS AND BOWEL	\$ -
47800	RECONSTRUCTION OF BILE DUCTS	\$ -
47801	PLACEMENT- BILE DUCT SUPPORT	\$ -
47802	FUSE LIVER DUCT & INTESTINE	\$ -
47900	SUTURE BILE DUCT INJURY	\$ -
47999	BILE TRACT SURGERY PROCEDURE	\$ -
48000	DRAINAGE OF ABDOMEN	\$ -
48001	PLACEMENT OF DRAIN- PANCREAS	\$ -
48020	REMOVAL OF PANCREATIC STONE	\$ -
48100	BIOPSY OF PANCREAS- OPEN	\$ -
48102	NEEDLE BIOPSY- PANCREAS	\$ -
48105	RESECT/DEBRIDE PANCREAS	\$ -
48120	REMOVAL OF PANCREAS LESION	\$ -
48140	PARTIAL REMOVAL OF PANCREAS	\$ -
48145	PARTIAL REMOVAL OF PANCREAS	\$ -
48146	PANCREATECTOMY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
48148	REMOVAL OF PANCREATIC DUCT	\$ -
48150	PARTIAL REMOVAL OF PANCREAS	\$ -
48152	PANCREATECTOMY	\$ -
48153	PANCREATECTOMY	\$ -
48154	PANCREATECTOMY	\$ -
48155	REMOVAL OF PANCREAS	\$ -
48160	PANCREAS REMOVAL/TRANSPLANT	\$ -
48400	INJECTION- INTRAOP ADD-ON	\$ -
48500	SURGERY OF PANCREATIC CYST	\$ -
48510	DRAIN PANCREATIC PSEUDOCYST	\$ -
48520	FUSE PANCREAS CYST AND BOWEL	\$ -
48540	FUSE PANCREAS CYST AND BOWEL	\$ -
48545	PANCREATORRHAPHY	\$ -
48547	DUODENAL EXCLUSION	\$ -
48548	FUSE PANCREAS AND BOWEL	\$ -
48550	DONOR PANCREATECTOMY	\$ -
48551	PREP DONOR PANCREAS	\$ -
48552	PREP DONOR PANCREAS/VENOUS	\$ -
48554	TRANSPL ALLOGRAFT PANCREAS	\$ -
48556	REMOVAL- ALLOGRAFT PANCREAS	\$ -
48999	PANCREAS SURGERY PROCEDURE	\$ -
49000	EXPLORATION OF ABDOMEN	\$ -
49002	REOPENING OF ABDOMEN	\$ -
49010	EXPLORATION BEHIND ABDOMEN	\$ -
49013	PRPERTL PEL PACK HEMRRG TRMA	\$ -
49014	REEXPLORATION PELVIC WOUND	\$ -
49020	DRAIN ABDOMINAL ABSCESS	\$ -
49040	DRAIN- OPEN- ABDOM ABSCESS	\$ -
49060	DRAIN- OPEN- RETROP ABSCESS	\$ -
49062	DRAIN TO PERITONEAL CAVITY	\$ -
49082	ABD PARACENTESIS	\$ -
49083	ABD PARACENTESIS W/IMAGING	\$ -
49084	PERITONEAL LAVAGE	\$ -
49180	BIOPSY- ABDOMINAL MASS	\$ -
49185	SCLEROTX FLUID COLLECTION	\$ -
49203	EXC ABD TUM 5 CM OR LESS	\$ -
49204	EXC ABD TUM OVER 5 CM	\$ -
49205	EXC ABD TUM OVER 10 CM	\$ -
49215	EXCISE SACRAL SPINE TUMOR	\$ -
49250	EXCISION OF UMBILICUS	\$ -
49255	REMOVAL OF OMENTUM	\$ -
49320	DIAG LAPARO SEPARATE PROC	\$ -
49321	LAPAROSCOPY- BIOPSY	\$ -
49322	LAPAROSCOPY- ASPIRATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
49323	LAPARO DRAIN LYMPHOCELE	\$ -
49324	LAP INSERTION PERM IP CATH	\$ -
49325	LAP REVISION PERM IP CATH	\$ -
49326	LAP W/OMENTOPEXY ADD-ON	\$ -
49327	LAP INS DEVICE FOR RT	\$ -
49329	LAPARO PROC- ABDM/PER/OMENT	\$ -
49400	AIR INJECTION INTO ABDOMEN	\$ -
49402	REMOVE FOREIGN BODY- ADBOMEN	\$ -
49405	IMAGE CATH FLUID COLXN VISC	\$ -
49406	IMAGE CATH FLUID PERI/RETRO	\$ -
49407	IMAGE CATH FLUID TRNS/VGNL	\$ -
49411	INS MARK ABD/PEL FOR RT PERQ	\$ -
49412	INS DEVICE FOR RT GUIDE OPEN	\$ -
49418	INSERT TUN IP CATH PERC	\$ -
49419	INSRT ABDOM CATH FOR CHEMOTX	\$ -
49421	INSERT ABDOM DRAIN- PERM	\$ -
49422	REMOVE PERM CANNULA/CATHETER	\$ -
49423	EXCHANGE DRAINAGE CATHETER	\$ -
49424	ASSESS CYST- CONTRAST INJECT	\$ -
49425	INSERT ABDOMEN-VENOUS DRAIN	\$ -
49426	REVISE ABDOMEN-VENOUS SHUNT	\$ -
49427	INJECTION- ABDOMINAL SHUNT	\$ -
49428	LIGATION OF SHUNT	\$ -
49429	REMOVAL OF SHUNT	\$ -
49435	INSERT SUBQ EXTEN TO IP CATH	\$ -
49436	EMBEDDED IP CATH EXIT-SITE	\$ -
49440	PLACE GASTROSTOMY TUBE PERC	\$ -
49441	PLACE DUOD/JEJ TUBE PERC	\$ -
49442	PLACE CECOSTOMY TUBE PERC	\$ -
49446	CHANGE G-TUBE TO G-J PERC	\$ -
49450	REPLACE G/C TUBE PERC	\$ -
49451	REPLACE DUOD/JEJ TUBE PERC	\$ -
49452	REPLACE G-J TUBE PERC	\$ -
49460	FIX G/COLON TUBE W/DEVICE	\$ -
49465	FLUORO EXAM OF G/COLON TUBE	\$ -
49491	RPR HERN PREEMIE REDUC	\$ -
49492	RPR ING HERN PREMIE- BLOCKED	\$ -
49495	RPR ING HERNIA BABY- REDUC	\$ -
49496	RPR ING HERNIA BABY- BLOCKED	\$ -
49500	RPR ING HERNIA- INIT- REDUCE	\$ -
49501	RPR ING HERNIA- INIT BLOCKED	\$ -
49505	PRP I/HERN INIT REDUC>5 YR	\$ -
49507	PRP I/HERN INIT BLOCK>5 YR	\$ -
49520	REREPAIR ING HERNIA- REDUCE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
49521	REREPAIR ING HERNIA- BLOCKED	\$ -
49525	REPAIR ING HERNIA- SLIDING	\$ -
49540	REPAIR LUMBAR HERNIA	\$ -
49550	RPR REM HERNIA- INIT- REDUCE	\$ -
49553	RPR FEM HERNIA- INIT BLOCKED	\$ -
49555	REREPAIR FEM HERNIA- REDUCE	\$ -
49557	REREPAIR FEM HERNIA- BLOCKED	\$ -
49560	RPR VENTRAL HERN INIT- REDUC	\$ -
49561	RPR VENTRAL HERN INIT- BLOCK	\$ -
49565	REREPAIR VENTRL HERN- REDUCE	\$ -
49566	REREPAIR VENTRL HERN- BLOCK	\$ -
49568	HERNIA REPAIR W/MESH	\$ -
49570	RPR EPIGASTRIC HERN- REDUCE	\$ -
49572	RPR EPIGASTRIC HERN- BLOCKED	\$ -
49580	RPR UMBIL HERN- REDUC < 5 YR	\$ -
49582	RPR UMBIL HERN- BLOCK < 5 YR	\$ -
49585	RPR UMBIL HERN- REDUC > 5 YR	\$ -
49587	RPR UMBIL HERN- BLOCK > 5 YR	\$ -
49590	REPAIR SPIGILIAN HERNIA	\$ -
49600	REPAIR UMBILICAL LESION	\$ -
49605	REPAIR UMBILICAL LESION	\$ -
49606	REPAIR UMBILICAL LESION	\$ -
49610	REPAIR UMBILICAL LESION	\$ -
49611	REPAIR UMBILICAL LESION	\$ -
49650	LAPARO HERNIA REPAIR INITIAL	\$ -
49651	LAPARO HERNIA REPAIR RECUR	\$ -
49652	LAP VENT/ABD HERNIA REPAIR	\$ -
49653	LAP VENT/ABD HERN PROC COMP	\$ -
49654	LAP INC HERNIA REPAIR	\$ -
49655	LAP INC HERN REPAIR COMP	\$ -
49656	LAP INC HERNIA REPAIR RECUR	\$ -
49657	LAP INC HERN RECUR COMP	\$ -
49659	LAPARO PROC- HERNIA REPAIR	\$ -
49900	REPAIR OF ABDOMINAL WALL	\$ -
49904	OMENTAL FLAP- EXTRA-ABDOM	\$ -
49905	OMENTAL FLAP- INTRA-ABDOM	\$ -
49906	FREE OMENTAL FLAP- MICROVASC	\$ -
49999	ABDOMEN SURGERY PROCEDURE	\$ -
50010	EXPLORATION OF KIDNEY	\$ -
50020	RENAL ABSCESS- OPEN DRAIN	\$ -
50040	DRAINAGE OF KIDNEY	\$ -
50045	EXPLORATION OF KIDNEY	\$ -
50060	REMOVAL OF KIDNEY STONE	\$ -
50065	INCISION OF KIDNEY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
50070	INCISION OF KIDNEY	\$ -
50075	REMOVAL OF KIDNEY STONE	\$ -
50080	REMOVAL OF KIDNEY STONE	\$ -
50081	REMOVAL OF KIDNEY STONE	\$ -
50100	REVISE KIDNEY BLOOD VESSELS	\$ -
50120	EXPLORATION OF KIDNEY	\$ -
50125	EXPLORE AND DRAIN KIDNEY	\$ -
50130	REMOVAL OF KIDNEY STONE	\$ -
50135	EXPLORATION OF KIDNEY	\$ -
50200	BIOPSY OF KIDNEY	\$ -
50205	BIOPSY OF KIDNEY	\$ -
50220	REMOVE KIDNEY- OPEN	\$ -
50225	REMOVAL KIDNEY OPEN- COMPLEX	\$ -
50230	REMOVAL KIDNEY OPEN- RADICAL	\$ -
50234	REMOVAL OF KIDNEY & URETER	\$ -
50236	REMOVAL OF KIDNEY & URETER	\$ -
50240	PARTIAL REMOVAL OF KIDNEY	\$ -
50250	CRYOABLATE RENAL MASS OPEN	\$ -
50280	REMOVAL OF KIDNEY LESION	\$ -
50290	REMOVAL OF KIDNEY LESION	\$ -
50300	REMOVAL OF DONOR KIDNEY	\$ -
50320	REMOVAL OF DONOR KIDNEY	\$ -
50323	PREP CADAVER RENAL ALLOGRAFT	\$ -
50325	PREP DONOR RENAL GRAFT	\$ -
50327	PREP RENAL GRAFT/VENOUS	\$ -
50328	PREP RENAL GRAFT/ARTERIAL	\$ -
50329	PREP RENAL GRAFT/URETERAL	\$ -
50340	REMOVAL OF KIDNEY	\$ -
50360	TRANSPLANTATION OF KIDNEY	\$ -
50365	TRANSPLANTATION OF KIDNEY	\$ -
50370	REMOVE TRANSPLANTED KIDNEY	\$ -
50380	REIMPLANTATION OF KIDNEY	\$ -
50382	CHANGE URETER STENT- PERCUT	\$ -
50384	REMOVE URETER STENT- PERCUT	\$ -
50385	CHANGE STENT VIA TRANSURETH	\$ -
50386	REMOVE STENT VIA TRANSURETH	\$ -
50387	CHANGE EXT/INT URETER STENT	\$ -
50389	REMOVE RENAL TUBE W/FLUORO	\$ -
50390	DRAINAGE OF KIDNEY LESION	\$ -
50391	INSTLL RX AGNT INTO RNAL TUB	\$ -
50396	MEASURE KIDNEY PRESSURE	\$ -
50400	REVISION OF KIDNEY/URETER	\$ -
50405	REVISION OF KIDNEY/URETER	\$ -
50430	NJX PX NFROSGRM &/URTRGRM	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
50431	NJX PX NFROSGRM &/URTRGRM	\$ -
50432	PLMT NEPHROSTOMY CATHETER	\$ -
50433	PLMT NEPHROURETERAL CATHETER	\$ -
50434	CONVERT NEPHROSTOMY CATHETER	\$ -
50435	EXCHANGE NEPHROSTOMY CATH	\$ -
50436	DILAT XST TRC NDURLGC PX	\$ -
50437	DILAT XST TRC NEW ACCESS RCS	\$ -
50500	REPAIR OF KIDNEY WOUND	\$ -
50520	CLOSE KIDNEY-SKIN FISTULA	\$ -
50525	REPAIR RENAL-ABDOMEN FISTULA	\$ -
50526	REPAIR RENAL-ABDOMEN FISTULA	\$ -
50540	REVISION OF HORSESHOE KIDNEY	\$ -
50541	LAPARO ABLATE RENAL CYST	\$ -
50542	LAPARO ABLATE RENAL MASS	\$ -
50543	LAPARO PARTIAL NEPHRECTOMY	\$ -
50544	LAPAROSCOPY- PYELOPLASTY	\$ -
50545	LAPARO RADICAL NEPHRECTOMY	\$ -
50546	LAPAROSCOPIC NEPHRECTOMY	\$ -
50547	LAPARO REMOVAL DONOR KIDNEY	\$ -
50548	LAPARO REMOVE K/URETER	\$ -
50549	LAPAROSCOPE PROC- RENAL	\$ -
50551	KIDNEY ENDOSCOPY	\$ -
50553	KIDNEY ENDOSCOPY	\$ -
50555	KIDNEY ENDOSCOPY & BIOPSY	\$ -
50557	KIDNEY ENDOSCOPY & TREATMENT	\$ -
50561	KIDNEY ENDOSCOPY & TREATMENT	\$ -
50562	RENAL SCOPE W/TUMOR RESECT	\$ -
50570	KIDNEY ENDOSCOPY	\$ -
50572	KIDNEY ENDOSCOPY	\$ -
50574	KIDNEY ENDOSCOPY & BIOPSY	\$ -
50575	KIDNEY ENDOSCOPY	\$ -
50576	KIDNEY ENDOSCOPY & TREATMENT	\$ -
50580	KIDNEY ENDOSCOPY & TREATMENT	\$ -
50590	FRAGMENTING OF KIDNEY STONE	\$ -
50592	PERC RF ABLATE RENAL TUMOR	\$ -
50593	PERC CRYO ABLATE RENAL TUM	\$ -
50600	EXPLORATION OF URETER	\$ -
50605	INSERT URETERAL SUPPORT	\$ -
50606	ENDOLUMINAL BX URTR RNL PLVS	\$ -
50610	REMOVAL OF URETER STONE	\$ -
50620	REMOVAL OF URETER STONE	\$ -
50630	REMOVAL OF URETER STONE	\$ -
50650	REMOVAL OF URETER	\$ -
50660	REMOVAL OF URETER	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
50684	INJECTION FOR URETER X-RAY	\$ -
50686	MEASURE URETER PRESSURE	\$ -
50688	CHANGE OF URETER TUBE	\$ -
50690	INJECTION FOR URETER X-RAY	\$ -
50693	PLMT URETERAL STENT PRQ	\$ -
50694	PLMT URETERAL STENT PRQ	\$ -
50695	PLMT URETERAL STENT PRQ	\$ -
50700	REVISION OF URETER	\$ -
50705	URETERAL EMBOLIZATION/OCCL	\$ -
50706	BALLOON DILATE URTRL STRIX	\$ -
50715	RELEASE OF URETER	\$ -
50722	RELEASE OF URETER	\$ -
50725	RELEASE/REVISE URETER	\$ -
50727	REVISE URETER	\$ -
50728	REVISE URETER	\$ -
50740	FUSION OF URETER & KIDNEY	\$ -
50750	FUSION OF URETER & KIDNEY	\$ -
50760	FUSION OF URETERS	\$ -
50770	SPLICING OF URETERS	\$ -
50780	REIMPLANT URETER IN BLADDER	\$ -
50782	REIMPLANT URETER IN BLADDER	\$ -
50783	REIMPLANT URETER IN BLADDER	\$ -
50785	REIMPLANT URETER IN BLADDER	\$ -
50800	IMPLANT URETER IN BOWEL	\$ -
50810	FUSION OF URETER & BOWEL	\$ -
50815	URINE SHUNT TO INTESTINE	\$ -
50820	CONSTRUCT BOWEL BLADDER	\$ -
50825	CONSTRUCT BOWEL BLADDER	\$ -
50830	REVISE URINE FLOW	\$ -
50840	REPLACE URETER BY BOWEL	\$ -
50845	APPENDICO-VESICOSTOMY	\$ -
50860	TRANSPLANT URETER TO SKIN	\$ -
50900	REPAIR OF URETER	\$ -
50920	CLOSURE URETER/SKIN FISTULA	\$ -
50930	CLOSURE URETER/BOWEL FISTULA	\$ -
50940	RELEASE OF URETER	\$ -
50945	LAPAROSCOPY URETEROLITHOTOMY	\$ -
50947	LAPARO NEW URETER/BLADDER	\$ -
50948	LAPARO NEW URETER/BLADDER	\$ -
50949	LAPAROSCOPE PROC- URETER	\$ -
50951	ENDOSCOPY OF URETER	\$ -
50953	ENDOSCOPY OF URETER	\$ -
50955	URETER ENDOSCOPY & BIOPSY	\$ -
50957	URETER ENDOSCOPY & TREATMENT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
50961	URETER ENDOSCOPY & TREATMENT	\$ -
50970	URETER ENDOSCOPY	\$ -
50972	URETER ENDOSCOPY & CATHETER	\$ -
50974	URETER ENDOSCOPY & BIOPSY	\$ -
50976	URETER ENDOSCOPY & TREATMENT	\$ -
50980	URETER ENDOSCOPY & TREATMENT	\$ -
51020	INCISE	\$ -
51030	INCISE & TREAT BLADDER	\$ -
51040	INCISE & DRAIN BLADDER	\$ -
51045	INCISE BLADDER/DRAIN URETER	\$ -
51050	REMOVAL OF BLADDER STONE	\$ -
51060	REMOVAL OF URETER STONE	\$ -
51065	REMOVE URETER CALCULUS	\$ -
51080	DRAINAGE OF BLADDER ABSCESS	\$ -
51100	DRAIN BLADDER BY NEEDLE	\$ -
51101	DRAIN BLADDER BY TROCAR/CATH	\$ -
51102	DRAIN BL W/CATH INSERTION	\$ -
51500	REMOVAL OF BLADDER CYST	\$ -
51520	REMOVAL OF BLADDER LESION	\$ -
51525	REMOVAL OF BLADDER LESION	\$ -
51530	REMOVAL OF BLADDER LESION	\$ -
51535	REPAIR OF URETER LESION	\$ -
51550	PARTIAL REMOVAL OF BLADDER	\$ -
51555	PARTIAL REMOVAL OF BLADDER	\$ -
51565	REVISE BLADDER & URETER(S)	\$ -
51570	REMOVAL OF BLADDER	\$ -
51575	REMOVAL OF BLADDER & NODES	\$ -
51580	REMOVE BLADDER/REVISE TRACT	\$ -
51585	REMOVAL OF BLADDER & NODES	\$ -
51590	REMOVE BLADDER/REVISE TRACT	\$ -
51595	REMOVE BLADDER/REVISE TRACT	\$ -
51596	REMOVE BLADDER/CREATE POUCH	\$ -
51597	REMOVAL OF PELVIC STRUCTURES	\$ -
51600	INJECTION FOR BLADDER X-RAY	\$ -
51605	PREPARATION FOR BLADDER XRAY	\$ -
51610	INJECTION FOR BLADDER X-RAY	\$ -
51700	IRRIGATION OF BLADDER	\$ -
51701	INSERT BLADDER CATHETER	\$ -
51702	INSERT TEMP BLADDER CATH	\$ -
51703	INSERT BLADDER CATH- COMPLEX	\$ -
51705	CHANGE OF BLADDER TUBE	\$ -
51710	CHANGE OF BLADDER TUBE	\$ -
51715	ENDOSCOPIC INJECTION/IMPLANT	\$ -
51720	TREATMENT OF BLADDER LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
51725	SIMPLE CYSTOMETROGRAM	\$ -
51726	COMPLEX CYSTOMETROGRAM	\$ -
51727	CYSTOMETROGRAM W/UP	\$ -
51728	CYSTOMETROGRAM W/VP	\$ -
51729	CYSTOMETROGRAM W/VP&UP	\$ -
51736	URINE FLOW MEASUREMENT	\$ -
51741	ELECTRO-UROFLOWMETRY- FIRST	\$ -
51784	ANAL/URINARY MUSCLE STUDY	\$ -
51785	ANAL/URINARY MUSCLE STUDY	\$ -
51792	URINARY REFLEX STUDY	\$ -
51797	INTRAABDOMINAL PRESSURE TEST	\$ -
51798	US URINE CAPACITY MEASURE	\$ -
51800	REVISION OF BLADDER/URETHRA	\$ -
51820	REVISION OF URINARY TRACT	\$ -
51840	ATTACH BLADDER/URETHRA	\$ -
51841	ATTACH BLADDER/URETHRA	\$ -
51845	REPAIR BLADDER NECK	\$ -
51860	REPAIR OF BLADDER WOUND	\$ -
51865	REPAIR OF BLADDER WOUND	\$ -
51880	REPAIR OF BLADDER OPENING	\$ -
51900	REPAIR BLADDER/VAGINA LESION	\$ -
51920	CLOSE BLADDER-UTERUS FISTULA	\$ -
51925	HYSTERECTOMY/BLADDER REPAIR	\$ -
51940	CORRECTION OF BLADDER DEFECT	\$ -
51960	REVISION OF BLADDER & BOWEL	\$ -
51980	CONSTRUCT BLADDER OPENING	\$ -
51990	LAPARO URETHRAL SUSPENSION	\$ -
51992	LAPARO SLING OPERATION	\$ -
51999	LAPAROSCOPE PROC- BLA	\$ -
52000	CYSTOSCOPY	\$ -
52001	CYSTOSCOPY- REMOVAL OF CLOTS	\$ -
52005	CYSTOSCOPY & URETER CATHETER	\$ -
52007	CYSTOSCOPY AND BIOPSY	\$ -
52010	CYSTOSCOPY & DUCT CATHETER	\$ -
52204	CYSTOSCOPY	\$ -
52214	CYSTOSCOPY AND TREATMENT	\$ -
52224	CYSTOSCOPY AND TREATMENT	\$ -
52234	CYSTOSCOPY AND TREATMENT	\$ -
52235	CYSTOSCOPY AND TREATMENT	\$ -
52240	CYSTOSCOPY AND TREATMENT	\$ -
52250	CYSTOSCOPY AND RADIOTRACER	\$ -
52260	CYSTOSCOPY AND TREATMENT	\$ -
52265	CYSTOSCOPY AND TREATMENT	\$ -
52270	CYSTOSCOPY & REVISE URETHRA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
52275	CYSTOSCOPY & REVISE URETHRA	\$ -
52276	CYSTOSCOPY AND TREATMENT	\$ -
52277	CYSTOSCOPY AND TREATMENT	\$ -
52281	CYSTOSCOPY AND TREATMENT	\$ -
52282	CYSTOSCOPY- IMPLANT STENT	\$ -
52283	CYSTOSCOPY AND TREATMENT	\$ -
52285	CYSTOSCOPY AND TREATMENT	\$ -
52287	CYSTOSCOPY CHEMODENERVATION	\$ -
52290	CYSTOSCOPY AND TREATMENT	\$ -
52300	CYSTOSCOPY AND TREATMENT	\$ -
52301	CYSTOSCOPY AND TREATMENT	\$ -
52305	CYSTOSCOPY AND TREATMENT	\$ -
52310	CYSTOSCOPY AND TREATMENT	\$ -
52315	CYSTOSCOPY AND TREATMENT	\$ -
52317	REMOVE BLADDER STONE	\$ -
52318	REMOVE BLADDER STONE	\$ -
52320	CYSTOSCOPY AND TREATMENT	\$ -
52325	CYSTOSCOPY- STONE REMOVAL	\$ -
52327	CYSTOSCOPY- INJECT MATERIAL	\$ -
52330	CYSTOSCOPY AND TREATMENT	\$ -
52332	CYSTOSCOPY AND TREATMENT	\$ -
52334	CREATE PASSAGE TO KIDNEY	\$ -
52341	CYSTO W/URETER STRICTURE TX	\$ -
52342	CYSTO W/UP STRICTURE TX	\$ -
52343	CYSTO W/RENAL STRICTURE TX	\$ -
52344	CYSTO/URETERO- STONE REMOVE	\$ -
52345	CYSTO/URETERO W/UP STRICTURE	\$ -
52346	CYSTOURETERO W/RENAL STRICT	\$ -
52351	CYSTOURETERO & OR PYELOSCOPE	\$ -
52352	CYSTOURETERO W/STONE REMOVE	\$ -
52353	CYSTOURETERO W/LITHOTRIPSY	\$ -
52354	CYSTOURETERO W/BIOPSY	\$ -
52355	CYSTOURETERO W/EXCISE TUMOR	\$ -
52356	CYSTO/URETERO W/LITHOTRIPSY	\$ -
52400	CYSTOURETERO W/CONGEN REPR	\$ -
52402	CYSTOURETHRO CUT EJACUL DUCT	\$ -
52441	CYSTOURETHRO W/IMPLANT	\$ -
52442	CYSTOURETHRO W/ADDL IMPLANT	\$ -
52450	INCISION OF PROSTATE	\$ -
52500	REVISION OF BLADDER NECK	\$ -
52601	PROSTATECTOMY (TURP)	\$ -
52630	REMOVE PROSTATE REGROWTH	\$ -
52640	RELIEVE BLADDER CONTRACTURE	\$ -
52647	LASER SURGERY OF PROSTATE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
52648	LASER SURGERY OF PROSTATE	\$ -
52649	PROSTATE LASER ENUCLEATION	\$ -
52700	DRAINAGE OF PROSTATE ABSCESS	\$ -
53000	INCISION OF URETHRA	\$ -
53010	INCISION OF URETHRA	\$ -
53020	INCISION OF URETHRA	\$ -
53025	INCISION OF URETHRA	\$ -
53040	DRAINAGE OF URETHRA ABSCESS	\$ -
53060	DRAINAGE OF URETHRA ABSCESS	\$ -
53080	DRAINAGE OF URINARY LEAKAGE	\$ -
53085	DRAINAGE OF URINARY LEAKAGE	\$ -
53200	BIOPSY OF URETHRA	\$ -
53210	REMOVAL OF URETHRA	\$ -
53215	REMOVAL OF URETHRA	\$ -
53220	TREATMENT OF URETHRA LESION	\$ -
53230	REMOVAL OF URETHRA LESION	\$ -
53235	REMOVAL OF URETHRA LESION	\$ -
53240	SURGERY FOR URETHRA POUCH	\$ -
53250	REMOVAL OF URETHRA GLAND	\$ -
53260	TREATMENT OF URETHRA LESION	\$ -
53265	TREATMENT OF URETHRA LESION	\$ -
53270	REMOVAL OF URETHRA GLAND	\$ -
53275	REPAIR OF URETHRA DEFECT	\$ -
53400	REVISE URETHRA- STAGE 1	\$ -
53405	REVISE URETHRA- STAGE 2	\$ -
53410	RECONSTRUCTION OF URETHRA	\$ -
53415	RECONSTRUCTION OF URETHRA	\$ -
53420	RECONSTRUCT URETHRA- STAGE 1	\$ -
53425	RECONSTRUCT URETHRA- STAGE 2	\$ -
53430	RECONSTRUCTION OF URETHRA	\$ -
53431	RECONSTRUCT URETHRA/BLADDER	\$ -
53440	MALE SLING PROCEDURE	\$ -
53442	REMOVE/REVISE MALE SLING	\$ -
53444	INSERT TANDEM CUFF	\$ -
53445	INSERT URO/VES NCK SPHINCTER	\$ -
53446	REMOVE URO SPHINCTER	\$ -
53447	REMOVE/REPLACE UR SPHINCTER	\$ -
53448	REMOV/REPLC UR SPHINCTR COMP	\$ -
53449	REPAIR URO SPHINCTER	\$ -
53450	REVISION OF URETHRA	\$ -
53451	TPRNL BALO CNTNC DEV BI	\$ -
53452	TPRNL BALO CNTNC DEV UNI	\$ -
53453	TPRNL BALO CNTNC DEV RMVL EA	\$ -
53454	TPRNL BALO CNTNC DEV ADJMT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
53460	REVISION OF URETHRA	\$ -
53500	URETHRLYS- TRANSVAG W/ SCOPE	\$ -
53502	REPAIR OF URETHRA INJURY	\$ -
53505	REPAIR OF URETHRA INJURY	\$ -
53510	REPAIR OF URETHRA INJURY	\$ -
53515	REPAIR OF URETHRA INJURY	\$ -
53520	REPAIR OF URETHRA DEFECT	\$ -
53600	DILATE URETHRA STRICTURE	\$ -
53601	DILATE URETHRA STRICTURE	\$ -
53605	DILATE URETHRA STRICTURE	\$ -
53620	DILATE URETHRA STRICTURE	\$ -
53621	DILATE URETHRA STRICTURE	\$ -
53660	DILATION OF URETHRA	\$ -
53661	DILATION OF URETHRA	\$ -
53665	DILATION OF URETHRA	\$ -
53850	PROSTATIC MICROWAVE THERMOTX	\$ -
53852	PROSTATIC RF THERMOTX	\$ -
53854	TRURL DSTRJ PRST8 TISS RF WV	\$ -
53855	INSERT PROST URETHRAL STENT	\$ -
53860	TRANSURETHRAL RF TREATMENT	\$ -
53899	UROLOGY SURGERY PROCEDURE	\$ -
54000	SLITTING OF PREPUCE	\$ -
54001	SLITTING OF PREPUCE	\$ -
54015	DRAIN PENIS LESION	\$ -
54050	DESTRUCTION- PENIS LESION(S)	\$ -
54055	DESTRUCTION- PENIS LESION(S)	\$ -
54056	CRYOSURGERY- PENIS LESION(S)	\$ -
54057	LASER SURG- PENIS LESION(S)	\$ -
54060	EXCISION OF PENIS LESION(S)	\$ -
54065	DESTRUCTION- PENIS LESION(S)	\$ -
54100	BIOPSY OF PENIS	\$ -
54105	BIOPSY OF PENIS	\$ -
54110	TREATMENT OF PENIS LESION	\$ -
54111	TREAT PENIS LESION- GRAFT	\$ -
54112	TREAT PENIS LESION- GRAFT	\$ -
54115	TREATMENT OF PENIS LESION	\$ -
54120	PARTIAL REMOVAL OF PENIS	\$ -
54125	REMOVAL OF PENIS	\$ -
54130	REMOVE PENIS & NODES	\$ -
54135	REMOVE PENIS & NODES	\$ -
54150	CIRCUMCISION	\$ -
54150	CIRCUMCISION	\$ -
54160	CIRCUMCISION	\$ -
54161	CIRCUMCISION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
54162	LYSIS PENIL CIRCUMIC LESION	\$ -
54163	REPAIR OF CIRCUMCISION	\$ -
54164	FRENULOTOMY OF PENIS	\$ -
54200	TREATMENT OF PENIS LESION	\$ -
54205	TREATMENT OF PENIS LESION	\$ -
54220	TREATMENT OF PENIS LESION	\$ -
54230	PREPARE PENIS STUDY	\$ -
54231	DYNAMIC CAVERNOSOMETRY	\$ -
54235	PENILE INJECTION	\$ -
54240	PENIS STUDY	\$ -
54250	PENIS STUDY	\$ -
54300	REVISION OF PENIS	\$ -
54304	REVISION OF PENIS	\$ -
54308	RECONSTRUCTION OF URETHRA	\$ -
54312	RECONSTRUCTION OF URETHRA	\$ -
54316	RECONSTRUCTION OF URETHRA	\$ -
54318	RECONSTRUCTION OF URETHRA	\$ -
54322	RECONSTRUCTION OF URETHRA	\$ -
54324	RECONSTRUCTION OF URETHRA	\$ -
54326	RECONSTRUCTION OF URETHRA	\$ -
54328	REVISE PENIS/URETHRA	\$ -
54332	REVISE PENIS/URETHRA	\$ -
54336	REVISE PENIS/URETHRA	\$ -
54340	SECONDARY URETHRAL SURGERY	\$ -
54344	SECONDARY URETHRAL SURGERY	\$ -
54348	SECONDARY URETHRAL SURGERY	\$ -
54352	RECONSTRUCT URETHRA/PENIS	\$ -
54360	PENIS PLASTIC SURGERY	\$ -
54380	REPAIR PENIS	\$ -
54385	REPAIR PENIS	\$ -
54390	REPAIR PENIS AND BLADDER	\$ -
54400	INSERT SEMI-RIGID PROSTHESIS	\$ -
54401	INSERT SELF-CONTD PROSTHESIS	\$ -
54405	INSERT MULTI-COMP PENIS PROS	\$ -
54406	REMOVE MUTI-COMP PENIS PROS	\$ -
54408	REPAIR MULTI-COMP PENIS PROS	\$ -
54410	REMOVE/REPLACE PENIS PROSTH	\$ -
54411	REMOV/REPLC PENIS PROS- COMP	\$ -
54415	REMOVE SELF-CONTD PENIS PROS	\$ -
54416	REMOV/REPL PENIS CONTAIN PROS	\$ -
54417	REMOV/REPLC PENIS PROS- COMPL	\$ -
54420	REVISION OF PENIS	\$ -
54430	REVISION OF PENIS	\$ -
54435	REVISION OF PENIS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
54437	REPAIR CORPOREAL TEAR	\$ -
54438	REPLANTATION OF PENIS	\$ -
54440	REPAIR OF PENIS	\$ -
54450	PREPUTIAL STRETCHING	\$ -
54500	BIOPSY OF TESTIS	\$ -
54505	BIOPSY OF TESTIS	\$ -
54512	EXCISE LESION TESTIS	\$ -
54520	REMOVAL OF TESTIS	\$ -
54522	ORCHIECTOMY- PARTIAL	\$ -
54530	REMOVAL OF TESTIS	\$ -
54535	EXTENSIVE TESTIS SURGERY	\$ -
54550	EXPLORATION FOR TESTIS	\$ -
54560	EXPLORATION FOR TESTIS	\$ -
54600	REDUCE TESTIS TORSION	\$ -
54620	SUSPENSION OF TESTIS	\$ -
54640	SUSPENSION OF TESTIS	\$ -
54650	ORCHIOPEXY (FOWLER-STEPHENS)	\$ -
54660	REVISION OF TESTIS	\$ -
54670	REPAIR TESTIS INJURY	\$ -
54680	RELOCATION OF TESTIS(ES)	\$ -
54690	LAPAROSCOPY- ORCHIECTOMY	\$ -
54692	LAPAROSCOPY- ORCHIOPEXY	\$ -
54699	LAPAROSCOPE PROC- TESTIS	\$ -
54700	DRAINAGE OF SCROTUM	\$ -
54800	BIOPSY OF EPIDIDYMIS	\$ -
54830	REMOVE EPIDIDYMIS LESION	\$ -
54840	REMOVE EPIDIDYMIS LESION	\$ -
54860	REMOVAL OF EPIDIDYMIS	\$ -
54861	REMOVAL OF EPIDIDYMIS	\$ -
54865	EXPLORE EPIDIDYMIS	\$ -
54900	FUSION OF SPERMATIC DUCTS	\$ -
54901	FUSION OF SPERMATIC DUCTS	\$ -
55000	DRAINAGE OF HYDROCELE	\$ -
55040	REMOVAL OF HYDROCELE	\$ -
55041	REMOVAL OF HYDROCELES	\$ -
55060	REPAIR OF HYDROCELE	\$ -
55100	DRAINAGE OF SCROTUM ABSCESS	\$ -
55110	EXPLORE SCROTUM	\$ -
55120	REMOVAL OF SCROTUM LESION	\$ -
55150	REMOVAL OF SCROTUM	\$ -
55175	REVISION OF SCROTUM	\$ -
55180	REVISION OF SCROTUM	\$ -
55200	INCISION OF SPERM DUCT	\$ -
55250	REMOVAL OF SPERM DUCT(S)	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
55300	PREPARE- SPERM DUCT X-RAY	\$ -
55400	REPAIR OF SPERM DUCT	\$ -
55500	REMOVAL OF HYDROCELE	\$ -
55520	REMOVAL OF SPERM CORD LESION	\$ -
55530	REVISE SPERMATIC CORD VEINS	\$ -
55535	REVISE SPERMATIC CORD VEINS	\$ -
55540	REVISE HERNIA & SPERM VEINS	\$ -
55550	LAPARO LIGATE SPERMATIC VEIN	\$ -
55559	LAPARO PROC- SPERMATIC CORD	\$ -
55600	INCISE SPERM DUCT POUCH	\$ -
55605	INCISE SPERM DUCT POUCH	\$ -
55650	REMOVE SPERM DUCT POUCH	\$ -
55680	REMOVE SPERM POUCH LESION	\$ -
55700	BIOPSY OF PROSTATE	\$ -
55705	BIOPSY OF PROSTATE	\$ -
55706	PROSTATE SATURATION SAMPLING	\$ -
55720	DRAINAGE OF PROSTATE ABSCESS	\$ -
55725	DRAINAGE OF PROSTATE ABSCESS	\$ -
55801	REMOVAL OF PROSTATE	\$ -
55810	EXTENSIVE PROSTATE SURGERY	\$ -
55812	EXTENSIVE PROSTATE SURGERY	\$ -
55815	EXTENSIVE PROSTATE SURGERY	\$ -
55821	REMOVAL OF PROSTATE	\$ -
55831	REMOVAL OF PROSTATE	\$ -
55840	EXTENSIVE PROSTATE SURGERY	\$ -
55842	EXTENSIVE PROSTATE SURGERY	\$ -
55845	EXTENSIVE PROSTATE SURGERY	\$ -
55860	SURGICAL EXPOSURE- PROSTATE	\$ -
55862	EXTENSIVE PROSTATE SURGERY	\$ -
55865	EXTENSIVE PROSTATE SURGERY	\$ -
55866	LAPARO RADICAL PROSTATECTOMY	\$ -
55870	ELECTROEJACULATION	\$ -
55873	CRYOABLATE PROSTATE	\$ -
55874	TPRNL PLMT BIODEGRDABL MATRL	\$ -
55875	TRANSPERI NEEDLE PLACE- PROS	\$ -
55876	PLACE RT DEVICE/MARKER- PROS	\$ -
55880	ABL TJ MAL PRST8 TISS HIFU	\$ -
55899	GENITAL SURGERY PROCEDURE	\$ -
55920	PLACE NEEDLES PELVIC FOR RT	\$ -
55970	SEX TRANSFORMATION- M TO F	\$ -
55980	SEX TRANSFORMATION- F TO M	\$ -
56405	I & D OF VULVA/PERINEUM	\$ -
56420	DRAINAGE OF GLAND ABSCESS	\$ -
56440	SURGERY FOR VULVA LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
56441	LYSIS OF LABIAL LESION(S)	\$ -
56442	HYMENOTOMY	\$ -
56501	DESTROY- VULVA LESIONS- SIM	\$ -
56515	DESTROY VULVA LESION/S COMPL	\$ -
56605	BIOPSY OF VULVA/PERINEUM	\$ -
56606	BIOPSY OF VULVA/PERINEUM	\$ -
56620	PARTIAL REMOVAL OF VULVA	\$ -
56625	COMPLETE REMOVAL OF VULVA	\$ -
56630	EXTENSIVE VULVA SURGERY	\$ -
56631	EXTENSIVE VULVA SURGERY	\$ -
56632	EXTENSIVE VULVA SURGERY	\$ -
56633	EXTENSIVE VULVA SURGERY	\$ -
56634	EXTENSIVE VULVA SURGERY	\$ -
56637	EXTENSIVE VULVA SURGERY	\$ -
56640	EXTENSIVE VULVA SURGERY	\$ -
56700	PARTIAL REMOVAL OF HYMEN	\$ -
56740	REMOVE VAGINA GLAND LESION	\$ -
56800	REPAIR OF VAGINA	\$ -
56805	REPAIR CLITORIS	\$ -
56810	REPAIR OF PERINEUM	\$ -
56820	EXAM OF VULVA W/SCOPE	\$ -
56821	EXAM/BIOPSY OF VULVA W/SCOPE	\$ -
57000	EXPLORATION OF VAGINA	\$ -
57010	DRAINAGE OF PELVIC ABSCESS	\$ -
57020	DRAINAGE OF PELVIC FLUID	\$ -
57022	I & D VAGINAL HEMATOMA- PP	\$ -
57023	I & D VAG HEMATOMA- NON-OB	\$ -
57061	DESTROY VAG LESIONS- SIMPLE	\$ -
57065	DESTROY VAG LESIONS- COMPLEX	\$ -
57100	BIOPSY OF VAGINA	\$ -
57105	BIOPSY OF VAGINA	\$ -
57106	REMOVE VAGINA WALL- PARTIAL	\$ -
57107	REMOVE VAGINA TISSUE- PART	\$ -
57109	VAGINECTOMY PARTIAL W/NODES	\$ -
57110	REMOVE VAGINA WALL- COMPLETE	\$ -
57111	REMOVE VAGINA TISSUE- COMPL	\$ -
57120	CLOSURE OF VAGINA	\$ -
57130	REMOVE VAGINA LESION	\$ -
57135	REMOVE VAGINA LESION	\$ -
57150	TREAT VAGINA INFECTION	\$ -
57155	INSERT UTERI TANDEMS/OVOIDS	\$ -
57156	INS VAG BRACHYTX DEVICE	\$ -
57160	INSERT PESSARY/OTHER DEVICE	\$ -
57180	TREAT VAGINAL BLEEDING	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
57200	REPAIR OF VAGINA	\$ -
57210	REPAIR VAGINA/PERINEUM	\$ -
57220	REVISION OF URETHRA	\$ -
57230	REPAIR OF URETHRAL LESION	\$ -
57240	REPAIR BLADDER & VAGINA	\$ -
57250	REPAIR RECTUM	\$ -
57260	REPAIR OF VAGINA	\$ -
57265	EXTENSIVE REPAIR OF VAGINA	\$ -
57267	INSERT MESH/PELVIC FLR ADDON	\$ -
57268	REPAIR OF BOWEL BULGE	\$ -
57270	REPAIR OF BOWEL POUCH	\$ -
57280	SUSPENSION OF VAGINA	\$ -
57282	REPAIR OF VAGINAL PROLAPSE	\$ -
57283	COLPOPEXY- INTRAPERITONEAL	\$ -
57284	REPAIR PARAVAGINAL DEFECT	\$ -
57285	REPAIR PARAVAG DEFECT- VAG	\$ -
57287	REVISE/REMOVE SLING REPAIR	\$ -
57288	SLING	\$ -
57289	REPAIR BLADDER & VAGINA	\$ -
57291	CONSTRUCTION OF VAGINA	\$ -
57292	CONSTRUCT VAGINA WITH GRAFT	\$ -
57295	REVISE VAG GRAFT VIA VAGINA	\$ -
57296	REVISE VAG GRAFT- OPEN ABD	\$ -
57300	REPAIR RECTUM-VAGINA FISTULA	\$ -
57305	REPAIR RECTUM-VAGINA FISTULA	\$ -
57307	FISTULA REPAIR & COLOSTOMY	\$ -
57308	FISTULA REPAIR- TRANSPERINE	\$ -
57310	REPAIR URETHROVAGINAL LESION	\$ -
57311	REPAIR URETHROVAGINAL LESION	\$ -
57320	REPAIR BLADDER-VAGINA LESION	\$ -
57330	REPAIR BLADDER-VAGINA LESION	\$ -
57335	REPAIR VAGINA	\$ -
57400	DILATION OF VAGINA	\$ -
57410	PELVIC EXAMINATION	\$ 112.31
57410	PELVIC EXAMINATION	\$ -
57415	REMOVE VAGINAL FOREIGN BODY	\$ -
57420	EXAM OF VAGINA W/SCOPE	\$ -
57421	EXAM/BIOPSY OF VAG W/SCOPE	\$ -
57423	REPAIR PARAVAG DEFECT- LAP	\$ -
57425	LAPAROSCOPY- SURG- COLPOPEXY	\$ -
57426	REVISE PROSTH VAG GRAFT LAP	\$ -
57452	EXAM OF CERVIX W/SCOPE	\$ -
57454	BX/CURETT OF CERVIX W/SCOPE	\$ -
57455	BIOPSY OF CERVIX W/SCOPE	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
57456	ENDOCERV CURETTAGE W/SCOPE	\$ -
57460	BX OF CERVIX W/SCOPE- LEEP	\$ -
57461	CONZ OF CERVIX W/SCOPE- LEEP	\$ -
57465	CAM CERVIX UTERI DRG COLP	\$ -
57500	BIOPSY OF CERVIX	\$ -
57505	ENDOCERVICAL CURETTAGE	\$ -
57510	CAUTERIZATION OF CERVIX	\$ -
57511	CRYOCAUTERY OF CERVIX	\$ -
57513	LASER SURGERY OF CERVIX	\$ -
57520	CONIZATION OF CERVIX	\$ -
57522	CONIZATION OF CERVIX	\$ -
57530	REMOVAL OF CERVIX	\$ -
57531	REMOVAL OF CERVIX- RADICAL	\$ -
57540	REMOVAL OF RESIDUAL CERVIX	\$ -
57545	REMOVE CERVIX/REPAIR PELVIS	\$ -
57550	REMOVAL OF RESIDUAL CERVIX	\$ -
57555	REMOVE CERVIX/REPAIR VAGINA	\$ -
57556	REMOVE CERVIX- REPAIR BOWEL	\$ -
57558	D&C OF CERVICAL STUMP	\$ -
57700	REVISION OF CERVIX	\$ -
57720	REVISION OF CERVIX	\$ -
57800	DILATION OF CERVICAL CANAL	\$ -
58100	BIOPSY OF UTERUS LINING	\$ -
58110	BX DONE W/COLPOSCOPY ADD-ON	\$ -
58120	DILATION AND CURETTAGE	\$ -
58140	MYOMECTOMY ABDOM METHOD	\$ -
58145	MYOMECTOMY VAG METHOD	\$ -
58146	MYOMECTOMY ABDOM COMPLEX	\$ -
58150	TOTAL HYSTERECTOMY	\$ -
58152	TOTAL HYSTERECTOMY	\$ -
58180	PARTIAL HYSTERECTOMY	\$ -
58200	EXTENSIVE HYSTERECTOMY	\$ -
58210	EXTENSIVE HYSTERECTOMY	\$ -
58240	REMOVAL OF PELVIS CONTENTS	\$ -
58260	VAGINAL HYSTERECTOMY	\$ -
58262	VAG HYST INCLUDING T/O	\$ -
58263	VAG HYST W/T/O & VAG REPAIR	\$ -
58267	VAG HYST W/URINARY REPAIR	\$ -
58270	VAG HYST W/ENTEROCELE REPAIR	\$ -
58275	HYSTERECTOMY/REVISE VAGINA	\$ -
58280	HYSTERECTOMY/REVISE VAGINA	\$ -
58285	EXTENSIVE HYSTERECTOMY	\$ -
58290	VAG HYST COMPLEX	\$ -
58291	VAG HYST INCL T/O- COMPLEX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
58292	VAG HYST T/O & REPAIR- COMPL	\$ -
58294	VAG HYST W/ENTEROCELE- COMPL	\$ -
58300	IUD Insertion	\$ 207.00
58301	IUD Removal	\$ 211.00
58321	ARTIFICIAL INSEMINATION	\$ -
58322	ARTIFICIAL INSEMINATION	\$ -
58323	SPERM WASHING	\$ -
58340	CATHETER FOR HYSTEROGRAPHY	\$ -
58345	REOPEN FALLOPIAN TUBE	\$ -
58346	INSERT HEYMAN UTERI CAPSULE	\$ -
58350	REOPEN FALLOPIAN TUBE	\$ -
58353	ENDOMETR ABLATE- THERMAL	\$ -
58356	ENDOMETRIAL CRYOABLATION	\$ -
58400	SUSPENSION OF UTERUS	\$ -
58410	SUSPENSION OF UTERUS	\$ -
58520	REPAIR OF RUPTURED UTERUS	\$ -
58540	REVISION OF UTERUS	\$ -
58541	LSH- UTERUS 250 G OR LESS	\$ -
58542	LSH W/T/O UT 250 G OR LESS	\$ -
58543	LSH UTERUS ABOVE 250 G	\$ -
58544	LSH W/T/O UTERUS ABOVE 250 G	\$ -
58545	LAPAROSCOPIC MYOMECTOMY	\$ -
58546	LAPARO-MYOMECTOMY- COMPLEX	\$ -
58548	LAP RADICAL HYST	\$ -
58550	LAPARO-ASST VAG HYSTERECTOMY	\$ -
58552	LAPARO-VAG HYST INCL T/O	\$ -
58553	LAPARO-VAG HYST- COMPLEX	\$ -
58554	LAPARO-VAG HYST W/T/O- COMPL	\$ -
58555	HYSTEROSCOPY- DX- SEP PROC	\$ -
58558	HYSTEROSCOPY- BIOPSY	\$ -
58559	HYSTEROSCOPY- LYSIS	\$ -
58560	HYSTEROSCOPY- RESECT SEPTUM	\$ -
58561	HYSTEROSCOPY- REMOVE MYOMA	\$ -
58562	HYSTEROSCOPY- REMOVE FB	\$ -
58563	HYSTEROSCOPY- ABLATION	\$ -
58565	HYSTEROSCOPY- STERILIZATION	\$ -
58570	TLH- UTERUS 250 G OR LESS	\$ -
58571	TLH W/T/O 250 G OR LESS	\$ -
58572	TLH- UTERUS OVER 250 G	\$ -
58573	TLH W/T/O UTERUS OVER 250 G	\$ -
58575	LAPS TOT HYST RESJ MAL	\$ -
58578	LAPARO PROC- UTERUS	\$ -
58579	HYSTEROSCOPE PROCEDURE	\$ -
58600	DIVISION OF FALLOPIAN TUBE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
58605	DIVISION OF FALLOPIAN TUBE	\$ -
58611	LIGATE OVIDUCT(S) ADD-ON	\$ -
58615	OCCLUDE FALLOPIAN TUBE(S)	\$ -
58660	LAPAROSCOPY- LYSIS	\$ -
58661	LAPAROSCOPY- REMOVE ADNEXA	\$ -
58662	LAPAROSCOPY- EXCISE LESIONS	\$ -
58670	LAPAROSCOPY- TUBAL CAUTERY	\$ -
58671	LAPAROSCOPY- TUBAL BLOCK	\$ -
58672	LAPAROSCOPY- FIMBRIOPLASTY	\$ -
58673	LAPAROSCOPY- SALPINGOSTOMY	\$ -
58674	LAPS ABLTJ UTERINE FIBROIDS	\$ -
58679	LAPARO PROC- OVIDUCT-OVARY	\$ -
58700	REMOVAL OF FALLOPIAN TUBE	\$ -
58720	REMOVAL OF OVARY/TUBE(S)	\$ -
58740	REVISE FALLOPIAN TUBE(S)	\$ -
58750	REPAIR OVIDUCT	\$ -
58752	REVISE OVARIAN TUBE(S)	\$ -
58760	REMOVE TUBAL OBSTRUCTION	\$ -
58770	CREATE NEW TUBAL OPENING	\$ -
58800	DRAINAGE OF OVARIAN CYST(S)	\$ -
58805	DRAINAGE OF OVARIAN CYST(S)	\$ -
58820	DRAIN OVARY ABSCESS- OPEN	\$ -
58822	DRAIN OVARY ABSCESS- PERCUT	\$ -
58825	TRANSPOSITION- OVARY(S)	\$ -
58900	BIOPSY OF OVARY(S)	\$ -
58920	PARTIAL REMOVAL OF OVARY(S)	\$ -
58925	REMOVAL OF OVARIAN CYST(S)	\$ -
58940	REMOVAL OF OVARY(S)	\$ -
58943	REMOVAL OF OVARY(S)	\$ -
58950	RESECT OVARIAN MALIGNANCY	\$ -
58951	RESECT OVARIAN MALIGNANCY	\$ -
58952	RESECT OVARIAN MALIGNANCY	\$ -
58953	TAH- RAD DISSECT FOR DEBULK	\$ -
58954	TAH RAD DEBULK/LYMPH REMOVE	\$ -
58956	BSO- OMENTECTOMY W/TAH	\$ -
58957	RESECT RECURRENT GYN MAL	\$ -
58958	RESECT RECUR GYN MAL W/LYM	\$ -
58960	EXPLORATION OF ABDOMEN	\$ -
58970	RETRIEVAL OF OOCYTE	\$ -
58974	TRANSFER OF EMBRYO	\$ -
58976	TRANSFER OF EMBRYO	\$ -
58999	GENITAL SURGERY PROCEDURE	\$ -
59000	AMNIOCENTESIS- DIAGNOSTIC	\$ -
59001	AMNIOCENTESIS- THERAPEUTIC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
59012	FETAL CORD PUNCTURE-PRENATAL	\$ -
59015	CHORION BIOPSY	\$ -
59020	FETAL CONTRACT STRESS TEST	\$ -
59025	FETAL NON-STRESS TEST	\$ -
59030	FETAL SCALP BLOOD SAMPLE	\$ -
59050	FETAL MONITOR W/REPORT	\$ -
59051	FETAL MONITOR/INTERPRET ONLY	\$ -
59070	TRANSABDOM AMNIOINFUS W/ US	\$ -
59072	UMBILICAL CORD OCCLUD W/ US	\$ -
59074	FETAL FLUID DRAINAGE W/ US	\$ -
59076	FETAL SHUNT PLACEMENT- W/ US	\$ -
59100	REMOVE UTERUS LESION	\$ -
59120	TREAT ECTOPIC PREGNANCY	\$ -
59121	TREAT ECTOPIC PREGNANCY	\$ -
59130	TREAT ECTOPIC PREGNANCY	\$ -
59136	TREAT ECTOPIC PREGNANCY	\$ -
59140	TREAT ECTOPIC PREGNANCY	\$ -
59150	TREAT ECTOPIC PREGNANCY	\$ -
59151	TREAT ECTOPIC PREGNANCY	\$ -
59160	D & C AFTER DELIVERY	\$ -
59200	INSERT CERVICAL DILATOR	\$ -
59300	EPISIOTOMY OR VAGINAL REPAIR	\$ -
59320	REVISION OF CERVIX	\$ -
59325	REVISION OF CERVIX	\$ -
59350	REPAIR OF UTERUS	\$ -
59400	OBSTETRICAL CARE	\$ -
59409	OBSTETRICAL CARE	\$ -
59410	OBSTETRICAL CARE	\$ -
59412	ANTEPARTUM MANIPULATION	\$ -
59414	DELIVER PLACENTA	\$ -
59425	ANTEPARTUM CARE ONLY	\$ -
59426	ANTEPARTUM CARE ONLY	\$ -
59430	CARE AFTER DELIVERY	\$ -
59510	CESAREAN DELIVERY	\$ -
59514	CESAREAN DELIVERY ONLY	\$ -
59515	CESAREAN DELIVERY	\$ -
59525	REMOVE UTERUS AFTER CESAREAN	\$ -
59610	VBAC DELIVERY	\$ -
59612	VBAC DELIVERY ONLY	\$ -
59614	VBAC CARE AFTER DELIVERY	\$ -
59618	ATTEMPTED VBAC DELIVERY	\$ -
59620	ATTEMPTED VBAC DELIVERY ONLY	\$ -
59622	ATTEMPTED VBAC AFTER CARE	\$ -
59812	TREATMENT OF MISCARRIAGE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
59820	CARE OF MISCARRIAGE	\$ -
59821	TREATMENT OF MISCARRIAGE	\$ -
59830	TREAT UTERUS INFECTION	\$ -
59840	ABORTION	\$ -
59841	ABORTION	\$ -
59850	ABORTION	\$ -
59851	ABORTION	\$ -
59852	ABORTION	\$ -
59855	ABORTION	\$ -
59856	ABORTION	\$ -
59857	ABORTION	\$ -
59866	ABORTION (MPR)	\$ -
59870	EVACUATE MOLE OF UTERUS	\$ -
59871	REMOVE CERCLAGE SUTURE	\$ -
59897	FETAL INVAS PX W/ US	\$ -
59898	LAPARO PROC- OB CARE/DELIVER	\$ -
59899	MATERNITY CARE PROCEDURE	\$ -
60000	DRAIN THYROID/TONGUE CYST	\$ -
60100	BIOPSY OF THYROID	\$ -
60200	REMOVE THYROID LESION	\$ -
60210	PARTIAL THYROID EXCISION	\$ -
60212	PARTIAL THYROID EXCISION	\$ -
60220	PARTIAL REMOVAL OF THYROID	\$ -
60225	PARTIAL REMOVAL OF THYROID	\$ -
60240	REMOVAL OF THYROID	\$ -
60252	REMOVAL OF THYROID	\$ -
60254	EXTENSIVE THYROID SURGERY	\$ -
60260	REPEAT THYROID SURGERY	\$ -
60270	REMOVAL OF THYROID	\$ -
60271	REMOVAL OF THYROID	\$ -
60280	REMOVE THYROID DUCT LESION	\$ -
60281	REMOVE THYROID DUCT LESION	\$ -
60300	ASPIR/INJ THYROID CYST	\$ -
60500	EXPLORE PARATHYROID GLANDS	\$ -
60502	RE-EXPLORE PARATHYROIDS	\$ -
60505	EXPLORE PARATHYROID GLANDS	\$ -
60512	AUTOTRANSPLANT PARATHYROID	\$ -
60520	REMOVAL OF THYMUS GLAND	\$ -
60521	REMOVAL OF THYMUS GLAND	\$ -
60522	REMOVAL OF THYMUS GLAND	\$ -
60540	EXPLORE ADRENAL GLAND	\$ -
60545	EXPLORE ADRENAL GLAND	\$ -
60600	REMOVE CAROTID BODY LESION	\$ -
60605	REMOVE CAROTID BODY LESION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
60650	LAPAROSCOPY ADRENALECTOMY	\$ -
60659	LAPARO PROC- ENDOCRINE	\$ -
60699	ENDOCRINE SURGERY PROCEDURE	\$ -
61000	REMOVE CRANIAL CAVITY FLUID	\$ -
61001	REMOVE CRANIAL CAVITY FLUID	\$ -
61020	REMOVE BRAIN CAVITY FLUID	\$ -
61026	INJECTION INTO BRAIN CANAL	\$ -
61050	REMOVE BRAIN CANAL FLUID	\$ -
61055	INJECTION INTO BRAIN CANAL	\$ -
61070	BRAIN CANAL SHUNT PROCEDURE	\$ -
61105	TWIST DRILL HOLE	\$ -
61107	DRILL SKULL FOR IMPLANTATION	\$ -
61108	DRILL SKULL FOR DRAINAGE	\$ -
61120	BURR HOLE FOR PUNCTURE	\$ -
61140	PIERCE SKULL FOR BIOPSY	\$ -
61150	PIERCE SKULL FOR DRAINAGE	\$ -
61151	PIERCE SKULL FOR DRAINAGE	\$ -
61154	PIERCE SKULL	\$ -
61156	PIERCE SKULL FOR DRAINAGE	\$ -
61210	PIERCE SKULL- IMPLANT DEVICE	\$ -
61215	INSERT BRAIN-FLUID DEVICE	\$ -
61250	PIERCE SKULL	\$ -
61253	PIERCE SKULL	\$ -
61304	OPEN SKULL FOR EXPLORATION	\$ -
61305	OPEN SKULL FOR EXPLORATION	\$ -
61312	OPEN SKULL FOR DRAINAGE	\$ -
61313	OPEN SKULL FOR DRAINAGE	\$ -
61314	OPEN SKULL FOR DRAINAGE	\$ -
61315	OPEN SKULL FOR DRAINAGE	\$ -
61316	IMPLT CRAN BONE FLAP TO ABDO	\$ -
61320	OPEN SKULL FOR DRAINAGE	\$ -
61321	OPEN SKULL FOR DRAINAGE	\$ -
61322	DECOMPRESSIVE CRANIOTOMY	\$ -
61323	DECOMPRESSIVE LOBECTOMY	\$ -
61330	DECOMPRESS EYE SOCKET	\$ -
61333	EXPLORE ORBIT/REMOVE LESION	\$ -
61340	SUBTEMPORAL DECOMPRESSION	\$ -
61343	INCISE SKULL (PRESS RELIEF)	\$ -
61345	RELIEVE CRANIAL PRESSURE	\$ -
61450	INCISE SKULL FOR SURGERY	\$ -
61458	INCISE SKULL FOR BRAIN WOUND	\$ -
61460	INCISE SKULL FOR SURGERY	\$ -
61500	REMOVAL OF SKULL LESION	\$ -
61501	REMOVE INFECTED SKULL BONE	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
61510	REMOVAL OF BRAIN LESION	\$ -
61512	REMOVE BRAIN LINING LESION	\$ -
61514	REMOVAL OF BRAIN ABSCESS	\$ -
61516	REMOVAL OF BRAIN LESION	\$ -
61517	IMPLT BRAIN CHEMOTX ADD-ON	\$ -
61518	REMOVAL OF BRAIN LESION	\$ -
61519	REMOVE BRAIN LINING LESION	\$ -
61520	REMOVAL OF BRAIN LESION	\$ -
61521	REMOVAL OF BRAIN LESION	\$ -
61522	REMOVAL OF BRAIN ABSCESS	\$ -
61524	REMOVAL OF BRAIN LESION	\$ -
61526	REMOVAL OF BRAIN LESION	\$ -
61530	REMOVAL OF BRAIN LESION	\$ -
61531	IMPLANT BRAIN ELECTRODES	\$ -
61533	IMPLANT BRAIN ELECTRODES	\$ -
61534	REMOVAL OF BRAIN LESION	\$ -
61535	REMOVE BRAIN ELECTRODES	\$ -
61536	REMOVAL OF BRAIN LESION	\$ -
61537	REMOVAL OF BRAIN TISSUE	\$ -
61538	REMOVAL OF BRAIN TISSUE	\$ -
61539	REMOVAL OF BRAIN TISSUE	\$ -
61540	REMOVAL OF BRAIN TISSUE	\$ -
61541	INCISION OF BRAIN TISSUE	\$ -
61543	REMOVAL OF BRAIN TISSUE	\$ -
61544	REMOVE	\$ -
61545	EXCISION OF BRAIN TUMOR	\$ -
61546	REMOVAL OF PITUITARY GLAND	\$ -
61548	REMOVAL OF PITUITARY GLAND	\$ -
61550	RELEASE OF SKULL SEAMS	\$ -
61552	RELEASE OF SKULL SEAMS	\$ -
61556	INCISE SKULL/SUTURES	\$ -
61557	INCISE SKULL/SUTURES	\$ -
61558	EXCISION OF SKULL/SUTURES	\$ -
61559	EXCISION OF SKULL/SUTURES	\$ -
61563	EXCISION OF SKULL TUMOR	\$ -
61564	EXCISION OF SKULL TUMOR	\$ -
61566	REMOVAL OF BRAIN TISSUE	\$ -
61567	INCISION OF BRAIN TISSUE	\$ -
61570	REMOVE FOREIGN BODY- BRAIN	\$ -
61571	INCISE SKULL FOR BRAIN WOUND	\$ -
61575	SKULL BASE/BRAINSTEM SURGERY	\$ -
61576	SKULL BASE/BRAINSTEM SURGERY	\$ -
61580	CRANIOFACIAL APPROACH- SKULL	\$ -
61581	CRANIOFACIAL APPROACH- SKULL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
61582	CRANIOFACIAL APPROACH- SKULL	\$ -
61583	CRANIOFACIAL APPROACH- SKULL	\$ -
61584	ORBITOCRANIAL APPROACH/SKULL	\$ -
61585	ORBITOCRANIAL APPROACH/SKULL	\$ -
61586	RESECT NASOPHARYNX- SKULL	\$ -
61590	INFRATEMPORAL APPROACH/SKULL	\$ -
61591	INFRATEMPORAL APPROACH/SKULL	\$ -
61592	ORBITOCRANIAL APPROACH/SKULL	\$ -
61595	TRANSTEMPORAL APPROACH/SKULL	\$ -
61596	TRANSCOCHLEAR APPROACH/SKULL	\$ -
61597	TRANSCONDYLAR APPROACH/SKULL	\$ -
61598	TRANSPETROSAL APPROACH/SKULL	\$ -
61600	RESECT/EXCISE CRANIAL LESION	\$ -
61601	RESECT/EXCISE CRANIAL LESION	\$ -
61605	RESECT/EXCISE CRANIAL LESION	\$ -
61606	RESECT/EXCISE CRANIAL LESION	\$ -
61607	RESECT/EXCISE CRANIAL LESION	\$ -
61608	RESECT/EXCISE CRANIAL LESION	\$ -
61611	TRANSECT ARTERY- SINUS	\$ -
61613	REMOVE ANEURYSM- SINUS	\$ -
61615	RESECT/EXCISE LESION- SKULL	\$ -
61616	RESECT/EXCISE LESION- SKULL	\$ -
61618	REPAIR DURA	\$ -
61619	REPAIR DURA	\$ -
61623	ENDOVASC TEMPORY VESSEL OCCL	\$ -
61624	TRANSCATH OCCLUSION- CNS	\$ -
61626	TRANSCATH OCCLUSION- NON-CNS	\$ -
61630	INTRACRANIAL ANGIOPLASTY	\$ -
61635	INTRACRAN ANGIOPLSTY W/STENT	\$ -
61640	DILATE IC VASOSPASM- INIT	\$ -
61641	DILATE IC VASOSPASM ADD-ON	\$ -
61642	DILATE IC VASOSPASM ADD-ON	\$ -
61645	PERQ ART M-THROMBECT &/NFS	\$ -
61650	EVASC PRLNG ADMN RX AGNT 1ST	\$ -
61651	EVASC PRLNG ADMN RX AGNT ADD	\$ -
61680	INTRACRANIAL VESSEL SURGERY	\$ -
61682	INTRACRANIAL VESSEL SURGERY	\$ -
61684	INTRACRANIAL VESSEL SURGERY	\$ -
61686	INTRACRANIAL VESSEL SURGERY	\$ -
61690	INTRACRANIAL VESSEL SURGERY	\$ -
61692	INTRACRANIAL VESSEL SURGERY	\$ -
61697	BRAIN ANEURYSM REPR- COMPLX	\$ -
61698	BRAIN ANEURYSM REPR- COMPLX	\$ -
61700	BRAIN ANEURYSM REPR- SIMPLE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
61702	INNER SKULL VESSEL SURGERY	\$ -
61703	CLAMP NECK ARTERY	\$ -
61705	REVISE CIRCULATION TO HEAD	\$ -
61708	REVISE CIRCULATION TO HEAD	\$ -
61710	REVISE CIRCULATION TO HEAD	\$ -
61711	FUSION OF SKULL ARTERIES	\$ -
61720	INCISE SKULL/BRAIN SURGERY	\$ -
61735	INCISE SKULL/BRAIN SURGERY	\$ -
61736	LITT ICR 1 TRAJ 1 SMPL LES	\$ -
61737	LITT ICR MLT TRJ MLT/CPLX LS	\$ -
61750	INCISE SKULL/BRAIN BIOPSY	\$ -
61751	BRAIN BIOPSY W/CT/MR GUIDE	\$ -
61760	IMPLANT BRAIN ELECTRODES	\$ -
61770	INCISE SKULL FOR TREATMENT	\$ -
61781	SCAN PROC CRANIAL INTRA	\$ -
61782	SCAN PROC CRANIAL EXTRA	\$ -
61783	SCAN PROC SPINAL	\$ -
61790	TREAT TRIGEMINAL NERVE	\$ -
61791	TREAT TRIGEMINAL TRACT	\$ -
61796	SRS- CRANIAL LESION SIMPLE	\$ -
61797	SRS- CRAN LES SIMPLE- ADDL	\$ -
61798	SRS- CRANIAL LESION COMPLEX	\$ -
61799	SRS- CRAN LES COMPLEX- ADDL	\$ -
61800	APPLY SRS HEADFRAME ADD-ON	\$ -
61850	IMPLANT NEUROELECTRODES	\$ -
61860	IMPLANT NEUROELECTRODES	\$ -
61863	IMPLANT NEUROELECTRODE	\$ -
61864	IMPLANT NEUROELECTRDE- ADDL	\$ -
61867	IMPLANT NEUROELECTRODE	\$ -
61868	IMPLANT NEUROELECTRDE- ADDL	\$ -
61880	REVISE/REMOVE NEUROELECTRODE	\$ -
61885	IMPLANT NEUROSTIM ONE ARRAY	\$ -
61886	IMPLANT NEUROSTIM ARRAYS	\$ -
61888	REVISE/REMOVE NEURORECEIVER	\$ -
62000	TREAT SKULL FRACTURE	\$ -
62005	TREAT SKULL FRACTURE	\$ -
62010	TREATMENT OF HEAD INJURY	\$ -
62100	REPAIR BRAIN FLUID LEAKAGE	\$ -
62115	REDUCTION OF SKULL DEFECT	\$ -
62117	REDUCTION OF SKULL DEFECT	\$ -
62120	REPAIR SKULL CAVITY LESION	\$ -
62121	INCISE SKULL REPAIR	\$ -
62140	REPAIR OF SKULL DEFECT	\$ -
62141	REPAIR OF SKULL DEFECT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
62142	REMOVE SKULL PLATE/FLAP	\$ -
62143	REPLACE SKULL PLATE/FLAP	\$ -
62145	REPAIR OF SKULL	\$ -
62146	REPAIR OF SKULL WITH GRAFT	\$ -
62147	REPAIR OF SKULL WITH GRAFT	\$ -
62148	RETR BONE FLAP TO FIX SKULL	\$ -
62160	NEUROENDOSCOPY ADD-ON	\$ -
62161	DISSECT BRAIN W/SCOPE	\$ -
62162	REMOVE COLLOID CYST W/SCOPE	\$ -
62164	REMOVE BRAIN TUMOR W/SCOPE	\$ -
62165	REMOVE PITUIT TUMOR W/SCOPE	\$ -
62180	ESTABLISH BRAIN CAVITY SHUNT	\$ -
62190	ESTABLISH BRAIN CAVITY SHUNT	\$ -
62192	ESTABLISH BRAIN CAVITY SHUNT	\$ -
62194	REPLACE/IRRIGATE CATHETER	\$ -
62200	ESTABLISH BRAIN CAVITY SHUNT	\$ -
62201	BRAIN CAVITY SHUNT W/SCOPE	\$ -
62220	ESTABLISH BRAIN CAVITY SHUNT	\$ -
62223	ESTABLISH BRAIN CAVITY SHUNT	\$ -
62225	REPLACE/IRRIGATE CATHETER	\$ -
62230	REPLACE/REVISE BRAIN SHUNT	\$ -
62252	CSF SHUNT REPROGRAM	\$ -
62256	REMOVE BRAIN CAVITY SHUNT	\$ -
62258	REPLACE BRAIN CAVITY SHUNT	\$ -
62263	EPIDURAL LYSIS MULT SESSIONS	\$ -
62264	EPIDURAL LYSIS ON SINGLE DAY	\$ -
62267	INTERDISCAL PERQ ASPIR- DX	\$ -
62268	DRAIN SPINAL CORD CYST	\$ -
62269	NEEDLE BIOPSY- SPINAL CORD	\$ -
62270	LUMBAR PUNCTURE	\$ -
62270	LUMBAR PUNCTURE	\$ -
62272	DRAIN CEREBRO SPINAL FLUID	\$ -
62273	TREAT EPIDURAL SPINE LESION	\$ -
62280	TREAT SPINAL CORD LESION	\$ -
62281	TREAT SPINAL CORD LESION	\$ -
62282	TREAT SPINAL CANAL LESION	\$ -
62284	INJECTION FOR MYELOGRAM	\$ -
62287	PERCUTANEOUS DISKECTOMY	\$ -
62290	INJECT FOR SPINE DISK X-RAY	\$ -
62291	INJECT FOR SPINE DISK X-RAY	\$ -
62292	INJECTION INTO DISK LESION	\$ -
62294	INJECTION INTO SPINAL ARTERY	\$ -
62302	MYELOGRAPHY LUMBAR INJECTION	\$ -
62303	MYELOGRAPHY LUMBAR INJECTION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
62304	MYELOGRAPHY LUMBAR INJECTION	\$ -
62305	MYELOGRAPHY LUMBAR INJECTION	\$ -
62320	NJX INTERLAMINAR CRV/THRC	\$ -
62321	NJX INTERLAMINAR CRV/THRC	\$ -
62322	NJX INTERLAMINAR LMBR/SAC	\$ -
62323	NJX INTERLAMINAR LMBR/SAC	\$ -
62324	NJX INTERLAMINAR CRV/THRC	\$ -
62325	NJX INTERLAMINAR CRV/THRC	\$ -
62326	NJX INTERLAMINAR LMBR/SAC	\$ -
62327	NJX INTERLAMINAR LMBR/SAC	\$ -
62328	DX LMBR SPI PNXR W/FLUOR/CT	\$ -
62329	THER SPI PNXR CSF FLUOR/CT	\$ -
62350	IMPLANT SPINAL CANAL CATH	\$ -
62351	IMPLANT SPINAL CANAL CATH	\$ -
62355	REMOVE SPINAL CANAL CATHETER	\$ -
62360	INSERT SPINE INFUSION DEVICE	\$ -
62361	IMPLANT SPINE INFUSION PUMP	\$ -
62362	IMPLANT SPINE INFUSION PUMP	\$ -
62365	REMOVE SPINE INFUSION DEVICE	\$ -
62367	ANALYZE SPINE INFUSION PUMP	\$ -
62368	ANALYZE SPINE INFUSION PUMP	\$ -
62369	ANAL SP INF PMP W/REPRG&FILL	\$ -
62370	ANL SP INF PMP W/MDREPRG&FIL	\$ -
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	\$ -
63001	REMOVAL OF SPINAL LAMINA	\$ -
63003	REMOVAL OF SPINAL LAMINA	\$ -
63005	REMOVAL OF SPINAL LAMINA	\$ -
63011	REMOVAL OF SPINAL LAMINA	\$ -
63012	REMOVAL OF SPINAL LAMINA	\$ -
63015	REMOVAL OF SPINAL LAMINA	\$ -
63016	REMOVAL OF SPINAL LAMINA	\$ -
63017	REMOVAL OF SPINAL LAMINA	\$ -
63020	NECK SPINE DISK SURGERY	\$ -
63030	LOW BACK DISK SURGERY	\$ -
63035	SPINAL DISK SURGERY ADD-ON	\$ -
63040	LAMINOTOMY- SINGLE CERVICAL	\$ -
63042	LAMINOTOMY- SINGLE LUMBAR	\$ -
63043	LAMINOTOMY- ADDL CERVICAL	\$ -
63044	LAMINOTOMY- ADDL LUMBAR	\$ -
63045	REMOVAL OF SPINAL LAMINA	\$ -
63046	REMOVAL OF SPINAL LAMINA	\$ -
63047	REMOVAL OF SPINAL LAMINA	\$ -
63048	REMOVE SPINAL LAMINA ADD-ON	\$ -
63050	CERVICAL LAMINOPLASTY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
63051	C-LAMINOPLASTY W/GRAFT/PLATE	\$ -
63052	LAM FACETC/FRMT ARTHRD LUM 1	\$ -
63053	LAM FACTC/FRMT ARTHRD LUM EA	\$ -
63055	DECOMPRESS SPINAL CORD	\$ -
63056	DECOMPRESS SPINAL CORD	\$ -
63057	DECOMPRESS SPINE CORD ADD-ON	\$ -
63064	DECOMPRESS SPINAL CORD	\$ -
63066	DECOMPRESS SPINE CORD ADD-ON	\$ -
63075	NECK SPINE DISK SURGERY	\$ -
63076	NECK SPINE DISK SURGERY	\$ -
63077	SPINE DISK SURGERY- THORAX	\$ -
63078	SPINE DISK SURGERY- THORAX	\$ -
63081	REMOVAL OF VERTEBRAL BODY	\$ -
63082	REMOVE VERTEBRAL BODY ADD-ON	\$ -
63085	REMOVAL OF VERTEBRAL BODY	\$ -
63086	REMOVE VERTEBRAL BODY ADD-ON	\$ -
63087	REMOVAL OF VERTEBRAL BODY	\$ -
63088	REMOVE VERTEBRAL BODY ADD-ON	\$ -
63090	REMOVAL OF VERTEBRAL BODY	\$ -
63091	REMOVE VERTEBRAL BODY ADD-ON	\$ -
63101	REMOVAL OF VERTEBRAL BODY	\$ -
63102	REMOVAL OF VERTEBRAL BODY	\$ -
63103	REMOVE VERTEBRAL BODY ADD-ON	\$ -
63170	INCISE SPINAL CORD TRACT(S)	\$ -
63172	DRAINAGE OF SPINAL CYST	\$ -
63173	DRAINAGE OF SPINAL CYST	\$ -
63185	INCISE SPINAL COLUMN/NERVES	\$ -
63190	INCISE SPINAL COLUMN/NERVES	\$ -
63191	INCISE SPINAL COLUMN/NERVES	\$ -
63197	INCISE SPINAL COLUMN	\$ -
63200	RELEASE OF SPINAL CORD	\$ -
63250	REVISE SPINAL CORD VESSELS	\$ -
63251	REVISE SPINAL CORD VESSELS	\$ -
63252	REVISE SPINAL CORD VESSELS	\$ -
63265	EXCISE INTRASPINAL LESION	\$ -
63266	EXCISE INTRASPINAL LESION	\$ -
63267	EXCISE INTRASPINAL LESION	\$ -
63268	EXCISE INTRASPINAL LESION	\$ -
63270	EXCISE INTRASPINAL LESION	\$ -
63271	EXCISE INTRASPINAL LESION	\$ -
63272	EXCISE INTRASPINAL LESION	\$ -
63273	EXCISE INTRASPINAL LESION	\$ -
63275	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63276	BIOPSY/EXCISE SPINAL TUMOR	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
63277	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63278	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63280	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63281	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63282	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63283	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63285	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63286	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63287	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63290	BIOPSY/EXCISE SPINAL TUMOR	\$ -
63295	REPAIR OF LAMINECTOMY DEFECT	\$ -
63300	REMOVAL OF VERTEBRAL BODY	\$ -
63301	REMOVAL OF VERTEBRAL BODY	\$ -
63302	REMOVAL OF VERTEBRAL BODY	\$ -
63303	REMOVAL OF VERTEBRAL BODY	\$ -
63304	REMOVAL OF VERTEBRAL BODY	\$ -
63305	REMOVAL OF VERTEBRAL BODY	\$ -
63306	REMOVAL OF VERTEBRAL BODY	\$ -
63307	REMOVAL OF VERTEBRAL BODY	\$ -
63308	REMOVE VERTEBRAL BODY ADD-ON	\$ -
63600	REMOVE SPINAL CORD LESION	\$ -
63610	STIMULATION OF SPINAL CORD	\$ -
63620	SRS- SPINAL LESION	\$ -
63621	SRS- SPINAL LESION- ADDL	\$ -
63650	IMPLANT NEUROELECTRODES	\$ -
63655	IMPLANT NEUROELECTRODES	\$ -
63661	REMOVE SPINE ELTRD PERQ ARAY	\$ -
63662	REMOVE SPINE ELTRD PLATE	\$ -
63663	REVISE SPINE ELTRD PERQ ARAY	\$ -
63664	REVISE SPINE ELTRD PLATE	\$ -
63685	IMPLANT NEURORECEIVER	\$ -
63688	REVISE/REMOVE NEURORECEIVER	\$ -
63700	REPAIR OF SPINAL HERNIATION	\$ -
63702	REPAIR OF SPINAL HERNIATION	\$ -
63704	REPAIR OF SPINAL HERNIATION	\$ -
63706	REPAIR OF SPINAL HERNIATION	\$ -
63707	REPAIR SPINAL FLUID LEAKAGE	\$ -
63709	REPAIR SPINAL FLUID LEAKAGE	\$ -
63710	GRAFT REPAIR OF SPINE DEFECT	\$ -
63740	INSTALL SPINAL SHUNT	\$ -
63741	INSTALL SPINAL SHUNT	\$ -
63744	REVISION OF SPINAL SHUNT	\$ -
63746	REMOVAL OF SPINAL SHUNT	\$ -
64400	N BLOCK INJ- TRIGEMINAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
64405	N BLOCK INJ- OCCIPITAL	\$ -
64408	N BLOCK INJ- VAGUS	\$ -
64415	N BLOCK INJ- BRACHIAL PLEXUS	\$ -
64416	N BLOCK CONT INFUSE- B PLEX	\$ -
64417	N BLOCK INJ- AXILLARY	\$ -
64418	N BLOCK INJ- SUPRASCAPULAR	\$ -
64420	N BLOCK INJ- INTERCOST- SNG	\$ -
64421	N BLOCK INJ- INTERCOST- MLT	\$ -
64425	N BLOCK INJ ILIO-ING/HYPOGI	\$ -
64430	N BLOCK INJ- PUDENDAL	\$ -
64445	N BLOCK INJ- SCIATIC- SNG	\$ -
64446	N BLK INJ- SCIATIC- CONT INF	\$ -
64447	N BLOCK INJ FEM- SINGLE	\$ -
64448	N BLOCK INJ FEM- CONT INF	\$ -
64449	N BLOCK INJ- LUMBAR PLEXUS	\$ -
64450	N BLOCK- OTHER PERIPHERAL	\$ -
64451	NJX AA&/STRD NRV NRVTG SI JT	\$ -
64454	NJX AA&/STRD GNCLR NRV BRNCH	\$ -
64455	N BLOCK INJ- PLANTAR DIGIT	\$ -
64461	PVB THORACIC SINGLE INJ SITE	\$ -
64462	PVB THORACIC 2ND+ INJ SITE	\$ -
64463	PVB THORACIC CONT INFUSION	\$ -
64479	INJ FORAMEN EPIDURAL C/T	\$ -
64480	INJ FORAMEN EPIDURAL ADD-ON	\$ -
64483	INJ FORAMEN EPIDURAL L/S	\$ -
64484	INJ FORAMEN EPIDURAL ADD-ON	\$ -
64486	TAP BLOCK UNIL BY INJECTION	\$ -
64487	TAP BLOCK UNI BY INFUSION	\$ -
64488	TAP BLOCK BI INJECTION	\$ -
64489	TAP BLOCK BI BY INFUSION	\$ -
64490	INJ PARAVERT F JNT C/T 1 LEV	\$ -
64491	INJ PARAVERT F JNT C/T 2 LEV	\$ -
64492	INJ PARAVERT F JNT C/T 3 LEV	\$ -
64493	INJ PARAVERT F JNT L/S 1 LEV	\$ -
64494	INJ PARAVERT F JNT L/S 2 LEV	\$ -
64495	INJ PARAVERT F JNT L/S 3 LEV	\$ -
64505	N BLOCK- SPENOPALATINE GANGL	\$ -
64510	N BLOCK- STELLATE GANGLION	\$ -
64517	N BLOCK INJ- HYPOGAS PLXS	\$ -
64520	N BLOCK- LUMBAR/THORACIC	\$ -
64530	N BLOCK INJ- CELIAC PELUS	\$ -
64553	IMPLANT NEUROELECTRODES	\$ -
64555	IMPLANT NEUROELECTRODES	\$ -
64561	IMPLANT NEUROELECTRODES	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
64566	NEUROELTRD STIM POST TIBIAL	\$ -
64568	INC FOR VAGUS N ELECT IMPL	\$ -
64569	REVISE/REPL VAGUS N ELTRD	\$ -
64570	REMOVE VAGUS N ELTRD	\$ -
64575	IMPLANT NEUROELECTRODES	\$ -
64580	IMPLANT NEUROELECTRODES	\$ -
64581	IMPLANT NEUROELECTRODES	\$ -
64582	OPN MPLTJ HPGLSL NSTM ARY PG	\$ -
64583	REV/RPLCT HPGLSL NSTM ARY PG	\$ -
64584	RMVL HPGLSL NSTIM ARY PG	\$ -
64585	REVISE/REMOVE NEUROELECTRODE	\$ -
64590	IMPLANT NEURORECEIVER	\$ -
64595	REVISE/REMOVE NEURORECEIVER	\$ -
64600	INJECTION TREATMENT OF NERVE	\$ -
64605	INJECTION TREATMENT OF NERVE	\$ -
64610	INJECTION TREATMENT OF NERVE	\$ -
64611	CHEMODENERV SALIV GLANDS	\$ -
64612	DESTROY NERVE- FACE MUSCLE	\$ -
64615	CHEMODENERV MUSC MIGRAINE	\$ -
64616	CHEMODENERV MUSC NECK DYSTON	\$ -
64617	CHEMODENER MUSCLE LARYNX EMG	\$ -
64620	INJECTION TREATMENT OF NERVE	\$ -
64624	DSTRJ NULYT AGT GNCLR NRV	\$ -
64625	RF ABLTJ NRV NRVTG SI JT	\$ -
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	\$ -
64629	TRML DSTRJ IOS BVN EA ADDL	\$ -
64630	INJECTION TREATMENT OF NERVE	\$ -
64632	N BLOCK INJ- COMMON DIGIT	\$ -
64633	DESTROY CERV/THOR FACET JNT	\$ -
64634	DESTROY C/TH FACET JNT ADDL	\$ -
64635	DESTROY LUMB/SAC FACET JNT	\$ -
64636	DESTROY L/S FACET JNT ADDL	\$ -
64640	INJECTION TREATMENT OF NERVE	\$ -
64642	CHEMODENERV 1 EXTREMITY 1-4	\$ -
64643	CHEMODENERV 1 EXTREM 1-4 EA	\$ -
64644	CHEMODENERV 1 EXTREM 5/> MUS	\$ -
64645	CHEMODENERV 1 EXTREM 5/> EA	\$ -
64646	CHEMODENERV TRUNK MUSC 1-5	\$ -
64647	CHEMODENERV TRUNK MUSC 6/>	\$ -
64650	CHEMODENERV ECCRINE GLANDS	\$ -
64653	CHEMODENERV ECCRINE GLANDS	\$ -
64680	INJECTION TREATMENT OF NERVE	\$ -
64681	INJECTION TREATMENT OF NERVE	\$ -
64702	REVISE FINGER/TOE NERVE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
64704	REVISE HAND/FOOT NERVE	\$ -
64708	REVISE ARM/LEG NERVE	\$ -
64712	REVISION OF SCIATIC NERVE	\$ -
64713	REVISION OF ARM NERVE(S)	\$ -
64714	REVISE LOW BACK NERVE(S)	\$ -
64716	REVISION OF CRANIAL NERVE	\$ -
64718	REVISE ULNAR NERVE AT ELBOW	\$ -
64719	REVISE ULNAR NERVE AT WRIST	\$ -
64721	CARPAL TUNNEL SURGERY	\$ -
64722	RELIEVE PRESSURE ON NERVE(S)	\$ -
64726	RELEASE FOOT/TOE NERVE	\$ -
64727	INTERNAL NERVE REVISION	\$ -
64732	INCISION OF BROW NERVE	\$ -
64734	INCISION OF CHEEK NERVE	\$ -
64736	INCISION OF CHIN NERVE	\$ -
64738	INCISION OF JAW NERVE	\$ -
64740	INCISION OF TONGUE NERVE	\$ -
64742	INCISION OF FACIAL NERVE	\$ -
64744	INCISE NERVE- BACK OF HEAD	\$ -
64746	INCISE DIAPHRAGM NERVE	\$ -
64755	INCISION OF STOMACH NERVES	\$ -
64760	INCISION OF VAGUS NERVE	\$ -
64763	INCISE HIP/THIGH NERVE	\$ -
64766	INCISE HIP/THIGH NERVE	\$ -
64771	SEVER CRANIAL NERVE	\$ -
64772	INCISION OF SPINAL NERVE	\$ -
64774	REMOVE SKIN NERVE LESION	\$ -
64776	REMOVE DIGIT NERVE LESION	\$ -
64778	DIGIT NERVE SURGERY ADD-ON	\$ -
64782	REMOVE LIMB NERVE LESION	\$ -
64783	LIMB NERVE SURGERY ADD-ON	\$ -
64784	REMOVE NERVE LESION	\$ -
64786	REMOVE SCIATIC NERVE LESION	\$ -
64787	IMPLANT NERVE END	\$ -
64788	REMOVE SKIN NERVE LESION	\$ -
64790	REMOVAL OF NERVE LESION	\$ -
64792	REMOVAL OF NERVE LESION	\$ -
64795	BIOPSY OF NERVE	\$ -
64802	REMOVE SYMPATHETIC NERVES	\$ -
64804	REMOVE SYMPATHETIC NERVES	\$ -
64809	REMOVE SYMPATHETIC NERVES	\$ -
64818	REMOVE SYMPATHETIC NERVES	\$ -
64820	REMOVE SYMPATHETIC NERVES	\$ -
64821	REMOVE SYMPATHESTIC NERVES	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
64822	REMOVE SYMPATHETIC NERVES	\$ -
64823	REMOVE SYMPATHETIC NERVES	\$ -
64831	REPAIR OF DIGIT NERVE	\$ -
64832	REPAIR NERVE ADD-ON	\$ -
64834	REPAIR OF HAND OR FOOT NERVE	\$ -
64835	REPAIR OF HAND OR FOOT NERVE	\$ -
64836	REPAIR OF HAND OR FOOT NERVE	\$ -
64837	REPAIR NERVE ADD-ON	\$ -
64840	REPAIR OF LEG NERVE	\$ -
64856	REPAIR/TRANSDPOSE NERVE	\$ -
64857	REPAIR ARM/LEG NERVE	\$ -
64858	REPAIR SCIATIC NERVE	\$ -
64859	NERVE SURGERY	\$ -
64861	REPAIR OF ARM NERVES	\$ -
64862	REPAIR OF LOW BACK NERVES	\$ -
64864	REPAIR OF FACIAL NERVE	\$ -
64865	REPAIR OF FACIAL NERVE	\$ -
64866	FUSION OF FACIAL/OTHER NERVE	\$ -
64868	FUSION OF FACIAL/OTHER NERVE	\$ -
64872	SUBSEQUENT REPAIR OF NERVE	\$ -
64874	REPAIR & REVISE NERVE ADD-ON	\$ -
64876	REPAIR NERVE/SHORTEN BONE	\$ -
64885	NERVE GRAFT- HEAD OR NECK	\$ -
64886	NERVE GRAFT- HEAD OR NECK	\$ -
64890	NERVE GRAFT- HAND OR FOOT	\$ -
64891	NERVE GRAFT- HAND OR FOOT	\$ -
64892	NERVE GRAFT- ARM OR LEG	\$ -
64893	NERVE GRAFT- ARM OR LEG	\$ -
64895	NERVE GRAFT- HAND OR FOOT	\$ -
64896	NERVE GRAFT- HAND OR FOOT	\$ -
64897	NERVE GRAFT- ARM OR LEG	\$ -
64898	NERVE GRAFT- ARM OR LEG	\$ -
64901	NERVE GRAFT ADD-ON	\$ -
64902	NERVE GRAFT ADD-ON	\$ -
64905	NERVE PEDICLE TRANSFER	\$ -
64907	NERVE PEDICLE TRANSFER	\$ -
64910	NERVE REPAIR W/ALLOGRAFT	\$ -
64911	NEURORRAPHY W/VEIN AUTOGRAFT	\$ -
64912	NRV RPR W/NRV ALGRFT 1ST	\$ -
64913	NRV RPR W/NRV ALGRFT EA ADDL	\$ -
64999	NERVOUS SYSTEM SURGERY	\$ -
65091	REVISE EYE	\$ -
65093	REVISE EYE WITH IMPLANT	\$ -
65101	REMOVAL OF EYE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
65103	REMOVE EYE/INSERT IMPLANT	\$ -
65105	REMOVE EYE/ATTACH IMPLANT	\$ -
65110	REMOVAL OF EYE	\$ -
65112	REMOVE EYE/REVISE SOCKET	\$ -
65114	REMOVE EYE/REVISE SOCKET	\$ -
65125	REVISE OCULAR IMPLANT	\$ -
65130	INSERT OCULAR IMPLANT	\$ -
65135	INSERT OCULAR IMPLANT	\$ -
65140	ATTACH OCULAR IMPLANT	\$ -
65150	REVISE OCULAR IMPLANT	\$ -
65155	REINSERT OCULAR IMPLANT	\$ -
65175	REMOVAL OF OCULAR IMPLANT	\$ -
65205	REMOVE FOREIGN BODY FROM EYE	\$ -
65210	REMOVE FOREIGN BODY FROM EYE	\$ -
65220	REMOVE FOREIGN BODY FROM EYE	\$ -
65222	REMOVE FOREIGN BODY FROM EYE	\$ -
65235	REMOVE FOREIGN BODY FROM EYE	\$ -
65260	REMOVE FOREIGN BODY FROM EYE	\$ -
65265	REMOVE FOREIGN BODY FROM EYE	\$ -
65270	REPAIR OF EYE WOUND	\$ -
65272	REPAIR OF EYE WOUND	\$ -
65273	REPAIR OF EYE WOUND	\$ -
65275	REPAIR OF EYE WOUND	\$ -
65280	REPAIR OF EYE WOUND	\$ -
65285	REPAIR OF EYE WOUND	\$ -
65286	REPAIR OF EYE WOUND	\$ -
65290	REPAIR OF EYE SOCKET WOUND	\$ -
65400	REMOVAL OF EYE LESION	\$ -
65410	BIOPSY OF CORNEA	\$ -
65420	REMOVAL OF EYE LESION	\$ -
65426	REMOVAL OF EYE LESION	\$ -
65430	CORNEAL SMEAR	\$ -
65435	CURETTE/TREAT CORNEA	\$ -
65436	CURETTE/TREAT CORNEA	\$ -
65450	TREATMENT OF CORNEAL LESION	\$ -
65600	REVISION OF CORNEA	\$ -
65710	CORNEAL TRANSPLANT	\$ -
65730	CORNEAL TRANSPLANT	\$ -
65750	CORNEAL TRANSPLANT	\$ -
65755	CORNEAL TRANSPLANT	\$ -
65756	CORNEAL TRNSPL- ENDOTHELIAL	\$ -
65757	PREP CORNEAL ENDO ALLOGRAFT	\$ -
65760	REVISION OF CORNEA	\$ -
65765	REVISION OF CORNEA	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
65767	CORNEAL TISSUE TRANSPLANT	\$ -
65770	REVISE CORNEA WITH IMPLANT	\$ -
65771	RADIAL KERATOTOMY	\$ -
65772	CORRECTION OF ASTIGMATISM	\$ -
65775	CORRECTION OF ASTIGMATISM	\$ -
65778	COVER EYE W/MEMBRANE	\$ -
65779	COVER EYE W/MEMBRANE STENT	\$ -
65780	OCULAR RECONST- TRANSPLANT	\$ -
65781	OCULAR RECONST- TRANSPLANT	\$ -
65782	OCULAR RECONST- TRANSPLANT	\$ -
65785	IMPLTJ NTRSTRML CRNL RNG SEG	\$ -
65800	DRAINAGE OF EYE	\$ -
65810	DRAINAGE OF EYE	\$ -
65815	DRAINAGE OF EYE	\$ -
65820	RELIEVE INNER EYE PRESSURE	\$ -
65850	INCISION OF EYE	\$ -
65855	LASER SURGERY OF EYE	\$ -
65860	INCISE INNER EYE ADHESIONS	\$ -
65865	INCISE INNER EYE ADHESIONS	\$ -
65870	INCISE INNER EYE ADHESIONS	\$ -
65875	INCISE INNER EYE ADHESIONS	\$ -
65880	INCISE INNER EYE ADHESIONS	\$ -
65900	REMOVE EYE LESION	\$ -
65920	REMOVE IMPLANT OF EYE	\$ -
65930	REMOVE BLOOD CLOT FROM EYE	\$ -
66020	INJECTION TREATMENT OF EYE	\$ -
66030	INJECTION TREATMENT OF EYE	\$ -
66130	REMOVE EYE LESION	\$ -
66150	GLAUCOMA SURGERY	\$ -
66155	GLAUCOMA SURGERY	\$ -
66160	GLAUCOMA SURGERY	\$ -
66170	GLAUCOMA SURGERY	\$ -
66172	INCISION OF EYE	\$ -
66174	TRANSLUM DIL EYE CANAL	\$ -
66175	TRNSLUM DIL EYE CANAL W/STNT	\$ -
66179	AQUEOUS SHUNT EYE W/O GRAFT	\$ -
66180	IMPLANT EYE SHUNT	\$ -
66183	INSERT ANT DRAINAGE DEVICE	\$ -
66184	REVISION OF AQUEOUS SHUNT	\$ -
66185	REVISE EYE SHUNT	\$ -
66225	REPAIR/GRAFT EYE LESION	\$ -
66250	FOLLOW-UP SURGERY OF EYE	\$ -
66500	INCISION OF IRIS	\$ -
66505	INCISION OF IRIS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
66600	REMOVE IRIS AND LESION	\$ -
66605	REMOVAL OF IRIS	\$ -
66625	REMOVAL OF IRIS	\$ -
66630	REMOVAL OF IRIS	\$ -
66635	REMOVAL OF IRIS	\$ -
66680	REPAIR IRIS	\$ -
66682	REPAIR IRIS	\$ -
66700	DESTRUCTION- CILIARY BODY	\$ -
66710	DESTRUCTION- CILIARY BODY	\$ -
66711	CILIARY ENDOSCOPIC ABLATION	\$ -
66720	DESTRUCTION- CILIARY BODY	\$ -
66740	DESTRUCTION- CILIARY BODY	\$ -
66761	REVISION OF IRIS	\$ -
66762	REVISION OF IRIS	\$ -
66770	REMOVAL OF INNER EYE LESION	\$ -
66820	INCISION- SECONDARY CATARACT	\$ -
66821	AFTER CATARACT LASER SURGERY	\$ -
66825	REPOSITION INTRAOCULAR LENS	\$ -
66830	REMOVAL OF LENS LESION	\$ -
66840	REMOVAL OF LENS MATERIAL	\$ -
66850	REMOVAL OF LENS MATERIAL	\$ -
66852	REMOVAL OF LENS MATERIAL	\$ -
66920	EXTRACTION OF LENS	\$ -
66930	EXTRACTION OF LENS	\$ -
66940	EXTRACTION OF LENS	\$ -
66982	CATARACT SURGERY- COMPLEX	\$ -
66983	CATARACT SURG W/IOL- 1 STAGE	\$ -
66984	CATARACT SURG W/IOL- 1 STAGE	\$ -
66985	INSERT LENS PROSTHESIS	\$ -
66986	EXCHANGE LENS PROSTHESIS	\$ -
66987	XCAPSL CTRC RMVL CPLX W/ECP	\$ -
66988	XCAPSL CTRC RMVL W/ECP	\$ -
66989	XCPSL CTRC RMVL CPLX INSJ 1+	\$ -
66990	OPHTHALMIC ENDOSCOPE ADD-ON	\$ -
66991	XCAPSL CTRC RMVL INSJ 1+	\$ -
66999	EYE SURGERY PROCEDURE	\$ -
67005	PARTIAL REMOVAL OF EYE FLUID	\$ -
67010	PARTIAL REMOVAL OF EYE FLUID	\$ -
67015	RELEASE OF EYE FLUID	\$ -
67025	REPLACE EYE FLUID	\$ -
67027	IMPLANT EYE DRUG SYSTEM	\$ -
67028	INJECTION EYE DRUG	\$ -
67030	INCISE INNER EYE STRANDS	\$ -
67031	LASER SURGERY- EYE STRANDS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
67036	REMOVAL OF INNER EYE FLUID	\$ -
67039	LASER TREATMENT OF RETINA	\$ -
67040	LASER TREATMENT OF RETINA	\$ -
67041	VIT FOR MACULAR PUCKER	\$ -
67042	VIT FOR MACULAR HOLE	\$ -
67043	VIT FOR MEMBRANE DISSECT	\$ -
67101	REPAIR DETACHED RETINA	\$ -
67105	REPAIR DETACHED RETINA	\$ -
67107	REPAIR DETACHED RETINA	\$ -
67108	REPAIR DETACHED RETINA	\$ -
67110	REPAIR DETACHED RETINA	\$ -
67113	REPAIR RETINAL DETACH- CPLX	\$ -
67115	RELEASE ENCIRCLING MATERIAL	\$ -
67120	REMOVE EYE IMPLANT MATERIAL	\$ -
67121	REMOVE EYE IMPLANT MATERIAL	\$ -
67141	TREATMENT OF RETINA	\$ -
67145	TREATMENT OF RETINA	\$ -
67208	TREATMENT OF RETINAL LESION	\$ -
67210	TREATMENT OF RETINAL LESION	\$ -
67218	TREATMENT OF RETINAL LESION	\$ -
67220	TREATMENT OF CHOROID LESION	\$ -
67221	OCULAR PHOTODYNAMIC THER	\$ -
67225	EYE PHOTODYNAMIC THER ADD-ON	\$ -
67227	TREATMENT OF RETINAL LESION	\$ -
67228	TREATMENT OF RETINAL LESION	\$ -
67229	TR RETINAL LES PRETERM INF	\$ -
67250	REINFORCE EYE WALL	\$ -
67255	REINFORCE/GRAFT EYE WALL	\$ -
67299	EYE SURGERY PROCEDURE	\$ -
67311	REVISE EYE MUSCLE	\$ -
67312	REVISE TWO EYE MUSCLES	\$ -
67314	REVISE EYE MUSCLE	\$ -
67316	REVISE TWO EYE MUSCLES	\$ -
67318	REVISE EYE MUSCLE(S)	\$ -
67320	REVISE EYE MUSCLE(S) ADD-ON	\$ -
67331	EYE SURGERY FOLLOW-UP ADD-ON	\$ -
67332	REREVISE EYE MUSCLES ADD-ON	\$ -
67334	REVISE EYE MUSCLE W/SUTURE	\$ -
67335	EYE SUTURE DURING SURGERY	\$ -
67340	REVISE EYE MUSCLE ADD-ON	\$ -
67343	RELEASE EYE TISSUE	\$ -
67345	DESTROY NERVE OF EYE MUSCLE	\$ -
67346	BIOPSY- EYE MUSCLE	\$ -
67399	EYE MUSCLE SURGERY PROCEDURE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
67400	EXPLORE/BIOPSY EYE SOCKET	\$ -
67405	EXPLORE/DRAIN EYE SOCKET	\$ -
67412	EXPLORE/TREAT EYE SOCKET	\$ -
67413	EXPLORE/TREAT EYE SOCKET	\$ -
67414	EXPLR/DECOMPRESS EYE SOCKET	\$ -
67415	ASPIRATION- ORBITAL CONTENTS	\$ -
67420	EXPLORE/TREAT EYE SOCKET	\$ -
67430	EXPLORE/TREAT EYE SOCKET	\$ -
67440	EXPLORE/DRAIN EYE SOCKET	\$ -
67445	EXPLR/DECOMPRESS EYE SOCKET	\$ -
67450	EXPLORE/BIOPSY EYE SOCKET	\$ -
67500	INJECT/TREAT EYE SOCKET	\$ -
67505	INJECT/TREAT EYE SOCKET	\$ -
67515	INJECT/TREAT EYE SOCKET	\$ -
67550	INSERT EYE SOCKET IMPLANT	\$ -
67560	REVISE EYE SOCKET IMPLANT	\$ -
67570	DECOMPRESS OPTIC NERVE	\$ -
67599	ORBIT SURGERY PROCEDURE	\$ -
67700	DRAINAGE OF EYELID ABSCESS	\$ -
67710	INCISION OF EYELID	\$ -
67715	INCISION OF EYELID FOLD	\$ -
67800	REMOVE EYELID LESION	\$ -
67801	REMOVE EYELID LESIONS	\$ -
67805	REMOVE EYELID LESIONS	\$ -
67808	REMOVE EYELID LESION(S)	\$ -
67810	BIOPSY OF EYELID	\$ -
67820	REVISE EYELASHES	\$ -
67825	REVISE EYELASHES	\$ -
67830	REVISE EYELASHES	\$ -
67835	REVISE EYELASHES	\$ -
67840	REMOVE EYELID LESION	\$ -
67850	TREAT EYELID LESION	\$ -
67875	CLOSURE OF EYELID BY SUTURE	\$ -
67880	REVISION OF EYELID	\$ -
67882	REVISION OF EYELID	\$ -
67900	REPAIR BROW DEFECT	\$ -
67901	REPAIR EYELID DEFECT	\$ -
67902	REPAIR EYELID DEFECT	\$ -
67903	REPAIR EYELID DEFECT	\$ -
67904	REPAIR EYELID DEFECT	\$ -
67906	REPAIR EYELID DEFECT	\$ -
67908	REPAIR EYELID DEFECT	\$ -
67909	REVISE EYELID DEFECT	\$ -
67911	REVISE EYELID DEFECT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
67912	CORRECTION EYELID W/ IMPLANT	\$ -
67914	REPAIR EYELID DEFECT	\$ -
67915	REPAIR EYELID DEFECT	\$ -
67916	REPAIR EYELID DEFECT	\$ -
67917	REPAIR EYELID DEFECT	\$ -
67921	REPAIR EYELID DEFECT	\$ -
67922	REPAIR EYELID DEFECT	\$ -
67923	REPAIR EYELID DEFECT	\$ -
67924	REPAIR EYELID DEFECT	\$ -
67930	REPAIR EYELID WOUND	\$ -
67935	REPAIR EYELID WOUND	\$ -
67938	REMOVE EYELID FOREIGN BODY	\$ -
67950	REVISION OF EYELID	\$ -
67961	REVISION OF EYELID	\$ -
67966	REVISION OF EYELID	\$ -
67971	RECONSTRUCTION OF EYELID	\$ -
67973	RECONSTRUCTION OF EYELID	\$ -
67974	RECONSTRUCTION OF EYELID	\$ -
67975	RECONSTRUCTION OF EYELID	\$ -
67999	REVISION OF EYELID	\$ -
68020	INCISE/DRAIN EYELID LINING	\$ -
68040	TREATMENT OF EYELID LESIONS	\$ -
68100	BIOPSY OF EYELID LINING	\$ -
68110	REMOVE EYELID LINING LESION	\$ -
68115	REMOVE EYELID LINING LESION	\$ -
68130	REMOVE EYELID LINING LESION	\$ -
68135	REMOVE EYELID LINING LESION	\$ -
68200	TREAT EYELID BY INJECTION	\$ -
68320	REVISE/GRAFT EYELID LINING	\$ -
68325	REVISE/GRAFT EYELID LINING	\$ -
68326	REVISE/GRAFT EYELID LINING	\$ -
68328	REVISE/GRAFT EYELID LINING	\$ -
68330	REVISE EYELID LINING	\$ -
68335	REVISE/GRAFT EYELID LINING	\$ -
68340	SEPARATE EYELID ADHESIONS	\$ -
68360	REVISE EYELID LINING	\$ -
68362	REVISE EYELID LINING	\$ -
68371	HARVEST EYE TISSUE- ALOGRAFT	\$ -
68399	EYELID LINING SURGERY	\$ -
68400	INCISE/DRAIN TEAR GLAND	\$ -
68420	INCISE/DRAIN TEAR SAC	\$ -
68440	INCISE TEAR DUCT OPENING	\$ -
68500	REMOVAL OF TEAR GLAND	\$ -
68505	PARTIAL REMOVAL- TEAR GLAND	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
68510	BIOPSY OF TEAR GLAND	\$ -
68520	REMOVAL OF TEAR SAC	\$ -
68525	BIOPSY OF TEAR SAC	\$ -
68530	CLEARANCE OF TEAR DUCT	\$ -
68540	REMOVE TEAR GLAND LESION	\$ -
68550	REMOVE TEAR GLAND LESION	\$ -
68700	REPAIR TEAR DUCTS	\$ -
68705	REVISE TEAR DUCT OPENING	\$ -
68720	CREATE TEAR SAC DRAIN	\$ -
68745	CREATE TEAR DUCT DRAIN	\$ -
68750	CREATE TEAR DUCT DRAIN	\$ -
68760	CLOSE TEAR DUCT OPENING	\$ -
68761	CLOSE TEAR DUCT OPENING	\$ -
68770	CLOSE TEAR SYSTEM FISTULA	\$ -
68801	DILATE TEAR DUCT OPENING	\$ -
68810	PROBE NASOLACRIMAL DUCT	\$ -
68811	PROBE NASOLACRIMAL DUCT	\$ -
68815	PROBE NASOLACRIMAL DUCT	\$ -
68816	PROBE NL DUCT W/BALLOON	\$ -
68840	EXPLORE/IRRIGATE TEAR DUCTS	\$ -
68841	INSJ RX ELUT IMPLT LAC CANAL	\$ -
68850	INJECTION FOR TEAR SAC X-RAY	\$ -
68899	TEAR DUCT SYSTEM SURGERY	\$ -
69000	DRAIN EXTERNAL EAR LESION	\$ -
69005	DRAIN EXTERNAL EAR LESION	\$ -
69020	DRAIN OUTER EAR CANAL LESION	\$ -
69090	PIERCE EARLOBES	\$ -
69100	BIOPSY OF EXTERNAL EAR	\$ -
69105	BIOPSY OF EXTERNAL EAR CANAL	\$ -
69110	REMOVE EXTERNAL EAR- PARTIAL	\$ -
69120	REMOVAL OF EXTERNAL EAR	\$ -
69140	REMOVE EAR CANAL LESION(S)	\$ -
69145	REMOVE EAR CANAL LESION(S)	\$ -
69150	EXTENSIVE EAR CANAL SURGERY	\$ -
69155	EXTENSIVE EAR/NECK SURGERY	\$ -
69200	Foregin body removal/ext. ear canal	\$ -
69200	SNHD Foregin body removal/ext. ear canal	\$ -
69205	CLEAR OUTER EAR CANAL	\$ -
69209	Cerumen removal w/o instrument	\$ 49.00
69210	Cerumen removal w/ instrument	\$ 137.50
69220	CLEAN OUT MASTOID CAVITY	\$ -
69222	CLEAN OUT MASTOID CAVITY	\$ -
69300	REVISE EXTERNAL EAR	\$ -
69310	REBUILD OUTER EAR CANAL	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
69320	REBUILD OUTER EAR CANAL	\$ -
69399	OUTER EAR SURGERY PROCEDURE	\$ -
69420	INCISION OF EARDRUM	\$ -
69421	INCISION OF EARDRUM	\$ -
69424	REMOVE VENTILATING TUBE	\$ -
69433	CREATE EARDRUM OPENING	\$ -
69436	CREATE EARDRUM OPENING	\$ -
69440	EXPLORATION OF MIDDLE EAR	\$ -
69450	EARDRUM REVISION	\$ -
69501	MASTOIDECTOMY	\$ -
69502	MASTOIDECTOMY	\$ -
69505	REMOVE MASTOID STRUCTURES	\$ -
69511	EXTENSIVE MASTOID SURGERY	\$ -
69530	EXTENSIVE MASTOID SURGERY	\$ -
69535	REMOVE PART OF TEMPORAL BONE	\$ -
69540	REMOVE EAR LESION	\$ -
69550	REMOVE EAR LESION	\$ -
69552	REMOVE EAR LESION	\$ -
69554	REMOVE EAR LESION	\$ -
69601	MASTOID SURGERY REVISION	\$ -
69602	MASTOID SURGERY REVISION	\$ -
69603	MASTOID SURGERY REVISION	\$ -
69604	MASTOID SURGERY REVISION	\$ -
69610	REPAIR OF EARDRUM	\$ -
69620	REPAIR OF EARDRUM	\$ -
69631	REPAIR EARDRUM STRUCTURES	\$ -
69632	REBUILD EARDRUM STRUCTURES	\$ -
69633	REBUILD EARDRUM STRUCTURES	\$ -
69635	REPAIR EARDRUM STRUCTURES	\$ -
69636	REBUILD EARDRUM STRUCTURES	\$ -
69637	REBUILD EARDRUM STRUCTURES	\$ -
69641	REVISE MIDDLE EAR	\$ -
69642	REVISE MIDDLE EAR & MASTOID	\$ -
69643	REVISE MIDDLE EAR & MASTOID	\$ -
69644	REVISE MIDDLE EAR & MASTOID	\$ -
69645	REVISE MIDDLE EAR & MASTOID	\$ -
69646	REVISE MIDDLE EAR & MASTOID	\$ -
69650	RELEASE MIDDLE EAR BONE	\$ -
69660	REVISE MIDDLE EAR BONE	\$ -
69661	REVISE MIDDLE EAR BONE	\$ -
69662	REVISE MIDDLE EAR BONE	\$ -
69666	REPAIR MIDDLE EAR STRUCTURES	\$ -
69667	REPAIR MIDDLE EAR STRUCTURES	\$ -
69670	REMOVE MASTOID AIR CELLS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
69676	REMOVE MIDDLE EAR NERVE	\$ -
69700	CLOSE MASTOID FISTULA	\$ -
69705	NPS SURG DILAT EUST TUBE UNI	\$ -
69706	NPS SURG DILAT EUST TUBE BI	\$ -
69710	IMPLANT/REPLACE HEARING AID	\$ -
69711	REMOVE/REPAIR HEARING AID	\$ -
69714	IMPLANT TEMPLE BONE W/STIMUL	\$ -
69716	IMPLTJ OI IMPLT SKL TC ESP	\$ -
69717	TEMPLE BONE IMPLANT REVISION	\$ -
69719	REVJ/RPLCMT OI IMPLT TC ESP	\$ -
69720	RELEASE FACIAL NERVE	\$ -
69725	RELEASE FACIAL NERVE	\$ -
69726	RMVL OI IMPLT SKL PERQ ESP	\$ -
69727	RMVL OI IMPLT SKL TC ESP	\$ -
69740	REPAIR FACIAL NERVE	\$ -
69745	REPAIR FACIAL NERVE	\$ -
69799	MIDDLE EAR SURGERY PROCEDURE	\$ -
69801	INCISE INNER EAR	\$ -
69805	EXPLORE INNER EAR	\$ -
69806	EXPLORE INNER EAR	\$ -
69905	REMOVE INNER EAR	\$ -
69910	REMOVE INNER EAR & MASTOID	\$ -
69915	INCISE INNER EAR NERVE	\$ -
69930	IMPLANT COCHLEAR DEVICE	\$ -
69949	INNER EAR SURGERY PROCEDURE	\$ -
69950	INCISE INNER EAR NERVE	\$ -
69955	RELEASE FACIAL NERVE	\$ -
69960	RELEASE INNER EAR CANAL	\$ -
69970	REMOVE INNER EAR LESION	\$ -
69979	TEMPORAL BONE SURGERY	\$ -
69990	MICROSURGERY ADD-ON	\$ -
70010	CONTRAST X-RAY OF BRAIN	\$ -
70015	CONTRAST X-RAY OF BRAIN	\$ -
70030	X-RAY EYE FOR FOREIGN BODY	\$ -
70100	X-RAY EXAM OF JAW	\$ -
70110	X-RAY EXAM OF JAW	\$ -
70120	X-RAY EXAM OF MASTOIDS	\$ -
70130	X-RAY EXAM OF MASTOIDS	\$ -
70134	X-RAY EXAM OF MIDDLE EAR	\$ -
70140	X-RAY EXAM OF FACIAL BONES	\$ -
70150	X-RAY EXAM OF FACIAL BONES	\$ -
70160	X-RAY EXAM OF NASAL BONES	\$ -
70170	X-RAY EXAM OF TEAR DUCT	\$ -
70190	X-RAY EXAM OF EYE SOCKETS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
70200	X-RAY EXAM OF EYE SOCKETS	\$ -
70210	X-RAY EXAM OF SINUSES	\$ -
70220	X-RAY EXAM OF SINUSES	\$ -
70240	X-RAY EXAM- PITUITARY SADDLE	\$ -
70250	X-RAY EXAM OF SKULL	\$ -
70260	X-RAY EXAM OF SKULL	\$ -
70300	X-RAY EXAM OF TEETH	\$ -
70310	X-RAY EXAM OF TEETH	\$ -
70320	FULL MOUTH X-RAY OF TEETH	\$ -
70328	X-RAY EXAM OF JAW JOINT	\$ -
70330	X-RAY EXAM OF JAW JOINTS	\$ -
70332	X-RAY EXAM OF JAW JOINT	\$ -
70336	MAGNETIC IMAGE- JAW JOINT	\$ -
70350	X-RAY HEAD FOR ORTHODONTIA	\$ -
70355	PANORAMIC X-RAY OF JAWS	\$ -
70360	X-RAY EXAM OF NECK	\$ -
70370	THROAT X-RAY & FLUOROSCOPY	\$ -
70371	SPEECH EVALUATION- COMPLEX	\$ -
70380	X-RAY EXAM OF SALIVARY GLAND	\$ -
70390	X-RAY EXAM OF SALIVARY DUCT	\$ -
70450	CT HEAD/BRAIN W/O DYE	\$ -
70460	CT HEAD/BRAIN W/DYE	\$ -
70470	CT HEAD/BRAIN W/O&W DYE	\$ -
70480	CT ORBIT/EAR/FOSSA W/O DYE	\$ -
70481	CT ORBIT/EAR/FOSSA W/DYE	\$ -
70482	CT ORBIT/EAR/FOSSA W/O&W DYE	\$ -
70486	CT MAXILLOFACIAL W/O DYE	\$ -
70487	CT MAXILLOFACIAL W/DYE	\$ -
70488	CT MAXILLOFACIAL W/O&W DYE	\$ -
70490	CT SOFT TISSUE NECK W/O DYE	\$ -
70491	CT SOFT TISSUE NECK W/DYE	\$ -
70492	CT SFT TSUE NCK W/O & W/DYE	\$ -
70496	CT ANGIOGRAPHY- HEAD	\$ -
70498	CT ANGIOGRAPHY- NECK	\$ -
70540	MRI ORBIT/FACE/NECK W/O DYE	\$ -
70542	MRI ORBIT/FACE/NECK W/DYE	\$ -
70543	MRI ORBT/FAC/NCK W/O&W DYE	\$ -
70544	MR ANGIOGRAPHY HEAD W/O DYE	\$ -
70545	MR ANGIOGRAPHY HEAD W/DYE	\$ -
70546	MR ANGIOGRAPH HEAD W/O&W DYE	\$ -
70547	MR ANGIOGRAPHY NECK W/O DYE	\$ -
70548	MR ANGIOGRAPHY NECK W/DYE	\$ -
70549	MR ANGIOGRAPH NECK W/O&W DYE	\$ -
70551	MRI BRAIN W/O DYE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
70552	MRI BRAIN W/DYE	\$ -
70553	MRI BRAIN W/O&W DYE	\$ -
70554	FMRI BRAIN BY TECH	\$ -
70555	FMRI BRAIN BY PHYS/PSYCH	\$ -
70557	MRI BRAIN W/O DYE	\$ -
70558	MRI BRAIN W/ DYE	\$ -
70559	MRI BRAIN W/O & W/ DYE	\$ -
71045	X-RAY EXAM CHEST 1 VIEW	\$ -
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 33.33
71047	X-RAY EXAM CHEST 3 VIEWS	\$ -
71048	X-RAY EXAM CHEST 4+ VIEWS	\$ -
71100	X-RAY EXAM OF RIBS	\$ -
71101	X-RAY EXAM OF RIBS/CHEST	\$ -
71110	X-RAY EXAM OF RIBS	\$ -
71111	X-RAY EXAM OF RIBS/ CHEST	\$ -
71120	X-RAY EXAM OF BREASTBONE	\$ -
71130	X-RAY EXAM OF BREASTBONE	\$ -
71250	CT THORAX W/O DYE	\$ -
71260	CT THORAX W/DYE	\$ -
71270	CT THORAX W/O&W DYE	\$ -
71271	CT THORAX LUNG CANCER SCR C-	\$ -
71275	CT ANGIOGRAPHY- CHEST	\$ -
71550	MRI CHEST W/O DYE	\$ -
71551	MRI CHEST W/DYE	\$ -
71552	MRI CHEST W/O&W/DYE	\$ -
71555	MRI ANGIO CHEST W OR W/O DYE	\$ -
72020	X-RAY EXAM OF SPINE	\$ -
72040	X-RAY EXAM OF NECK SPINE	\$ -
72050	X-RAY EXAM OF NECK SPINE	\$ -
72052	X-RAY EXAM OF NECK SPINE	\$ -
72070	X-RAY EXAM OF THORACIC SPINE	\$ -
72072	X-RAY EXAM OF THORACIC SPINE	\$ -
72074	X-RAY EXAM OF THORACIC SPINE	\$ -
72080	X-RAY EXAM OF TRUNK SPINE	\$ -
72081	X-RAY EXAM ENTIRE SPI 1 VW	\$ -
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ -
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ -
72084	X-RAY EXAM ENTIRE SPI 6/> VW	\$ -
72100	X-RAY EXAM OF LOWER SPINE	\$ -
72110	X-RAY EXAM OF LOWER SPINE	\$ -
72114	X-RAY EXAM OF LOWER SPINE	\$ -
72120	X-RAY EXAM OF LOWER SPINE	\$ -
72125	CT NECK SPINE W/O DYE	\$ -
72126	CT NECK SPINE W/DYE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
72127	CT NECK SPINE W/O&W/DYE	\$ -
72128	CT CHEST SPINE W/O DYE	\$ -
72129	CT CHEST SPINE W/DYE	\$ -
72130	CT CHEST SPINE W/O&W/DYE	\$ -
72131	CT LUMBAR SPINE W/O DYE	\$ -
72132	CT LUMBAR SPINE W/DYE	\$ -
72133	CT LUMBAR SPINE W/O&W/DYE	\$ -
72141	MRI NECK SPINE W/O DYE	\$ -
72142	MRI NECK SPINE W/DYE	\$ -
72146	MRI CHEST SPINE W/O DYE	\$ -
72147	MRI CHEST SPINE W/DYE	\$ -
72148	MRI LUMBAR SPINE W/O DYE	\$ -
72149	MRI LUMBAR SPINE W/DYE	\$ -
72156	MRI NECK SPINE W/O	\$ -
72157	MRI CHEST SPINE W/O&W/DYE	\$ -
72158	MRI LUMBAR SPINE W/O&W/DYE	\$ -
72159	MR ANGIO SPINE W/O&W/DYE	\$ -
72170	X-RAY EXAM OF PELVIS	\$ -
72190	X-RAY EXAM OF PELVIS	\$ -
72191	CT ANGIOGRAPH PELV W/O&W/DYE	\$ -
72192	CT PELVIS W/O DYE	\$ -
72193	CT PELVIS W/DYE	\$ -
72194	CT PELVIS W/O&W/DYE	\$ -
72195	MRI PELVIS W/O DYE	\$ -
72196	MRI PELVIS W/DYE	\$ -
72197	MRI PELVIS W/O & W/DYE	\$ -
72198	MR ANGIO PELVIS W/O&W/DYE	\$ -
72200	X-RAY EXAM SACROILIAC JOINTS	\$ -
72202	X-RAY EXAM SACROILIAC JOINTS	\$ -
72220	X-RAY EXAM OF TAILBONE	\$ -
72240	CONTRAST X-RAY OF NECK SPINE	\$ -
72255	CONTRAST X-RAY- THORAX SPINE	\$ -
72265	CONTRAST X-RAY- LOWER SPINE	\$ -
72270	CONTRAST X-RAY OF SPINE	\$ -
72285	X-RAY C/T SPINE DISK	\$ -
72295	X-RAY OF LOWER SPINE DISK	\$ -
73000	X-RAY EXAM OF COLLAR BONE	\$ -
73010	X-RAY EXAM OF SHOULDER BLADE	\$ -
73020	X-RAY EXAM OF SHOULDER	\$ -
73030	X-RAY EXAM OF SHOULDER	\$ -
73040	CONTRAST X-RAY OF SHOULDER	\$ -
73050	X-RAY EXAM OF SHOULDERS	\$ -
73060	X-RAY EXAM OF HUMERUS	\$ -
73070	X-RAY EXAM OF ELBOW	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
73080	X-RAY EXAM OF ELBOW	\$ -
73085	CONTRAST X-RAY OF ELBOW	\$ -
73090	X-RAY EXAM OF FOREARM	\$ -
73092	X-RAY EXAM OF ARM- INFANT	\$ -
73100	X-RAY EXAM OF WRIST	\$ -
73110	X-RAY EXAM OF WRIST	\$ -
73115	CONTRAST X-RAY OF WRIST	\$ -
73120	X-RAY EXAM OF HAND	\$ -
73130	X-RAY EXAM OF HAND	\$ -
73140	X-RAY EXAM OF FINGER(S)	\$ -
73200	CT UPPER EXTREMITY W/O DYE	\$ -
73201	CT UPPER EXTREMITY W/DYE	\$ -
73202	CT UPPR EXTREMITY W/O&W/DYE	\$ -
73206	CT ANGIO UPR EXTRM W/O&W/DYE	\$ -
73218	MRI UPPER EXTREMITY W/O DYE	\$ -
73219	MRI UPPER EXTREMITY W/DYE	\$ -
73220	MRI UPPR EXTREMITY W/O&W/DYE	\$ -
73221	MRI JOINT UPR EXTREM W/O DYE	\$ -
73222	MRI JOINT UPR EXTREM W/DYE	\$ -
73223	MRI JOINT UPR EXTR W/O&W/DYE	\$ -
73225	MR ANGIO UPR EXTR W/O&W/DYE	\$ -
73501	X-RAY EXAM HIP UNI 1 VIEW	\$ -
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ -
73503	X-RAY EXAM HIP UNI 4/> VIEWS	\$ -
73521	X-RAY EXAM HIPS BI 2 VIEWS	\$ -
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	\$ -
73523	X-RAY EXAM HIPS BI 5/> VIEWS	\$ -
73525	CONTRAST X-RAY OF HIP	\$ -
73551	X-RAY EXAM OF FEMUR 1	\$ -
73552	X-RAY EXAM OF FEMUR 2/>	\$ -
73560	X-RAY EXAM OF KNEE- 1 OR 2	\$ -
73562	X-RAY EXAM OF KNEE- 3	\$ -
73564	X-RAY EXAM- KNEE- 4 OR MORE	\$ -
73565	X-RAY EXAM OF KNEES	\$ -
73580	CONTRAST X-RAY OF KNEE JOINT	\$ -
73590	X-RAY EXAM OF LOWER LEG	\$ -
73592	X-RAY EXAM OF LEG- INFANT	\$ -
73600	X-RAY EXAM OF ANKLE	\$ -
73610	X-RAY EXAM OF ANKLE	\$ -
73615	CONTRAST X-RAY OF ANKLE	\$ -
73620	X-RAY EXAM OF FOOT	\$ -
73630	X-RAY EXAM OF FOOT	\$ -
73650	X-RAY EXAM OF HEEL	\$ -
73660	X-RAY EXAM OF TOE(S)	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
73700	CT LOWER EXTREMITY W/O DYE	\$ -
73701	CT LOWER EXTREMITY W/DYE	\$ -
73702	CT LWR EXTREMITY W/O&W/DYE	\$ -
73706	CT ANGIO LWR EXTR W/O&W/DYE	\$ -
73718	MRI LOWER EXTREMITY W/O DYE	\$ -
73719	MRI LOWER EXTREMITY W/DYE	\$ -
73720	MRI LWR EXTREMITY W/O&W/DYE	\$ -
73721	MRI JNT OF LWR EXTRE W/O DYE	\$ -
73722	MRI JOINT OF LWR EXTR W/DYE	\$ -
73723	MRI JOINT LWR EXTR W/O&W/DYE	\$ -
73725	MR ANG LWR EXT W OR W/O DYE	\$ -
74018	X-RAY EXAM ABDOMEN 1 VIEW	\$ -
74019	X-RAY EXAM ABDOMEN 2 VIEWS	\$ -
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	\$ -
74022	X-RAY EXAM SERIES- ABDOMEN	\$ -
74150	CT ABDOMEN W/O DYE	\$ -
74160	CT ABDOMEN W/DYE	\$ -
74170	CT ABDOMEN W/O&W/DYE	\$ -
74174	CT ANGIO ABD&PELV W/O&W/DYE	\$ -
74175	CT ANGIO ABDOM W/O&W/DYE	\$ -
74176	CT ABD & PELVIS W/O CONTRAST	\$ -
74177	CT ABDOMEN&PELVIS W/CONTRAST	\$ -
74178	CT ABD&PELV 1+ SECTION/REGNS	\$ -
74181	MRI ABDOMEN W/O DYE	\$ -
74182	MRI ABDOMEN W/DYE	\$ -
74183	MRI ABDOMEN W/O&W/DYE	\$ -
74185	MRI ANGIO- ABDOM W OR W/O DY	\$ -
74190	X-RAY EXAM OF PERITONEUM	\$ -
74210	CONTRST X-RAY EXAM OF THROAT	\$ -
74220	CONTRAST X-RAY- ESOPHAGUS	\$ -
74221	X-RAY XM ESOPHAGUS 2CNTRST	\$ -
74230	CINE/VID X-RAY- THROAT/ESOPH	\$ -
74235	REMOVE ESOPHAGUS OBSTRUCTION	\$ -
74240	X-RAY EXAM- UPPER GI TRACT	\$ -
74246	CONTRST X-RAY UPPR GI TRACT	\$ -
74248	X-RAY SM INT F-THRU STD	\$ -
74250	X-RAY EXAM OF SMALL BOWEL	\$ -
74251	X-RAY EXAM OF SMALL BOWEL	\$ -
74261	CT COLONOGRAPHY DX	\$ -
74262	CT COLONOGRAPHY DX W/DYE	\$ -
74263	CT COLONOGRAPHY SCREENING	\$ -
74270	CONTRAST X-RAY EXAM OF COLON	\$ -
74280	CONTRAST X-RAY EXAM OF COLON	\$ -
74283	CONTRAST X-RAY EXAM OF COLON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
74290	CONTRAST X-RAY- GALLBLADDER	\$ -
74300	X-RAY BILE DUCTS/PANCREAS	\$ -
74301	X-RAYS AT SURGERY ADD-ON	\$ -
74328	X-RAY BILE DUCT ENDOSCOPY	\$ -
74329	X-RAY FOR PANCREAS ENDOSCOPY	\$ -
74330	X-RAY BILE/PANC ENDOSCOPY	\$ -
74340	X-RAY GUIDE FOR GI TUBE	\$ -
74355	X-RAY GUIDE- INTESTINAL TUBE	\$ -
74360	X-RAY GUIDE- GI DILATION	\$ -
74363	X-RAY- BILE DUCT DILATION	\$ -
74400	CONTRST X-RAY- URINARY TRACT	\$ -
74410	CONTRST X-RAY- URINARY TRACT	\$ -
74415	CONTRST X-RAY- URINARY TRACT	\$ -
74420	CONTRST X-RAY- URINARY TRACT	\$ -
74425	CONTRST X-RAY- URINARY TRACT	\$ -
74430	CONTRAST X-RAY- BLADDER	\$ -
74440	X-RAY- MALE GENITAL TRACT	\$ -
74445	X-RAY EXAM OF PENIS	\$ -
74450	X-RAY- URETHRA/BLADDER	\$ -
74455	X-RAY- URETHRA/BLADDER	\$ -
74470	X-RAY EXAM OF KIDNEY LESION	\$ -
74485	X-RAY GUIDE- GU DILATION	\$ -
74710	X-RAY MEASUREMENT OF PELVIS	\$ -
74712	MRI FETAL SNGL/1ST GESTATION	\$ -
74713	MRI FETAL EA ADDL GESTATION	\$ -
74740	X-RAY- FEMALE GENITAL TRACT	\$ -
74742	X-RAY- FALLOPIAN TUBE	\$ -
74775	X-RAY EXAM OF PERINEUM	\$ -
75557	CARDIAC MRI FOR MORPH	\$ -
75559	CARDIAC MRI W/STRESS IMG	\$ -
75561	CARDIAC MRI FOR MORPH W/DYE	\$ -
75563	CARD MRI W/STRESS IMG & DYE	\$ -
75565	CARD MRI VELOC FLOW MAPPING	\$ -
75571	CT HRT W/O DYE W/CA TEST	\$ -
75572	CT HRT W/3D IMAGE	\$ -
75573	CT HRT W/3D IMAGE CONGEN	\$ -
75574	CT ANGIO HRT W/3D IMAGE	\$ -
75600	CONTRAST X-RAY EXAM OF AORTA	\$ -
75605	CONTRAST X-RAY EXAM OF AORTA	\$ -
75625	CONTRAST X-RAY EXAM OF AORTA	\$ -
75630	X-RAY AORTA- LEG ARTERIES	\$ -
75635	CT ANGIO ABDOMINAL ARTERIES	\$ -
75705	ARTERY X-RAYS- SPINE	\$ -
75710	ARTERY X-RAYS- ARM/LEG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
75716	ARTERY X-RAYS- ARMS/LEGS	\$ -
75726	ARTERY X-RAYS- ABDOMEN	\$ -
75731	ARTERY X-RAYS- ADRENAL GLAND	\$ -
75733	ARTERY X-RAYS- ADRENALS	\$ -
75736	ARTERY X-RAYS- PELVIS	\$ -
75741	ARTERY X-RAYS- LUNG	\$ -
75743	ARTERY X-RAYS- LUNGS	\$ -
75746	ARTERY X-RAYS- LUNG	\$ -
75756	ARTERY X-RAYS- CHEST	\$ -
75774	ARTERY X-RAY- EACH VESSEL	\$ -
75801	LYMPH VESSEL X-RAY- ARM/LEG	\$ -
75803	LYMPH VESSEL X-RAY-ARMS/LEGS	\$ -
75805	LYMPH VESSEL X-RAY- TRUNK	\$ -
75807	LYMPH VESSEL X-RAY- TRUNK	\$ -
75809	NONVASCULAR SHUNT- X-RAY	\$ -
75810	VEIN X-RAY- SPLEEN/LIVER	\$ -
75820	VEIN X-RAY- ARM/LEG	\$ -
75822	VEIN X-RAY- ARMS/LEGS	\$ -
75825	VEIN X-RAY- TRUNK	\$ -
75827	VEIN X-RAY- CHEST	\$ -
75831	VEIN X-RAY- KIDNEY	\$ -
75833	VEIN X-RAY- KIDNEYS	\$ -
75840	VEIN X-RAY- ADRENAL GLAND	\$ -
75842	VEIN X-RAY- ADRENAL GLANDS	\$ -
75860	VEIN X-RAY- NECK	\$ -
75870	VEIN X-RAY- SKULL	\$ -
75872	VEIN X-RAY- SKULL	\$ -
75880	VEIN X-RAY- EYE SOCKET	\$ -
75885	VEIN X-RAY- LIVER	\$ -
75887	VEIN X-RAY- LIVER	\$ -
75889	VEIN X-RAY- LIVER	\$ -
75891	VEIN X-RAY- LIVER	\$ -
75893	VENOUS SAMPLING BY CATHETER	\$ -
75894	X-RAYS- TRANSCATH THERAPY	\$ -
75898	FOLLOW-UP ANGIOGRAPHY	\$ -
75901	REMOVE CVA DEVICE OBSTRUCT	\$ -
75902	REMOVE CVA LUMEN OBSTRUCT	\$ -
75956	XRAY- ENDOVASC THOR AO REPR	\$ -
75957	XRAY- ENDOVASC THOR AO REPR	\$ -
75958	XRAY- PLACE PROX EXT THOR AO	\$ -
75959	XRAY- PLACE DIST EXT THOR AO	\$ -
75970	VASCULAR BIOPSY	\$ -
75984	XRAY CONTROL CATHETER CHANGE	\$ -
75989	ABSCESS DRAINAGE UNDER X-RAY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
76000	FLUOROSCOPE EXAMINATION	\$ -
76010	X-RAY- NOSE TO RECTUM	\$ -
76080	X-RAY EXAM OF FISTULA	\$ -
76098	X-RAY EXAM- BREAST SPECIMEN	\$ -
76100	X-RAY EXAM OF BODY SECTION	\$ -
76120	CINE/VIDEO X-RAYS	\$ -
76125	CINE/VIDEO X-RAYS ADD-ON	\$ -
76140	X-RAY CONSULTATION	\$ -
76145	MED PHYSIC DOS EVAL RAD EXPS	\$ -
76376	3D RENDER W/O POSTPROCESS	\$ -
76377	3D RENDERING W/POSTPROCESS	\$ -
76380	CAT SCAN FOLLOW-UP STUDY	\$ -
76390	MR SPECTROSCOPY	\$ -
76391	MR ELASTOGRAPHY	\$ -
76496	FLUOROSCOPIC PROCEDURE	\$ -
76497	CT PROCEDURE	\$ -
76498	MRI PROCEDURE	\$ -
76499	RADIOGRAPHIC PROCEDURE	\$ -
76506	ECHO EXAM OF HEAD	\$ -
76510	OPHTH US- B & QUANT A	\$ -
76511	ECHO EXAM OF EYE	\$ -
76512	ECHO EXAM OF EYE	\$ -
76513	ECHO EXAM OF EYE- WATER BATH	\$ -
76514	ECHO EXAM OF EYE- THICKNESS	\$ -
76516	ECHO EXAM OF EYE	\$ -
76519	ECHO EXAM OF EYE	\$ -
76529	ECHO EXAM OF EYE	\$ -
76536	US EXAM OF HEAD AND NECK	\$ -
76604	US EXAM- CHEST- B-SCAN	\$ -
76641	ULTRASOUND BREAST COMPLETE	\$ -
76642	ULTRASOUND BREAST LIMITED	\$ -
76700	US EXAM- ABDOM- COMPLETE	\$ -
76705	ECHO EXAM OF ABDOMEN	\$ -
76706	US ABDL AORTA SCREEN AAA	\$ -
76770	US EXAM ABDO BACK WALL- COMP	\$ -
76775	US EAM ABDO BACK WALL- LIM	\$ -
76776	US EXAM K TRANSPL W/DOPPLER	\$ -
76800	US EXAM- SPINAL CANAL	\$ -
76801	OB US < 14 WKS- SINGLE FETUS	\$ -
76802	OB US < 14 WKS- ADDL FETUS	\$ -
76805	OB US >= 14 WKS- SNGL FETUS	\$ -
76810	OB US >= 14 WKS- ADDL FETUS	\$ -
76811	OB US- DETAILED- SNGL FETUS	\$ -
76812	OB US- DETAILED- ADDL FETUS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
76813	OB US NUCHAL MEAS- 1 GEST	\$ -
76814	OB US NUCHAL MEAS- ADD-ON	\$ -
76815	OB US- LIMITED- FETUS(S)	\$ -
76816	OB US- FOLLOW-UP- PER FETUS	\$ -
76817	TRANSVAGINAL US- OBSTETRIC	\$ -
76818	FETAL BIOPHYS PROFILE W/NST	\$ -
76819	FETAL BIOPHYS PROFIL W/O NST	\$ -
76820	UMBILICAL ARTERY ECHO	\$ -
76821	MIDDLE CEREBRAL ARTERY ECHO	\$ -
76825	ECHO EXAM OF FETAL HEART	\$ -
76826	ECHO EXAM OF FETAL HEART	\$ -
76827	ECHO EXAM OF FETAL HEART	\$ -
76828	ECHO EXAM OF FETAL HEART	\$ -
76830	TRANSVAGINAL US- NON-OB	\$ -
76831	ECHO EXAM- UTERUS	\$ -
76856	US EXAM- PELVIC- COMPLETE	\$ -
76857	US EXAM- PELVIC- LIMITED	\$ -
76870	US EXAM- SCROTUM	\$ -
76872	ECHO EXAM- TRANSRECTAL	\$ -
76873	ECHOGRAP TRANS R- PROS STUDY	\$ -
76881	US XTR NON-VASC COMPLETE	\$ -
76882	US XTR NON-VASC LMTD	\$ -
76885	US EXAM INFANT HIPS- DYNAMIC	\$ -
76886	US EXAM INFANT HIPS- STATIC	\$ -
76932	ECHO GUIDE FOR HEART BIOPSY	\$ -
76936	ECHO GUIDE FOR ARTERY REPAIR	\$ -
76937	US GUIDE- VASCULAR ACCESS	\$ -
76940	US GUIDE- TISSUE ABLATION	\$ -
76941	ECHO GUIDE FOR TRANSFUSION	\$ -
76942	ECHO GUIDE FOR BIOPSY	\$ -
76945	ECHO GUIDE- VILLUS SAMPLING	\$ -
76946	ECHO GUIDE FOR AMNIOCENTESIS	\$ -
76948	ECHO GUIDE- OVA ASPIRATION	\$ -
76965	ECHO GUIDANCE RADIOTHERAPY	\$ -
76975	GI ENDOSCOPIC ULTRASOUND	\$ -
76977	US BONE DENSITY MEASURE	\$ -
76978	US TRGT DYN MBUBB 1ST LES	\$ -
76979	US TRGT DYN MBUBB EA ADDL	\$ -
76981	USE PARENCHYMA	\$ -
76982	USE 1ST TARGET LESION	\$ -
76983	USE EA ADDL TARGET LESION	\$ -
76998	US GUIDE- INTRAOP	\$ -
76999	ECHO EXAMINATION PROCEDURE	\$ -
77001	FLUOROGUIDE FOR VEIN DEVICE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
77002	NEEDLE LOCALIZATION BY XRAY	\$ -
77003	FLUOROGUIDE FOR SPINE INJECT	\$ -
77011	CT SCAN FOR LOCALIZATION	\$ -
77012	CT SCAN FOR NEEDLE BIOPSY	\$ -
77013	CT GUIDE FOR TISSUE ABLATION	\$ -
77014	CT SCAN FOR THERAPY GUIDE	\$ -
77021	MR GUIDANCE FOR NEEDLE PLACE	\$ -
77022	MRI FOR TISSUE ABLATION	\$ -
77046	MRI BREAST C- UNILATERAL	\$ -
77047	MRI BREAST C- BILATERAL	\$ -
77048	MRI BREAST C+ W/CAD UNI	\$ -
77049	MRI BREAST C+ W/CAD BI	\$ -
77053	X-RAY OF MAMMARY DUCT	\$ -
77054	X-RAY OF MAMMARY DUCTS	\$ -
77061	BREAST TOMOSYNTHESIS UNI	\$ -
77062	BREAST TOMOSYNTHESIS BI	\$ -
77063	BREAST TOMOSYNTHESIS BI	\$ -
77065	DX MAMMO INCL CAD UNI	\$ -
77066	DX MAMMO INCL CAD BI	\$ -
77067	SCR MAMMO BI INCL CAD	\$ -
77071	X-RAY STRESS VIEW	\$ -
77072	X-RAYS FOR BONE AGE	\$ -
77073	X-RAYS- BONE LENGTH STUDIES	\$ -
77074	X-RAYS- BONE SURVEY- LIMITED	\$ -
77075	X-RAYS- BONE SURVEY COMPLETE	\$ -
77076	X-RAYS- BONE SURVEY- INFANT	\$ -
77077	JOINT SURVEY- SINGLE VIEW	\$ -
77078	CT BONE DENSITY- AXIAL	\$ -
77080	DXA BONE DENSITY- AXIAL	\$ -
77081	DXA BONE DENSITY/PERIPHERAL	\$ -
77084	MAGNETIC IMAGE- BONE MARROW	\$ -
77085	DXA BONE DENSITY STUDY	\$ -
77086	FRACTURE ASSESSMENT VIA DXA	\$ -
77089	TBS DXA CAL W/I&R FX RISK	\$ -
77090	TBS TECHL PREP&TRANSMIS DATA	\$ -
77091	TBS TECHL CALCULATION ONLY	\$ -
77092	TBS I&R FX RSK QHP	\$ -
77261	RADIATION THERAPY PLANNING	\$ -
77262	RADIATION THERAPY PLANNING	\$ -
77263	RADIATION THERAPY PLANNING	\$ -
77280	SET RADIATION THERAPY FIELD	\$ -
77285	SET RADIATION THERAPY FIELD	\$ -
77290	SET RADIATION THERAPY FIELD	\$ -
77293	RESPIRATOR MOTION MGMT SIMUL	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
77295	SET RADIATION THERAPY FIELD	\$ -
77299	RADIATION THERAPY PLANNING	\$ -
77300	RADIATION THERAPY DOSE PLAN	\$ -
77301	RADIOTHERAPY DOSE PLAN- IMRT	\$ -
77306	TELETHX ISODOSE PLAN SIMPLE	\$ -
77307	TELETHX ISODOSE PLAN CPLX	\$ -
77316	BRACHYTX ISODOSE PLAN SIMPLE	\$ -
77317	BRACHYTX ISODOSE INTERMED	\$ -
77318	BRACHYTX ISODOSE COMPLEX	\$ -
77321	SPECIAL TELETX PORT PLAN	\$ -
77331	SPECIAL RADIATION DOSIMETRY	\$ -
77332	RADIATION TREATMENT AID(S)	\$ -
77333	RADIATION TREATMENT AID(S)	\$ -
77334	RADIATION TREATMENT AID(S)	\$ -
77336	RADIATION PHYSICS CONSULT	\$ -
77338	DESIGN MLC DEVICE FOR IMRT	\$ -
77370	RADIATION PHYSICS CONSULT	\$ -
77371	SRS- MULTISOURCE	\$ -
77372	SRS- LINEAR BASED	\$ -
77373	SBRT DELIVERY	\$ -
77385	NTSTY MODUL RAD TX DLVR SMPL	\$ -
77386	NTSTY MODUL RAD TX DLVR CPLX	\$ -
77387	GUIDANCE FOR RADIAJ TX DLVR	\$ -
77399	EXTERNAL RADIATION DOSIMETRY	\$ -
77401	RADIATION TREATMENT DELIVERY	\$ -
77402	RADIATION TREATMENT DELIVERY	\$ -
77407	RADIATION TREATMENT DELIVERY	\$ -
77412	RADIATION TREATMENT DELIVERY	\$ -
77417	RADIOLOGY PORT FILM(S)	\$ -
77423	NEUTRON BEAM TX- COMPLEX	\$ -
77424	IO RAD TX DELIVERY BY X-RAY	\$ -
77425	IO RAD TX DELIVER BY ELCTRNS	\$ -
77427	RADIATION TX MANAGEMENT- X5	\$ -
77431	RADIATION THERAPY MANAGEMENT	\$ -
77432	STEREOTACTIC RADIATION TRMT	\$ -
77435	SBRT MANAGEMENT	\$ -
77469	IO RADIATION TX MANAGEMENT	\$ -
77470	SPECIAL RADIATION TREATMENT	\$ -
77499	RADIATION THERAPY MANAGEMENT	\$ -
77520	PROTON TRMT- SIMPLE W/O COMP	\$ -
77522	PROTON TRMT- SIMPLE W/COMP	\$ -
77523	PROTON TRMT- INTERMEDIATE	\$ -
77525	PROTON TREATMENT- COMPLEX	\$ -
77600	HYPERTHERMIA TREATMENT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
77605	HYPERTHERMIA TREATMENT	\$ -
77610	HYPERTHERMIA TREATMENT	\$ -
77615	HYPERTHERMIA TREATMENT	\$ -
77620	HYPERTHERMIA TREATMENT	\$ -
77750	INFUSE RADIOACTIVE MATERIALS	\$ -
77761	APPLY INTRCAV RADIAT SIMPLE	\$ -
77762	APPLY INTRCAV RADIAT INTERM	\$ -
77763	APPLY INTRCAV RADIAT COMPL	\$ -
77767	HDR RDNCL SKN SURF BRACHYTX	\$ -
77768	HDR RDNCL SKN SURF BRACHYTX	\$ -
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ -
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ -
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ -
77778	APPLY INTERSTIT RADIAT COMPL	\$ -
77789	APPLY SURFACE RADIATION	\$ -
77790	RADIATION HANDLING	\$ -
77799	RADIUM/RADIOISOTOPE THERAPY	\$ -
78012	THYROID UPTAKE MEASUREMENT	\$ -
78013	THYROID IMAGING W/BLOOD FLOW	\$ -
78014	THYROID IMAGING W/BLOOD FLOW	\$ -
78015	THYROID MET IMAGING	\$ -
78016	THYROID MET IMAGING/STUDIES	\$ -
78018	THYROID MET IMAGING- BODY	\$ -
78020	THYROID MET UPTAKE	\$ -
78070	PARATHYROID NUCLEAR IMAGING	\$ -
78071	PARATHYRD PLANAR W/WO SUBTRJ	\$ -
78072	PARATHYRD PLANAR W/SPECT&CT	\$ -
78075	ADRENAL NUCLEAR IMAGING	\$ -
78099	ENDOCRINE NUCLEAR PROCEDURE	\$ -
78102	BONE MARROW IMAGING- LTD	\$ -
78103	BONE MARROW IMAGING- MULT	\$ -
78104	BONE MARROW IMAGING- BODY	\$ -
78110	PLASMA VOLUME- SINGLE	\$ -
78111	PLASMA VOLUME- MULTIPLE	\$ -
78120	RED CELL MASS- SINGLE	\$ -
78121	RED CELL MASS- MULTIPLE	\$ -
78122	BLOOD VOLUME	\$ -
78130	RED CELL SURVIVAL STUDY	\$ -
78140	RED CELL SEQUESTRATION	\$ -
78185	SPLEEN IMAGING	\$ -
78191	PLATELET SURVIVAL	\$ -
78195	LYMPH SYSTEM IMAGING	\$ -
78199	BLOOD/LYMPH NUCLEAR EXAM	\$ -
78201	LIVER IMAGING	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
78202	LIVER IMAGING WITH FLOW	\$ -
78215	LIVER AND SPLEEN IMAGING	\$ -
78216	LIVER & SPLEEN IMAGE/FLOW	\$ -
78226	HEPATOBIILIARY SYSTEM IMAGING	\$ -
78227	HEPATOBI SYST IMAGE W/DRUG	\$ -
78230	SALIVARY GLAND IMAGING	\$ -
78231	SERIAL SALIVARY IMAGING	\$ -
78232	SALIVARY GLAND FUNCTION EXAM	\$ -
78258	ESOPHAGEAL MOTILITY STUDY	\$ -
78261	GASTRIC MUCOSA IMAGING	\$ -
78262	GASTROESOPHAGEAL REFLUX EXAM	\$ -
78264	GASTRIC EMPTYING STUDY	\$ -
78265	GASTRIC EMPTYING IMAG STUDY	\$ -
78266	GASTRIC EMPTYING IMAG STUDY	\$ -
78267	BREATH TST ATTAIN/ANAL C-14	\$ -
78268	BREATH TEST ANALYSIS- C-14	\$ -
78278	ACUTE GI BLOOD LOSS IMAGING	\$ -
78282	GI PROTEIN LOSS EXAM	\$ -
78290	MECKEL'S DIVERT EXAM	\$ -
78291	LEVEEN/SHUNT PATENCY EXAM	\$ -
78299	GI NUCLEAR PROCEDURE	\$ -
78300	BONE IMAGING- LIMITED AREA	\$ -
78305	BONE IMAGING- MULTIPLE AREAS	\$ -
78306	BONE IMAGING- WHOLE BODY	\$ -
78315	BONE IMAGING- 3 PHASE	\$ -
78350	BONE MINERAL- SINGLE PHOTON	\$ -
78351	BONE MINERAL- DUAL PHOTON	\$ -
78399	MUSCULOSKELETAL NUCLEAR EXAM	\$ -
78414	NON-IMAGING HEART FUNCTION	\$ -
78428	CARDIAC SHUNT IMAGING	\$ -
78429	MYOOCR D IMG PET 1 STD W/CT	\$ -
78430	MYOOCR D IMG PET RST/STRS W/CT	\$ -
78431	MYOOCR D IMG PET RST&STRS CT	\$ -
78432	MYOOCR D IMG PET 2RTRACER	\$ -
78433	MYOOCR D IMG PET 2RTRACER CT	\$ -
78434	AQMBF PET REST & RX STRESS	\$ -
78445	VASCULAR FLOW IMAGING	\$ -
78451	HT MUSCLE IMAGE SPECT SING	\$ -
78452	HT MUSCLE IMAGE SPECT MULT	\$ -
78453	HT MUSCLE IMAGE PLANAR SING	\$ -
78454	HT MUSC IMAGE PLANAR MULT	\$ -
78456	ACUTE VENOUS THROMBUS IMAGE	\$ -
78457	VENOUS THROMBOSIS IMAGING	\$ -
78458	VEN THROMBOSIS IMAGES- BILAT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
78459	HEART MUSCLE IMAGING (PET)	\$ -
78466	HEART INFARCT IMAGE	\$ -
78468	HEART INFARCT IMAGE (EF)	\$ -
78469	HEART INFARCT IMAGE (3D)	\$ -
78472	GATED HEART- PLANAR- SINGLE	\$ -
78473	GATED HEART- MULTIPLE	\$ -
78481	HEART FIRST PASS- SINGLE	\$ -
78483	HEART FIRST PASS- MULTIPLE	\$ -
78491	HEART IMAGE (PET)- SINGLE	\$ -
78492	HEART IMAGE (PET)- MULTIPLE	\$ -
78494	HEART IMAGE- SPECT	\$ -
78496	HEART FIRST PASS ADD-ON	\$ -
78499	CARDIOVASCULAR NUCLEAR EXAM	\$ -
78579	LUNG VENTILATION IMAGING	\$ -
78580	LUNG PERFUSION IMAGING	\$ -
78582	LUNG VENTILAT&PERFUS IMAGING	\$ -
78597	LUNG PERFUSION DIFFERENTIAL	\$ -
78598	LUNG PERF&VENTILAT DIFERENTL	\$ -
78599	RESPIRATORY NUCLEAR EXAM	\$ -
78600	BRAIN IMAGING- LTD STATIC	\$ -
78601	BRAIN IMAGING- LTD W/ FLOW	\$ -
78605	BRAIN IMAGING- COMPLETE	\$ -
78606	BRAIN IMAGING- COMPL W/FLOW	\$ -
78608	BRAIN IMAGING (PET)	\$ -
78609	BRAIN IMAGING (PET)	\$ -
78610	BRAIN FLOW IMAGING ONLY	\$ -
78630	CEREBROSPINAL FLUID SCAN	\$ -
78635	CSF VENTRICULOGRAPHY	\$ -
78645	CSF SHUNT EVALUATION	\$ -
78650	CSF LEAKAGE IMAGING	\$ -
78660	NUCLEAR EXAM OF TEAR FLOW	\$ -
78699	NERVOUS SYSTEM NUCLEAR EXAM	\$ -
78700	KIDNEY IMAGING- STATIC	\$ -
78701	KIDNEY IMAGING WITH FLOW	\$ -
78707	KIDNEY FLOW/FUNCTION IMAGE	\$ -
78708	KIDNEY FLOW/FUNCTION IMAGE	\$ -
78709	KIDNEY FLOW/FUNCTION IMAGE	\$ -
78725	KIDNEY FUNCTION STUDY	\$ -
78730	URINARY BLADDER RETENTION	\$ -
78740	URETERAL REFLUX STUDY	\$ -
78761	TESTICULAR IMAGING/FLOW	\$ -
78799	GENITOURINARY NUCLEAR EXAM	\$ -
78800	TUMOR IMAGING- LIMITED AREA	\$ -
78801	TUMOR IMAGING- MULT AREAS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
78802	TUMOR IMAGING- WHOLE BODY	\$ -
78803	TUMOR IMAGING (3D)	\$ -
78804	TUMOR IMAGING- WHOLE BODY	\$ -
78808	IV INJ RA DRUG DX STUDY	\$ -
78811	TUMOR IMAGING (PET)- LIMITED	\$ -
78812	TUMOR IMAGE (PET)/SKUL-THIGH	\$ -
78813	TUMOR IMAGE (PET) FULL BODY	\$ -
78814	TUMOR IMAGE PET/CT- LIMITED	\$ -
78815	TUMORIMAGE PET/CT SKUL-THIGH	\$ -
78816	TUMOR IMAGE PET/CT FULL BODY	\$ -
78830	RP LOCLZJ TUM SPECT W/CT 1	\$ -
78831	RP LOCLZJ TUM SPECT 2 AREAS	\$ -
78832	RP LOCLZJ TUM SPECT W/CT 2	\$ -
78835	RP QUAN MEAS SINGLE AREA	\$ -
78999	NUCLEAR DIAGNOSTIC EXAM	\$ -
79005	NUCLEAR RX- ORAL ADMIN	\$ -
79101	NUCLEAR RX- IV ADMIN	\$ -
79200	INTRACAVITARY NUCLEAR TRMT	\$ -
79300	INTERSTITIAL NUCLEAR THERAPY	\$ -
79403	HEMATOPOETIC NUCLEAR THERAPY	\$ -
79440	NUCLEAR JOINT THERAPY	\$ -
79445	NUCLEAR RX- INTRA-ARTERIAL	\$ -
79999	NUCLEAR MEDICINE THERAPY	\$ -
80047	METABOLIC PANEL IONIZED CA	\$ -
80048	BASIC METABOLIC PANEL	\$ -
80050	GENERAL HEALTH PANEL	\$ -
80051	ELECTROLYTE PANEL	\$ -
80053	COMPREHEN METABOLIC PANEL	\$ 12.00
80055	OBSTETRIC PANEL	\$ -
80061	LIPID PANEL	\$ 15.00
80069	RENAL FUNCTION PANEL	\$ -
80074	Acute Hepatitis Panel w/reflex	\$ 105.00
80076	Hepatic Function Panel (Liver Panel)	\$ 18.00
80081	OBSTETRIC PANEL	\$ -
80143	DRUG ASSAY ACETAMINOPHEN	\$ -
80145	DRUG ASSAY ADALIMUMAB	\$ -
80150	ASSAY OF AMIKACIN	\$ -
80151	DRUG ASSAY AMIODARONE	\$ -
80155	DRUG SCREEN QUANT CAFFEINE	\$ -
80156	ASSAY- CARBAMAZEPINE- TOTAL	\$ -
80157	ASSAY- CARBAMAZEPINE- FREE	\$ -
80158	ASSAY OF CYCLOSPORINE	\$ -
80159	DRUG SCREEN QUANT CLOZAPINE	\$ -
80161	ASY CARBAMAZEPIN 10-11-EPXID	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
80162	ASSAY OF DIGOXIN	\$ -
80163	ASSAY OF DIGOXIN FREE	\$ -
80164	ASSAY- DIPROPYLACETIC ACID	\$ -
80165	DIPROPYLACETIC ACID FREE	\$ -
80167	DRUG ASSAY FELBAMATE	\$ -
80168	ASSAY OF ETHOSUXIMIDE	\$ -
80169	DRUG SCREEN QUANT EVEROLIMUS	\$ -
80170	ASSAY OF GENTAMICIN	\$ -
80171	DRUG SCREEN QUANT GABAPENTIN	\$ -
80173	ASSAY OF HALOPERIDOL	\$ -
80175	DRUG SCREEN QUAN LAMOTRIGINE	\$ -
80176	ASSAY OF LIDOCAINE	\$ -
80177	DRUG SCRN QUAN LEVETIRACETAM	\$ -
80178	ASSAY OF LITHIUM	\$ -
80179	DRUG ASSAY SALICYLATE	\$ -
80180	DRUG SCRN QUAN MYCOPHENOLATE	\$ -
80181	DRUG ASSAY FLECAINIDE	\$ -
80183	DRUG SCRN QUANT OXCARBAZEPIN	\$ -
80184	ASSAY OF PHENOBARBITAL	\$ -
80185	ASSAY OF PHENYTOIN- TOTAL	\$ -
80186	ASSAY OF PHENYTOIN- FREE	\$ -
80187	DRUG ASSAY POSACONAZOLE	\$ -
80188	ASSAY OF PRIMIDONE	\$ -
80189	DRUG ASSAY ITRACONZAOLE	\$ -
80190	ASSAY OF PROCAINAMIDE	\$ -
80192	ASSAY OF PROCAINAMIDE	\$ -
80193	DRUG ASSAY LEFLUNOMIDE	\$ -
80194	ASSAY OF QUINIDINE	\$ -
80195	ASSAY OF SIROLIMUS	\$ -
80197	ASSAY OF TACROLIMUS	\$ -
80198	ASSAY OF THEOPHYLLINE	\$ -
80199	DRUG SCREEN QUANT TIAGABINE	\$ -
80200	ASSAY OF TOBRAMYCIN	\$ -
80201	ASSAY OF TOPIRAMATE	\$ -
80202	ASSAY OF VANCOMYCIN	\$ -
80203	DRUG SCREEN QUANT ZONISAMIDE	\$ -
80204	DRUG ASSAY METHOTREXATE	\$ -
80210	DRUG ASSAY RUFINAMIDE	\$ -
80220	DRUG ASY HYDROXYCHLOROQUINE	\$ -
80230	DRUG ASSAY INFLIXIMAB	\$ -
80235	DRUG ASSAY LACOSAMIDE	\$ -
80280	DRUG ASSAY VEDOLIZUMAB	\$ -
80285	DRUG ASSAY VORICONAZOLE	\$ -
80299	QUANTITATIVE ASSAY- DRUG	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 14.21
80306	DRUG TEST PRSMV INSTRMNT	\$ -
80307	DRUG TEST PRSMV CHEM ANALYZR	\$ -
80320	DRUG SCREEN QUANTALCOHOLS	\$ -
80321	ALCOHOLS BIOMARKERS 1OR 2	\$ -
80322	ALCOHOLS BIOMARKERS 3/MORE	\$ -
80323	ALKALOIDS NOS	\$ -
80324	DRUG SCREEN AMPHETAMINES 1/2	\$ -
80325	AMPHETAMINES 3OR 4	\$ -
80326	AMPHETAMINES 5 OR MORE	\$ -
80327	ANABOLIC STEROID 1 OR 2	\$ -
80328	ANABOLIC STEROID 3 OR MORE	\$ -
80329	ANALGESICS NON-OPIOID 1 OR 2	\$ -
80330	ANALGESICS NON-OPIOID 3-5	\$ -
80331	ANALGESICS NON-OPIOID 6/MORE	\$ -
80332	ANTIDEPRESSANTS CLASS 1 OR 2	\$ -
80333	ANTIDEPRESSANTS CLASS 3-5	\$ -
80334	ANTIDEPRESSANTS CLASS 6/MORE	\$ -
80335	ANTIDEPRESSANT TRICYCLIC 1/2	\$ -
80336	ANTIDEPRESSANT TRICYCLIC 3-5	\$ -
80337	TRICYCLIC & CYCLICALS 6/MORE	\$ -
80338	ANTIDEPRESSANT NOT SPECIFIED	\$ -
80339	ANTIEPILEPTICS NOS 1-3	\$ -
80340	ANTIEPILEPTICS NOS 4-6	\$ -
80341	ANTIEPILEPTICS NOS 7/MORE	\$ -
80342	ANTIPSYCHOTICS NOS 1-3	\$ -
80343	ANTIPSYCHOTICS NOS 4-6	\$ -
80344	ANTIPSYCHOTICS NOS 7/MORE	\$ -
80345	DRUG SCREENING BARBITURATES	\$ -
80346	BENZODIAZEPINES1-12	\$ -
80347	BENZODIAZEPINES 13 OR MORE	\$ -
80348	DRUG SCREENING BUPRENORPHINE	\$ -
80349	CANNABINOIDS NATURAL	\$ -
80350	CANNABINOIDS SYNTHETIC 1-3	\$ -
80351	CANNABINOIDS SYNTHETIC 4-6	\$ -
80352	CANNABINOID SYNTHETIC 7/MORE	\$ -
80353	DRUG SCREENING COCAINE	\$ -
80354	DRUG SCREENING FENTANYL	\$ -
80355	GABAPENTIN NON-BLOOD	\$ -
80356	HEROIN METABOLITE	\$ -
80357	KETAMINE AND NORKETAMINE	\$ -
80358	DRUG SCREENING METHADONE	\$ -
80359	METHYLENEDIOXYAMPHETAMINES	\$ -
80360	METHYLPHENIDATE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
80361	OPIATES 1 OR MORE	\$ -
80362	OPIOIDS & OPIATE ANALOGS 1/2	\$ -
80363	OPIOIDS & OPIATE ANALOGS 3/4	\$ -
80364	OPIOID & OPIATE ANALOG 5/MORE	\$ -
80365	DRUG SCREENING OXYCODONE	\$ -
80366	DRUG SCREENING PREGABALIN	\$ -
80367	DRUG SCREENING PROPOXYPHENE	\$ -
80368	SEDATIVE HYPNOTICS	\$ -
80369	SKELETAL MUSCLE RELAXANT 1/2	\$ -
80370	SKEL MUSC RELAXANT 3 OR MORE	\$ -
80371	STIMULANTS SYNTHETIC	\$ -
80372	DRUG SCREENING TAPENTADOL	\$ -
80373	DRUG SCREENING TRAMADOL	\$ -
80374	STEREOISOMER ANALYSIS	\$ -
80375	DRUG/SUBSTANCE NOS 1-3	\$ -
80376	DRUG/SUBSTANCE NOS 4-6	\$ -
80377	DRUG/SUBSTANCE NOS 7/MORE	\$ -
80400	ACTH STIMULATION PANEL	\$ -
80402	ACTH STIMULATION PANEL	\$ -
80406	ACTH STIMULATION PANEL	\$ -
80408	ALDOSTERONE SUPPRESSION EVAL	\$ -
80410	CALCITONIN STIMUL PANEL	\$ -
80412	CRH STIMULATION PANEL	\$ -
80414	TESTOSTERONE RESPONSE	\$ -
80415	ESTRADIOL RESPONSE PANEL	\$ -
80416	RENIN STIMULATION PANEL	\$ -
80417	RENIN STIMULATION PANEL	\$ -
80418	PITUITARY EVALUATION PANEL	\$ -
80420	DEXAMETHASONE PANEL	\$ -
80422	GLUCAGON TOLERANCE PANEL	\$ -
80424	GLUCAGON TOLERANCE PANEL	\$ -
80426	GONADOTROPIN HORMONE PANEL	\$ -
80428	GROWTH HORMONE PANEL	\$ -
80430	GROWTH HORMONE PANEL	\$ -
80432	INSULIN SUPPRESSION PANEL	\$ -
80434	INSULIN TOLERANCE PANEL	\$ -
80435	INSULIN TOLERANCE PANEL	\$ -
80436	METYRAPONE PANEL	\$ -
80438	TRH STIMULATION PANEL	\$ -
80439	TRH STIMULATION PANEL	\$ -
80503	PATH CLIN CONSLTJ SF 5-20	\$ -
80504	PATH CLIN CONSLTJ MOD 21-40	\$ -
80505	PATH CLIN CONSLTJ HIGH 41-60	\$ -
80506	PATH CLIN CONSLTJ PROLNG SVC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81000	URINALYSIS	\$ -
81001	URINALYSIS- AUTO W/SCOPE	\$ -
81002	UA Dipstick	\$ 18.00
81003	URINALYSIS- AUTO- W/O SCOPE	\$ -
81005	URINALYSIS	\$ -
81007	URINE SCREEN FOR BACTERIA	\$ -
81015	MICROSCOPIC EXAM OF URINE	\$ -
81020	URINALYSIS- GLASS TEST	\$ -
81025	SNHD Urine Pregnancy Test	\$ 34.00
81025	Urine Pregnancy Test	\$ 34.00
81050	URINALYSIS- VOLUME MEASURE	\$ -
81099	URINALYSIS TEST PROCEDURE	\$ -
81105	HPA-1 GENOTYPING	\$ -
81106	HPA-2 GENOTYPING	\$ -
81107	HPA-3 GENOTYPING	\$ -
81108	HPA-4 GENOTYPING	\$ -
81109	HPA-5 GENOTYPING	\$ -
81110	HPA-6 GENOTYPING	\$ -
81111	HPA-9 GENOTYPING	\$ -
81112	HPA-15 GENOTYPING	\$ -
81120	IDH1 COMMON VARIANTS	\$ -
81121	IDH2 COMMON VARIANTS	\$ -
81161	DMD DUP/DELET ANALYSIS	\$ -
81162	BRCA1&2 SEQ & FULL DUP/DEL	\$ -
81163	BRCA1&2 GENE FULL SEQ ALYS	\$ -
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	\$ -
81165	BRCA1 GENE FULL SEQ ALYS	\$ -
81166	BRCA1 GENE FULL DUP/DEL ALYS	\$ -
81167	BRCA2 GENE FULL DUP/DEL ALYS	\$ -
81168	CCND1/IGH TRANSLOCATION ALYS	\$ -
81170	ABL1 GENE	\$ -
81171	AFF2 GENE DETC ABNOR ALLELES	\$ -
81172	AFF2 GENE CHARAC ALLELES	\$ -
81173	AR GENE FULL GENE SEQUENCE	\$ -
81174	AR GENE KNOWN FAMIL VARIANT	\$ -
81175	ASXL1 FULL GENE SEQUENCE	\$ -
81176	ASXL1 GENE TARGET SEQ ALYS	\$ -
81177	ATN1 GENE DETC ABNOR ALLELES	\$ -
81178	ATXN1 GENE DETC ABNOR ALLELE	\$ -
81179	ATXN2 GENE DETC ABNOR ALLELE	\$ -
81180	ATXN3 GENE DETC ABNOR ALLELE	\$ -
81181	ATXN7 GENE DETC ABNOR ALLELE	\$ -
81182	ATXN8OS GEN DETC ABNOR ALLEL	\$ -
81183	ATXN10 GENE DETC ABNOR ALLEL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81184	CACNA1A GEN DETC ABNOR ALLEL	\$ -
81185	CACNA1A GENE FULL GENE SEQ	\$ -
81186	CACNA1A GEN KNOWN FAMIL VRNT	\$ -
81187	CNBP GENE DETC ABNOR ALLELE	\$ -
81188	CSTB GENE DETC ABNOR ALLELE	\$ -
81189	CSTB GENE FULL GENE SEQUENCE	\$ -
81190	CSTB GENE KNOWN FAMIL VRNT	\$ -
81191	NTRK1 TRANSLOCATION ANALYSIS	\$ -
81192	NTRK2 TRANSLOCATION ANALYSIS	\$ -
81193	NTRK3 TRANSLOCATION ANALYSIS	\$ -
81194	NTRK TRANSLOCATION ANALYSIS	\$ -
81200	ASPA GENE	\$ -
81201	APC GENE FULL SEQUENCE	\$ -
81202	APC GENE KNOWN FAM VARIANTS	\$ -
81203	APC GENE DUP/DELET VARIANTS	\$ -
81204	AR GENE CHARAC ALLELES	\$ -
81205	BCKDHB GENE	\$ -
81206	BCR/ABL1 GENE MAJOR BP	\$ -
81207	BCR/ABL1 GENE MINOR BP	\$ -
81208	BCR/ABL1 GENE OTHER BP	\$ -
81209	BLM GENE	\$ -
81210	BRAF GENE	\$ -
81212	BRCA1&2 185&5385&6174 VAR	\$ -
81215	BRCA1 GENE KNOWN FAM VARIANT	\$ -
81216	BRCA2 GENE FULL SEQUENCE	\$ -
81217	BRCA2 GENE KNOWN FAM VARIANT	\$ -
81218	CEBPA GENE FULL SEQUENCE	\$ -
81219	CALR GENE COM VARIANTS	\$ -
81220	CFTR GENE COM VARIANTS	\$ -
81221	CFTR GENE KNOWN FAM VARIANTS	\$ -
81222	CFTR GENE DUP/DELET VARIANTS	\$ -
81223	CFTR GENE FULL SEQUENCE	\$ -
81224	CFTR GENE INTRON POLY T	\$ -
81225	CYP2C19 GENE COM VARIANTS	\$ -
81226	CYP2D6 GENE COM VARIANTS	\$ -
81227	CYP2C9 GENE COM VARIANTS	\$ -
81228	CYTOGEN MICRARRAY COPY NMBR	\$ -
81229	CYTOGEN M ARRAY COPY NO&SNP	\$ -
81230	CYP3A4 GENE COMMON VARIANTS	\$ -
81231	CYP3A5 GENE COMMON VARIANTS	\$ -
81232	DPYD GENE COMMON VARIANTS	\$ -
81233	BTK GENE COMMON VARIANTS	\$ -
81234	DMPK GENE DETC ABNOR ALLELE	\$ -
81235	EGFR GENE COM VARIANTS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81236	EZH2 GENE FULL GENE SEQUENCE	\$ -
81237	EZH2 GENE COMMON VARIANTS	\$ -
81238	F9 FULL GENE SEQUENCE	\$ -
81239	DMPK GENE CHARAC ALLELES	\$ -
81240	F2 GENE	\$ -
81241	F5 GENE	\$ -
81242	FANCC GENE	\$ -
81243	FMR1 GENE DETECTION	\$ -
81244	FMR1 GENE CHARACTERIZATION	\$ -
81245	FLT3 GENE	\$ -
81246	FLT3 GENE ANALYSIS	\$ -
81247	G6PD GENE ALYS CMN VARIANT	\$ -
81248	G6PD KNOWN FAMILIAL VARIANT	\$ -
81249	G6PD FULL GENE SEQUENCE	\$ -
81250	G6PC GENE	\$ -
81251	GBA GENE	\$ -
81252	GJB2 GENE FULL SEQUENCE	\$ -
81253	GJB2 GENE KNOWN FAM VARIANTS	\$ -
81254	GJB6 GENE COM VARIANTS	\$ -
81255	HEXA GENE	\$ -
81256	HFE GENE	\$ -
81257	HBA1/HBA2 GENE	\$ -
81258	HBA1/HBA2 GENE FAM VRNT	\$ -
81259	HBA1/HBA2 FULL GENE SEQUENCE	\$ -
81260	IKBKAP GENE	\$ -
81261	IGH GENE REARRANGE AMP METH	\$ -
81262	IGH GENE REARRANG DIR PROBE	\$ -
81263	IGH VARI REGIONAL MUTATION	\$ -
81264	IGK REARRANGEABN CLONAL POP	\$ -
81265	STR MARKERS SPECIMEN ANAL	\$ -
81266	STR MARKERS SPEC ANAL ADDL	\$ -
81267	CHIMERISM ANAL NO CELL SELEC	\$ -
81268	CHIMERISM ANAL W/CELL SELECT	\$ -
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	\$ -
81270	JAK2 GENE	\$ -
81271	HTT GENE DETC ABNOR ALLELES	\$ -
81272	KIT GENE TARGETED SEQ ANALYS	\$ -
81273	KIT GENE ANALYS D816 VARIANT	\$ -
81274	HTT GENE CHARAC ALLELES	\$ -
81275	KRAS GENE	\$ -
81276	KRAS GENE ADDL VARIANTS	\$ -
81277	CYTOGENOMIC NEO MICRORA ALYS	\$ -
81278	IGH@/BCL2 TRANSLOCATION ALYS	\$ -
81279	JAK2 GENE TRGT SEQUENCE ALYS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81283	IFNL3 GENE	\$ -
81284	FXN GENE DETC ABNOR ALLELES	\$ -
81285	FXN GENE CHARAC ALLELES	\$ -
81286	FXN GENE FULL GENE SEQUENCE	\$ -
81287	MGMT GENE METHYLATION ANAL	\$ -
81288	MLH1 GENE	\$ -
81289	FXN GENE KNOWN FAMIL VARIANT	\$ -
81290	MCOLN1 GENE	\$ -
81291	MTHFR GENE	\$ -
81292	MLH1 GENE FULL SEQ	\$ -
81293	MLH1 GENE KNOWN VARIANTS	\$ -
81294	MLH1 GENE DUP/DELETE VARIANT	\$ -
81295	MSH2 GENE FULL SEQ	\$ -
81296	MSH2 GENE KNOWN VARIANTS	\$ -
81297	MSH2 GENE DUP/DELETE VARIANT	\$ -
81298	MSH6 GENE FULL SEQ	\$ -
81299	MSH6 GENE KNOWN VARIANTS	\$ -
81300	MSH6 GENE DUP/DELETE VARIANT	\$ -
81301	MICROSATELLITE INSTABILITY	\$ -
81302	MECP2 GENE FULL SEQ	\$ -
81303	MECP2 GENE KNOWN VARIANT	\$ -
81304	MECP2 GENE DUP/DELET VARIANT	\$ -
81305	MYD88 GENE P.LEU265PRO VRNT	\$ -
81306	NUDT15 GENE COMMON VARIANTS	\$ -
81307	PALB2 GENE FULL GENE SEQ	\$ -
81308	PALB2 GENE KNOWN FAMIL VRNT	\$ -
81309	PIK3CA GENE TRGT SEQ ALYS	\$ -
81310	NPM1 GENE	\$ -
81311	NRAS GENE VARIANTS EXON 2&3	\$ -
81312	PABPN1 GENE DETC ABNOR ALLEL	\$ -
81313	PCA3/KLK3 ANTIGEN	\$ -
81314	PDGFRA GENE	\$ -
81315	PML/RARALPHA COM BREAKPOINTS	\$ -
81316	PML/RARALPHA 1 BREAKPOINT	\$ -
81317	PMS2 GENE FULL SEQ ANALYSIS	\$ -
81318	PMS2 KNOWN FAMILIAL VARIANTS	\$ -
81319	PMS2 GENE DUP/DELET VARIANTS	\$ -
81320	PLCG2 GENE COMMON VARIANTS	\$ -
81321	PTEN GENE FULL SEQUENCE	\$ -
81322	PTEN GENE KNOWN FAM VARIANT	\$ -
81323	PTEN GENE DUP/DELET VARIANT	\$ -
81324	PMP22 GENE DUP/DELET	\$ -
81325	PMP22 GENE FULL SEQUENCE	\$ -
81326	PMP22 GENE KNOWN FAM VARIANT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81327	SEPT9 METHYLATION ANALYSIS	\$ -
81328	SLCO1B1 GENE COM VARIANTS	\$ -
81329	SMN1 GENE DOS/DELETION ALYS	\$ -
81330	SMPD1 GENE COMMON VARIANTS	\$ -
81331	SNRPN/UBE3A GENE	\$ -
81332	SERPINA1 GENE	\$ -
81333	TGFBI GENE COMMON VARIANTS	\$ -
81334	RUNX1 GENE TARGETED SEQ ALYS	\$ -
81335	TPMT GENE COM VARIANTS	\$ -
81336	SMN1 GENE FULL GENE SEQUENCE	\$ -
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	\$ -
81338	MPL GENE COMMON VARIANTS	\$ -
81339	MPL GENE SEQ ALYS EXON 10	\$ -
81340	TRB@ GENE REARRANGE AMPLIFY	\$ -
81341	TRB@ GENE REARRANGE DIRPROBE	\$ -
81342	TRG GENE REARRANGEMENT ANAL	\$ -
81343	PPP2R2B GEN DETC ABNOR ALLEL	\$ -
81344	TBP GENE DETC ABNOR ALLELES	\$ -
81345	TERT GENE TARGETED SEQ ALYS	\$ -
81346	TYMS GENE COM VARIANTS	\$ -
81347	SF3B1 GENE COMMON VARIANTS	\$ -
81348	SRSF2 GENE COMMON VARIANTS	\$ -
81349	CYTOG ALYS CHRML ABNR LW-PS	\$ -
81350	UGT1A1 GENE	\$ -
81351	TP53 GENE FULL GENE SEQUENCE	\$ -
81352	TP53 GENE TRGT SEQUENCE ALYS	\$ -
81353	TP53 GENE KNOWN FAMIL VRNT	\$ -
81355	VKORC1 GENE	\$ -
81357	U2AF1 GENE COMMON VARIANTS	\$ -
81360	ZRSR2 GENE COMMON VARIANTS	\$ -
81361	HBB GENE COM VARIANTS	\$ -
81362	HBB GENE KNOWN FAM VARIANT	\$ -
81363	HBB GENE DUP/DEL VARIANTS	\$ -
81364	HBB FULL GENE SEQUENCE	\$ -
81370	HLA I & II TYPING LR	\$ -
81371	HLA I & II TYPE VERIFY LR	\$ -
81372	HLA I TYPING COMPLETE LR	\$ -
81373	HLA I TYPING 1 LOCUS LR	\$ -
81374	HLA I TYPING 1 ANTIGEN LR	\$ -
81375	HLA II TYPING AG EQUIV LR	\$ -
81376	HLA II TYPING 1 LOCUS LR	\$ -
81377	HLA II TYPE 1 AG EQUIV LR	\$ -
81378	HLA I & II TYPING HR	\$ -
81379	HLA I TYPING COMPLETE HR	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81380	HLA I TYPING 1 LOCUS HR	\$ -
81381	HLA I TYPING 1 ALLELE HR	\$ -
81382	HLA II TYPING 1 LOC HR	\$ -
81383	HLA II TYPING 1 ALLELE HR	\$ -
81400	MOPATH PROCEDURE LEVEL 1	\$ -
81401	MOPATH PROCEDURE LEVEL 2	\$ -
81402	MOPATH PROCEDURE LEVEL 3	\$ -
81403	MOPATH PROCEDURE LEVEL 4	\$ -
81404	MOPATH PROCEDURE LEVEL 5	\$ -
81405	MOPATH PROCEDURE LEVEL 6	\$ -
81406	MOPATH PROCEDURE LEVEL 7	\$ -
81407	MOPATH PROCEDURE LEVEL 8	\$ -
81408	MOPATH PROCEDURE LEVEL 9	\$ -
81410	AORTIC DYSFUNCTION/DILATION	\$ -
81411	AORTIC DYSFUNCTION/DILATION	\$ -
81412	ASHKENAZI JEWISH ASSOC DIS	\$ -
81413	CAR ION CHNNLPATH INC 10 GNS	\$ -
81414	CAR ION CHNNLPATH INC 2 GNS	\$ -
81415	EXOME SEQUENCE ANALYSIS	\$ -
81416	EXOME SEQUENCE ANALYSIS	\$ -
81417	EXOME RE-EVALUATION	\$ -
81419	EPILEPSY GEN SEQ ALYS PANEL	\$ -
81420	FETAL CHRMOML ANEUPLOIDY	\$ -
81422	FETAL CHRMOML MICRODELTA	\$ -
81425	GENOME SEQUENCE ANALYSIS	\$ -
81426	GENOME SEQUENCE ANALYSIS	\$ -
81427	GENOME RE-EVALUATION	\$ -
81430	HEARING LOSS SEQUENCE ANALYS	\$ -
81431	HEARING LOSS DUP/DEL ANALYS	\$ -
81432	HRDTRY BRST CA-RLATD DSORDRS	\$ -
81433	HRDTRY BRST CA-RLATD DSORDRS	\$ -
81434	HEREDITARY RETINAL DISORDERS	\$ -
81435	HEREDITARY COLON CA DSORDRS	\$ -
81436	HEREDITARY COLON CA DSORDRS	\$ -
81437	HEREDTRY NURONDCRN TUM DSRDR	\$ -
81438	HEREDTRY NURONDCRN TUM DSRDR	\$ -
81439	INHERITED CARDMPYPHY 5 GNS	\$ -
81440	MITOCHONDRIAL GENE	\$ -
81442	NOONAN SPECTRUM DISORDERS	\$ -
81443	GENETIC TSTG SEVERE INH COND	\$ -
81445	TARGETED GENOMIC SEQ ANALYS	\$ -
81448	HRDTRY PERPH NEURPHY PANEL	\$ -
81450	TARGETED GENOMIC SEQ ANALYS	\$ -
81455	TARGETED GENOMIC SEQ ANALYS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
81460	WHOLE MITOCHONDRIAL GENOME	\$ -
81465	WHOLE MITOCHONDRIAL GENOME	\$ -
81470	X-LINKED INTELLECTUAL DBLT	\$ -
81471	X-LINKED INTELLECTUAL DBLT	\$ -
81479	UNLISTED MOLECULAR PATHOLOGY	\$ -
81490	AUTOIMMUNE RHEUMATOID ARTHR	\$ -
81493	COR ARTERY DISEASE MRNA	\$ -
81500	ONCO (OVAR) TWO PROTEINS	\$ -
81503	ONCO (OVAR) FIVE PROTEINS	\$ -
81504	ONCOLOGY TISSUE OF ORIGIN	\$ -
81506	ENDO ASSAY SEVEN ANAL	\$ -
81507	FETAL ANEUPLOIDY TRISOM RISK	\$ -
81508	FTL CGEN ABNOR TWO PROTEINS	\$ -
81509	FTL CGEN ABNOR 3 PROTEINS	\$ -
81510	FTL CGEN ABNOR THREE ANAL	\$ -
81511	FTL CGEN ABNOR FOUR ANAL	\$ -
81512	FTL CGEN ABNOR FIVE ANAL	\$ -
81513	NFCT DS BV RNA VAG FLU ALG	\$ -
81514	NFCT DS BV&VAGINITIS DNA ALG	\$ -
81518	ONC BRST MRNA 11 GENES	\$ -
81519	ONCOLOGY BREAST MRNA	\$ -
81520	ONC BREAST MRNA 58 GENES	\$ -
81521	ONC BREAST MRNA 70 GENES	\$ -
81522	ONC BREAST MRNA 12 GENES	\$ -
81523	ONC BRST MRNA 70 CNT 31 GENE	\$ -
81525	ONCOLOGY COLON MRNA	\$ -
81528	ONCOLOGY COLORECTAL SCR	\$ -
81529	ONC CUTAN MLNMA MRNA 31 GENE	\$ -
81535	ONCOLOGY GYNECOLOGIC	\$ -
81536	ONCOLOGY GYNECOLOGIC	\$ -
81538	ONCOLOGY LUNG	\$ -
81539	ONCOLOGY PROSTATE PROB SCORE	\$ -
81540	ONCOLOGY TUM UNKNOWN ORIGIN	\$ -
81541	ONC PROSTATE MRNA 46 GENES	\$ -
81542	ONC PROSTATE MRNA 22 CNT GEN	\$ -
81546	ONC THYR MRNA 10-196 GEN ALG	\$ -
81551	ONC PROSTATE 3 GENES	\$ -
81552	ONC UVEAL MLNMA MRNA 15 GENE	\$ -
81554	PULM DS IPF MRNA 190 GEN ALG	\$ -
81560	TRANSPLJ PD LVR&BWL CD154+CLL	\$ -
81595	CARDIOLOGY HRT TRANSPL MRNA	\$ -
81596	NFCT DS CHRNC HCV 6 ASSAYS	\$ -
81599	UNLISTED MAAA	\$ -
82009	TEST FOR ACETONE/KETONES	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
82010	ACETONE ASSAY	\$ -
82013	ACETYLCHOLINESTERASE ASSAY	\$ -
82016	ACYLCARNITINES- QUAL	\$ -
82017	ACYLCARNITINES- QUANT	\$ -
82024	ASSAY OF ACTH	\$ -
82030	ASSAY OF ADP & AMP	\$ -
82040	ASSAY OF SERUM ALBUMIN	\$ -
82042	ASSAY OF URINE ALBUMIN	\$ -
82043	MICROALBUMIN- QUANTITATIVE	\$ -
82044	Microalbumin	\$ 11.00
82045	ALBUMIN- ISCHEMIA MODIFIED	\$ -
82075	ASSAY OF BREATH ETHANOL	\$ -
82077	ASSAY SPEC XCP UR&BREATH IA	\$ -
82085	ASSAY OF ALDOLASE	\$ -
82088	ASSAY OF ALDOSTERONE	\$ -
82103	ALPHA-1-ANTITRYPSIN- TOTAL	\$ -
82104	ALPHA-1-ANTITRYPSIN- PHENO	\$ -
82105	ALPHA-FETOPROTEIN- SERUM	\$ -
82106	ALPHA-FETOPROTEIN- AMNIOTIC	\$ -
82107	ALPHA-FETOPROTEIN L3	\$ -
82108	ASSAY OF ALUMINUM	\$ -
82120	AMINES- VAGINAL FLUID QUAL	\$ -
82127	AMINO ACID- SINGLE QUAL	\$ -
82128	AMINO ACIDS- MULT QUAL	\$ -
82131	AMINO ACIDS- SINGLE QUANT	\$ -
82135	ASSAY- AMINOLEVULINIC ACID	\$ -
82136	AMINO ACIDS- QUANT- 2-5	\$ -
82139	AMINO ACIDS- QUAN- 6 OR MORE	\$ -
82140	ASSAY OF AMMONIA	\$ -
82143	AMNIOTIC FLUID SCAN	\$ -
82150	ASSAY OF AMYLASE	\$ -
82154	ANDROSTANEDIOL GLUCURONIDE	\$ -
82157	ASSAY OF ANDROSTENEDIONE	\$ -
82160	ASSAY OF ANDROSTERONE	\$ -
82163	ASSAY OF ANGIOTENSIN II	\$ -
82164	ANGIOTENSIN I ENZYME TEST	\$ -
82172	ASSAY OF APOLIPOPROTEIN	\$ -
82175	ASSAY OF ARSENIC	\$ -
82180	ASSAY OF ASCORBIC ACID	\$ -
82190	ATOMIC ABSORPTION	\$ -
82232	ASSAY OF BETA-2 PROTEIN	\$ -
82239	BILE ACIDS- TOTAL	\$ -
82240	BILE ACIDS- CHOLYLGLYCINE	\$ -
82247	BILIRUBIN- TOTAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
82248	BILIRUBIN- DIRECT	\$ -
82252	FECAL BILIRUBIN TEST	\$ -
82261	ASSAY OF BIOTINIDASE	\$ -
82270	Hemocult - Clia	\$ 8.00
82271	OCCULT BLOOD- OTHER SOURCES	\$ -
82272	OCCULT BLOOD- FECES- SINGLE	\$ -
82274	ASSAY TEST FOR BLOOD- FECAL	\$ -
82286	ASSAY OF BRADYKININ	\$ -
82300	ASSAY OF CADMIUM	\$ -
82306	ASSAY OF VITAMIN D	\$ -
82308	ASSAY OF CALCITONIN	\$ -
82310	ASSAY OF CALCIUM	\$ -
82330	ASSAY OF CALCIUM	\$ -
82331	CALCIUM INFUSION TEST	\$ -
82340	ASSAY OF CALCIUM IN URINE	\$ -
82355	CALCULUS ANALYSIS- QUAL	\$ -
82360	CALCULUS ASSAY- QUANT	\$ -
82365	CALCULUS SPECTROSCOPY	\$ -
82370	X-RAY ASSAY- CALCULUS	\$ -
82373	ASSAY- C-D TRANSFER MEASURE	\$ -
82374	ASSAY- BLOOD CARBON DIOXIDE	\$ -
82375	ASSAY- BLOOD CARBON MONOXIDE	\$ -
82376	TEST FOR CARBON MONOXIDE	\$ -
82378	CARCINOEMBRYONIC ANTIGEN	\$ -
82379	ASSAY OF CARNITINE	\$ -
82380	ASSAY OF CAROTENE	\$ -
82382	ASSAY- URINE CATECHOLAMINES	\$ -
82383	ASSAY- BLOOD CATECHOLAMINES	\$ -
82384	ASSAY- THREE CATECHOLAMINES	\$ -
82387	ASSAY OF CATHEPSIN-D	\$ -
82390	ASSAY OF CERULOPLASMIN	\$ -
82397	CHEMILUMINESCENT ASSAY	\$ -
82415	ASSAY OF CHLORAMPHENICOL	\$ -
82435	ASSAY OF BLOOD CHLORIDE	\$ -
82436	ASSAY OF URINE CHLORIDE	\$ -
82438	ASSAY- OTHER FLUID CHLORIDES	\$ -
82441	TEST FOR CHLOROHYDROCARBONS	\$ -
82465	Cholesterol - Clia	\$ 7.00
82465	SNHD Cholesterol - Clia	\$ 6.00
82480	ASSAY- SERUM CHOLINESTERASE	\$ -
82482	ASSAY- RBC CHOLINESTERASE	\$ -
82485	ASSAY- CHONDROITIN SULFATE	\$ -
82495	ASSAY OF CHROMIUM	\$ -
82507	ASSAY OF CITRATE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
82523	COLLAGEN CROSSLINKS	\$ -
82525	ASSAY OF COPPER	\$ -
82528	ASSAY OF CORTICOSTERONE	\$ -
82530	CORTISOL- FREE	\$ -
82533	TOTAL CORTISOL	\$ -
82540	ASSAY OF CREATINE	\$ -
82542	COLUMN CHROMOTOGRAPHY- QUANT	\$ -
82550	ASSAY OF CK (CPK)	\$ -
82552	ASSAY OF CPK IN BLOOD	\$ -
82553	CREATINE- MB FRACTION	\$ -
82554	CREATINE- ISOFORMS	\$ -
82565	ASSAY OF CREATININE	\$ -
82570	ASSAY OF URINE CREATININE	\$ -
82575	CREATININE CLEARANCE TEST	\$ -
82585	ASSAY OF CRYOFIBRINOGEN	\$ -
82595	ASSAY OF CRYOGLOBULIN	\$ -
82600	ASSAY OF CYANIDE	\$ -
82607	VITAMIN B-12	\$ -
82608	B-12 BINDING CAPACITY	\$ -
82610	CYSTATIN C	\$ -
82615	TEST FOR URINE CYSTINES	\$ -
82626	DEHYDROEPIANDROSTERONE	\$ -
82627	DEHYDROEPIANDROSTERONE	\$ -
82633	DESOXYCORTICOSTERONE	\$ -
82634	DEOXYCORTISOL	\$ -
82638	ASSAY OF DIBUCAINE NUMBER	\$ -
82642	DIHYDROTESTOSTERONE	\$ -
82652	ASSAY OF DIHYDROXYVITAMIN D	\$ -
82653	EL-1 FECAL QUANTITATIVE	\$ -
82656	PANCREATIC ELASTASE- FECAL	\$ -
82657	ENZYME CELL ACTIVITY	\$ -
82658	ENZYME CELL ACTIVITY- RA	\$ -
82664	ELECTROPHORETIC TEST	\$ -
82668	ASSAY OF ERYTHROPOIETIN	\$ -
82670	ASSAY OF ESTRADIOL	\$ -
82671	ASSAY OF ESTROGENS	\$ -
82672	ASSAY OF ESTROGEN	\$ -
82677	ASSAY OF ESTRIOL	\$ -
82679	ASSAY OF ESTRONE	\$ -
82681	ASSAY DIR MEAS FR ESTRADIOL	\$ -
82693	ASSAY OF ETHYLENE GLYCOL	\$ -
82696	ASSAY OF ETIOCHOLANOLONE	\$ -
82705	FATS/LIPIDS- FECES- QUAL	\$ -
82710	FATS/LIPIDS- FECES- QUANT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
82715	ASSAY OF FECAL FAT	\$ -
82725	ASSAY OF BLOOD FATTY ACIDS	\$ -
82726	LONG CHAIN FATTY ACIDS	\$ -
82728	ASSAY OF FERRITIN	\$ -
82731	ASSAY OF FETAL FIBRONECTIN	\$ -
82735	ASSAY OF FLUORIDE	\$ -
82746	BLOOD FOLIC ACID SERUM	\$ -
82747	ASSAY OF FOLIC ACID- RBC	\$ -
82757	ASSAY OF SEMEN FRUCTOSE	\$ -
82759	ASSAY OF RBC GALACTOKINASE	\$ -
82760	ASSAY OF GALACTOSE	\$ -
82775	ASSAY GALACTOSE TRANSFERASE	\$ -
82776	GALACTOSE TRANSFERASE TEST	\$ -
82777	GALECTIN 3	\$ -
82784	ASSAY OF GAMMAGLOBULIN IGM	\$ -
82785	ASSAY OF GAMMAGLOBULIN IGE	\$ -
82787	IGG 1- 2- 3 OR 4- EACH	\$ -
82800	BLOOD PH	\$ -
82803	BLOOD GASES: PH- PO2 & PCO2	\$ -
82805	BLOOD GASES W/O2 SATURATION	\$ -
82810	BLOOD GASES- O2 SAT ONLY	\$ -
82820	HEMOGLOBIN-OXYGEN AFFINITY	\$ -
82930	GASTRIC ANALY W/PH EA SPEC	\$ -
82938	GASTRIN TEST	\$ -
82941	ASSAY OF GASTRIN	\$ -
82943	ASSAY OF GLUCAGON	\$ -
82945	GLUCOSE OTHER FLUID	\$ -
82946	GLUCAGON TOLERANCE TEST	\$ -
82947	Blood glucose- monitoring device	\$ 22.00
82948	REAGENT STRIP/BLOOD GLUCOSE	\$ -
82950	GLUCOSE TEST	\$ -
82951	GLUCOSE TOLERANCE TEST (GTT)	\$ -
82952	GTT-ADDED SAMPLES	\$ -
82955	ASSAY OF G6PD ENZYME	\$ -
82960	TEST FOR G6PD ENZYME	\$ -
82962	GLUCOSE BLOOD TEST	\$ -
82962	GLUCOSE BLOOD TEST	\$ -
82963	ASSAY OF GLUCOSIDASE	\$ -
82965	ASSAY OF GDH ENZYME	\$ -
82977	ASSAY OF GGT	\$ -
82978	ASSAY OF GLUTATHIONE	\$ -
82979	ASSAY- RBC GLUTATHIONE	\$ -
82985	GLYCATED PROTEIN	\$ -
83001	GONADOTROPIN (FSH)	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
83002	GONADOTROPIN (LH)	\$ -
83003	ASSAY- GROWTH HORMONE (HGH)	\$ -
83006	GROWTH STIMULATION GENE 2	\$ -
83009	H PYLORI (C-13)- BLOOD	\$ -
83010	ASSAY OF HAPTOGLOBIN- QUANT	\$ -
83012	ASSAY OF HAPTOGLOBINS	\$ -
83013	H PYLORI ANALYSIS	\$ -
83014	H PYLORI DRUG ADMIN/COLLECT	\$ -
83015	HEAVY METAL SCREEN	\$ -
83018	QUANTITATIVE SCREEN- METALS	\$ -
83020	HEMOGLOBIN ELECTROPHORESIS	\$ -
83021	HEMOGLOBIN CHROMOTOGRAPHY	\$ -
83026	HEMOGLOBIN- COPPER SULFATE	\$ -
83030	FETAL HEMOGLOBIN- CHEMICAL	\$ -
83033	FETAL HEMOGLOBIN ASSAY- QUAL	\$ -
83036	Hemoglobin A1c - Clia	\$ 22.00
83036	SNHD Hemoglobin A1c - Clia	\$ 19.98
83037	GLYCOSYLATED HB- HOME DEVICE	\$ -
83045	BLOOD METHEMOGLOBIN TEST	\$ -
83050	BLOOD METHEMOGLOBIN ASSAY	\$ -
83051	ASSAY OF PLASMA HEMOGLOBIN	\$ -
83060	BLOOD SULFHEMOGLOBIN ASSAY	\$ -
83065	ASSAY OF HEMOGLOBIN HEAT	\$ -
83068	HEMOGLOBIN STABILITY SCREEN	\$ -
83069	ASSAY OF URINE HEMOGLOBIN	\$ -
83070	ASSAY OF HEMOSIDERIN- QUAL	\$ -
83080	ASSAY OF B HEXOSAMINIDASE	\$ -
83088	ASSAY OF HISTAMINE	\$ -
83090	ASSAY OF HOMOCYSTINE	\$ -
83150	ASSAY OF FOR HVA	\$ -
83491	ASSAY OF CORTICOSTEROIDS	\$ -
83497	ASSAY OF 5-HIAA	\$ -
83498	ASSAY OF PROGESTERONE	\$ -
83500	ASSAY- FREE HYDROXYPROLINE	\$ -
83505	ASSAY- TOTAL HYDROXYPROLINE	\$ -
83516	IMMUNOASSAY- NONANTIBODY	\$ -
83518	IMMUNOASSAY- DIPSTICK	\$ -
83519	IMMUNOASSAY- NONANTIBODY	\$ -
83520	IMMUNOASSAY- RIA	\$ -
83521	IG LIGHT CHAINS FREE EACH	\$ -
83525	ASSAY OF INSULIN	\$ -
83527	ASSAY OF INSULIN	\$ -
83528	ASSAY OF INTRINSIC FACTOR	\$ -
83529	ASAY OF INTERLEUKIN-6 (IL-6)	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
83540	ASSAY OF IRON	\$ -
83550	IRON BINDING TEST	\$ -
83570	ASSAY OF IDH ENZYME	\$ -
83582	ASSAY OF KETOGENIC STEROIDS	\$ -
83586	ASSAY 17- KETOSTEROIDS	\$ -
83593	FRACTIONATION- KETOSTEROIDS	\$ -
83605	ASSAY OF LACTIC ACID	\$ -
83615	LACTATE (LD) (LDH) ENZYME	\$ -
83625	ASSAY OF LDH ENZYMES	\$ -
83630	LACTOFERRIN- FECAL (QUAL)	\$ -
83631	LACTOFERRIN- FECAL (QUANT)	\$ -
83632	PLACENTAL LACTOGEN	\$ -
83633	TEST URINE FOR LACTOSE	\$ -
83655	Lead - Clia	\$ 50.00
83661	L/S RATIO- FETAL LUNG	\$ -
83662	FOAM STABILITY- FETAL LUNG	\$ -
83663	FLUORO POLARIZE- FETAL LUNG	\$ -
83664	LAMELLAR BDY- FETAL LUNG	\$ -
83670	ASSAY OF LAP ENZYME	\$ -
83690	ASSAY OF LIPASE	\$ -
83695	ASSAY OF LIPOPROTEIN(A)	\$ -
83698	ASSAY LIPOPROTEIN PLA2	\$ -
83700	LIOPRO BLD- ELECTROPHORETIC	\$ -
83701	LIOPROTEIN BLD- HR FRACTION	\$ -
83704	LIOPROTEIN- BLD- BY NMR	\$ -
83718	ASSAY OF LIPOPROTEIN	\$ 9.00
83719	ASSAY OF BLOOD LIPOPROTEIN	\$ -
83721	ASSAY OF BLOOD LIPOPROTEIN	\$ -
83722	LIOPRTN DIR MEAS SD LDL CHL	\$ -
83727	ASSAY OF LRH HORMONE	\$ -
83735	ASSAY OF MAGNESIUM	\$ -
83775	ASSAY OF MD ENZYME	\$ -
83785	ASSAY OF MANGANESE	\$ -
83789	MASS SPECTROMETRY QUANT	\$ -
83825	ASSAY OF MERCURY	\$ -
83835	ASSAY OF METANEPHRINES	\$ -
83857	ASSAY OF METHEMALBUMIN	\$ -
83861	MICROFLUID ANALY TEARS	\$ -
83864	MUCOPOLYSACCHARIDES	\$ -
83872	ASSAY SYNOVIAL FLUID MUCIN	\$ -
83873	ASSAY OF CSF PROTEIN	\$ -
83874	ASSAY OF MYOGLOBIN	\$ -
83876	ASSAY- MYELOPEROXIDASE	\$ -
83880	NATRIURETIC PEPTIDE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
83883	ASSAY- NEPHELOMETRY NOT SPEC	\$ -
83885	ASSAY OF NICKEL	\$ -
83915	ASSAY OF NUCLEOTIDASE	\$ -
83916	OLIGOCLONAL BANDS	\$ -
83918	ORGANIC ACIDS- TOTAL- QUANT	\$ -
83919	ORGANIC ACIDS- QUAL- EACH	\$ -
83921	ORGANIC ACID- SINGLE- QUANT	\$ -
83930	ASSAY OF BLOOD OSMOLALITY	\$ -
83935	ASSAY OF URINE OSMOLALITY	\$ -
83937	ASSAY OF OSTEOCALCIN	\$ -
83945	ASSAY OF OXALATE	\$ -
83950	ONCOPROTEIN- HER-2/NEU	\$ -
83951	ONCOPROTEIN- DCP	\$ -
83970	ASSAY OF PARATHORMONE	\$ -
83986	ASSAY OF BODY FLUID ACIDITY	\$ 14.00
83987	EXHALED BREATH CONDENSATE	\$ -
83992	ASSAY FOR PHENCYCLIDINE	\$ -
83993	ASSAY FOR CALPROTECTIN FECAL	\$ -
84030	PKU W/CARD	\$ -
84030	PKU W/OUT CARD	\$ -
84035	ASSAY OF PHENYLKETONES	\$ -
84060	ASSAY ACID PHOSPHATASE	\$ -
84066	ASSAY PROSTATE PHOSPHATASE	\$ -
84075	ASSAY ALKALINE PHOSPHATASE	\$ -
84078	ASSAY ALKALINE PHOSPHATASE	\$ -
84080	ASSAY ALKALINE PHOSPHATASES	\$ -
84081	AMNIOTIC FLUID ENZYME TEST	\$ -
84085	ASSAY OF RBC PG6D ENZYME	\$ -
84087	ASSAY PHOSPHOHEXOSE ENZYMES	\$ -
84100	ASSAY OF PHOSPHORUS	\$ -
84105	ASSAY OF URINE PHOSPHORUS	\$ -
84106	TEST FOR PORPHOBILINOGEN	\$ -
84110	ASSAY OF PORPHOBILINOGEN	\$ -
84112	PLACENTA ALPHA MICRO IG C/V	\$ -
84119	TEST URINE FOR PORPHYRINS	\$ -
84120	ASSAY OF URINE PORPHYRINS	\$ -
84126	ASSAY OF FECES PORPHYRINS	\$ -
84132	ASSAY OF SERUM POTASSIUM	\$ -
84133	ASSAY OF URINE POTASSIUM	\$ -
84134	ASSAY OF PREALBUMIN	\$ -
84135	ASSAY OF PREGNANEDIOL	\$ -
84138	ASSAY OF PREGNANETRIOL	\$ -
84140	ASSAY OF PREGNENOLONE	\$ -
84143	ASSAY OF 17-HYDROXPREGNENO	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
84144	ASSAY OF PROGESTERONE	\$ -
84145	PROCALCITONIN (PCT)	\$ -
84146	ASSAY OF PROLACTIN	\$ -
84150	ASSAY OF PROSTAGLANDIN	\$ -
84152	ASSAY OF PSA- COMPLEXED	\$ -
84153	ASSAY OF PSA- TOTAL	\$ -
84154	ASSAY OF PSA- FREE	\$ -
84155	ASSAY OF PROTEIN	\$ -
84156	ASSAY OF PROTEIN- URINE	\$ -
84157	ASSAY OF PROTEIN- OTHER	\$ -
84160	ASSAY OF SERUM PROTEIN	\$ -
84163	PAPPA- SERUM	\$ -
84165	ASSAY OF SERUM PROTEINS	\$ -
84166	PROTEIN E-PHORESIS/URINE/CSF	\$ -
84181	WESTERN BLOT TEST	\$ -
84182	PROTEIN- WESTERN BLOT TEST	\$ -
84202	ASSAY RBC PROTOPORPHYRIN	\$ -
84203	TEST RBC PROTOPORPHYRIN	\$ -
84206	ASSAY OF PROINSULIN	\$ -
84207	ASSAY OF VITAMIN B-6	\$ -
84210	ASSAY OF PYRUVATE	\$ -
84220	ASSAY OF PYRUVATE KINASE	\$ -
84228	ASSAY OF QUININE	\$ -
84233	ASSAY OF ESTROGEN	\$ -
84234	ASSAY OF PROGESTERONE	\$ -
84235	ASSAY OF ENDOCRINE HORMONE	\$ -
84238	ASSAY- NONENDOCRINE RECEPTOR	\$ -
84244	ASSAY OF RENIN	\$ -
84252	ASSAY OF VITAMIN B-2	\$ -
84255	ASSAY OF SELENIUM	\$ -
84260	ASSAY OF SEROTONIN	\$ -
84270	ASSAY OF SEX HORMONE GLOBUL	\$ -
84275	ASSAY OF SIALIC ACID	\$ -
84285	ASSAY OF SILICA	\$ -
84295	ASSAY OF SERUM SODIUM	\$ -
84300	ASSAY OF URINE SODIUM	\$ -
84302	ASSAY OF SWEAT SODIUM	\$ -
84305	ASSAY OF SOMATOMEDIN	\$ -
84307	ASSAY OF SOMATOSTATIN	\$ -
84311	SPECTROPHOTOMETRY	\$ -
84315	BODY FLUID SPECIFIC GRAVITY	\$ -
84375	CHROMATOGRAM ASSAY- SUGARS	\$ -
84376	SUGARS- SINGLE- QUAL	\$ -
84377	SUGARS- MULTIPLE- QUAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
84378	SUGARS SINGLE QUANT	\$ -
84379	SUGARS MULTIPLE QUANT	\$ -
84392	ASSAY OF URINE SULFATE	\$ -
84402	ASSAY OF TESTOSTERONE	\$ -
84403	ASSAY OF TOTAL TESTOSTERONE	\$ -
84410	TESTOSTERONE BIOAVAILABLE	\$ -
84425	ASSAY OF VITAMIN B-1	\$ -
84430	ASSAY OF THIOCYANATE	\$ -
84431	THROMBOXANE URINE	\$ -
84432	ASSAY OF THYROGLOBULIN	\$ -
84436	ASSAY OF TOTAL THYROXINE	\$ -
84437	ASSAY OF NEONATAL THYROXINE	\$ -
84439	ASSAY OF FREE THYROXINE	\$ -
84442	ASSAY OF THYROID ACTIVITY	\$ -
84443	ASSAY THYROID STIM HORMONE	\$ -
84445	ASSAY OF TSI	\$ -
84446	ASSAY OF VITAMIN E	\$ -
84449	ASSAY OF TRASCORTIN	\$ -
84450	TRANSFERASE (AST) (SGOT)	\$ -
84460	ALANINE AMINO (ALT) (SGPT)	\$ -
84466	ASSAY OF TRANSFERRIN	\$ -
84478	ASSAY OF TRIGLYCERIDES	\$ 6.00
84479	ASSAY OF THYROID (T3 OR T4)	\$ -
84480	ASSAY- TRIIODOTHYRONINE (T3)	\$ -
84481	FREE ASSAY (FT-3)	\$ -
84482	T3 REVERSE	\$ -
84484	ASSAY OF TROPONIN- QUANT	\$ -
84485	ASSAY DUODENAL FLUID TRYPSIN	\$ -
84488	TEST FECES FOR TRYPSIN	\$ -
84490	ASSAY OF FECES FOR TRYPSIN	\$ -
84510	ASSAY OF TYROSINE	\$ -
84512	ASSAY OF TROPONIN- QUAL	\$ -
84520	ASSAY OF UREA NITROGEN	\$ -
84525	UREA NITROGEN SEMI-QUANT	\$ -
84540	ASSAY OF URINE/UREA-N	\$ -
84545	UREA-N CLEARANCE TEST	\$ -
84550	ASSAY OF BLOOD/URIC ACID	\$ -
84560	ASSAY OF URINE/URIC ACID	\$ -
84577	ASSAY OF FECES/UROBILINOGEN	\$ -
84578	TEST URINE UROBILINOGEN	\$ -
84580	ASSAY OF URINE UROBILINOGEN	\$ -
84583	ASSAY OF URINE UROBILINOGEN	\$ -
84585	ASSAY OF URINE VMA	\$ -
84586	ASSAY OF VIP	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
84588	ASSAY OF VASOPRESSIN	\$ -
84590	ASSAY OF VITAMIN A	\$ -
84591	ASSAY OF NOS VITAMIN	\$ -
84597	ASSAY OF VITAMIN K	\$ -
84600	ASSAY OF VOLATILES	\$ -
84620	XYLOSE TOLERANCE TEST	\$ -
84630	ASSAY OF ZINC	\$ -
84681	ASSAY OF C-PEPTIDE	\$ -
84702	CHORIONIC GONADOTROPIN TEST	\$ -
84703	CHORIONIC GONADOTROPIN ASSAY	\$ -
84704	HCG- FREE BETACHAIN TEST	\$ -
84830	OVULATION TESTS	\$ -
84999	CLINICAL CHEMISTRY TEST	\$ -
85002	BLEEDING TIME TEST	\$ -
85004	AUTOMATED DIFF WBC COUNT	\$ -
85007	BL SMEAR W/DIFF WBC COUNT	\$ -
85008	BL SMEAR W/O DIFF WBC COUNT	\$ -
85009	MANUAL DIFF WBC COUNT B-COAT	\$ -
85013	HEMATOCRIT	\$ -
85014	HEMOCULT	\$ -
85018	Hemoglobin - Clia	\$ 23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 9.00
85027	COMPLETE CBC- AUTOMATED	\$ -
85032	MANUAL CELL COUNT- EACH	\$ -
85041	AUTOMATED RBC COUNT	\$ -
85044	MANUAL RETICULOCYTE COUNT	\$ -
85045	AUTOMATED RETICULOCYTE COUNT	\$ -
85046	RETICYTE/HGB CONCENTRATE	\$ -
85048	AUTOMATED LEUKOCYTE COUNT	\$ -
85049	AUTOMATED PLATELET COUNT	\$ -
85055	RETICULATED PLATELET ASSAY	\$ -
85060	BLOOD SMEAR INTERPRETATION	\$ -
85097	BONE MARROW INTERPRETATION	\$ -
85130	CHROMOGENIC SUBSTRATE ASSAY	\$ -
85170	BLOOD CLOT RETRACTION	\$ -
85175	BLOOD CLOT LYSIS TIME	\$ -
85210	BLOOD CLOT FACTOR II TEST	\$ -
85220	BLOOD CLOT FACTOR V TEST	\$ -
85230	BLOOD CLOT FACTOR VII TEST	\$ -
85240	BLOOD CLOT FACTOR VIII TEST	\$ -
85244	BLOOD CLOT FACTOR VIII TEST	\$ -
85245	BLOOD CLOT FACTOR VIII TEST	\$ -
85246	BLOOD CLOT FACTOR VIII TEST	\$ -
85247	BLOOD CLOT FACTOR VIII TEST	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
85250	BLOOD CLOT FACTOR IX TEST	\$ -
85260	BLOOD CLOT FACTOR X TEST	\$ -
85270	BLOOD CLOT FACTOR XI TEST	\$ -
85280	BLOOD CLOT FACTOR XII TEST	\$ -
85290	BLOOD CLOT FACTOR XIII TEST	\$ -
85291	BLOOD CLOT FACTOR XIII TEST	\$ -
85292	BLOOD CLOT FACTOR ASSAY	\$ -
85293	BLOOD CLOT FACTOR ASSAY	\$ -
85300	ANTITHROMBIN III TEST	\$ -
85301	ANTITHROMBIN III TEST	\$ -
85302	BLOOD CLOT INHIBITOR ANTIGEN	\$ -
85303	BLOOD CLOT INHIBITOR TEST	\$ -
85305	BLOOD CLOT INHIBITOR ASSAY	\$ -
85306	BLOOD CLOT INHIBITOR TEST	\$ -
85307	ASSAY ACTIVATED PROTEIN C	\$ -
85335	FACTOR INHIBITOR TEST	\$ -
85337	THROMBOMODULIN	\$ -
85345	COAGULATION TIME	\$ -
85347	COAGULATION TIME	\$ -
85348	COAGULATION TIME	\$ -
85360	EUGLOBULIN LYSIS	\$ -
85362	FIBRIN DEGRADATION PRODUCTS	\$ -
85366	FIBRINOGEN TEST	\$ -
85370	FIBRINOGEN TEST	\$ -
85378	FIBRIN DEGRADE- SEMIQUANT	\$ -
85379	FIBRIN DEGRADATION- QUANT	\$ -
85380	FIBRIN DEGRADATION- VTE	\$ -
85384	FIBRINOGEN	\$ -
85385	FIBRINOGEN	\$ -
85390	FIBRINOLYSINS SCREEN	\$ -
85396	CLOTTING ASSAY- WHOLE BLOOD	\$ -
85397	CLOTTING FUNCT ACTIVITY	\$ -
85400	FIBRINOLYTIC PLASMIN	\$ -
85410	FIBRINOLYTIC ANTIPLASMIN	\$ -
85415	FIBRINOLYTIC PLASMINOGEN	\$ -
85420	FIBRINOLYTIC PLASMINOGEN	\$ -
85421	FIBRINOLYTIC PLASMINOGEN	\$ -
85441	HEINZ BODIES- DIRECT	\$ -
85445	HEINZ BODIES- INDUCED	\$ -
85460	HEMOGLOBIN- FETAL	\$ -
85461	HEMOGLOBIN- FETAL	\$ -
85475	HEMOLYSIN	\$ -
85520	HEPARIN ASSAY	\$ -
85525	HEPARIN NEUTRALIZATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
85530	HEPARIN-PROTAMINE TOLERANCE	\$ -
85536	IRON STAIN PERIPHERAL BLOOD	\$ -
85540	WBC ALKALINE PHOSPHATASE	\$ -
85547	RBC MECHANICAL FRAGILITY	\$ -
85549	MURAMIDASE	\$ -
85555	RBC OSMOTIC FRAGILITY	\$ -
85557	RBC OSMOTIC FRAGILITY	\$ -
85576	BLOOD PLATELET AGGREGATION	\$ -
85597	PLATELET NEUTRALIZATION	\$ -
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	\$ -
85610	PROTHROMBIN TIME	\$ -
85611	PROTHROMBIN TEST	\$ -
85612	VIPER VENOM PROTHROMBIN TIME	\$ -
85613	RUSSELL VIPER VENOM- DILUTED	\$ -
85635	REPTILASE TEST	\$ -
85651	RBC SED RATE- NONAUTOMATED	\$ -
85652	RBC SED RATE- AUTOMATED	\$ -
85660	RBC SICKLE CELL TEST	\$ -
85670	THROMBIN TIME- PLASMA	\$ -
85675	THROMBIN TIME- TITER	\$ -
85705	THROMBOPLASTIN INHIBITION	\$ -
85730	THROMBOPLASTIN TIME- PARTIAL	\$ -
85732	THROMBOPLASTIN TIME- PARTIAL	\$ -
85810	BLOOD VISCOSITY EXAMINATION	\$ -
85999	HEMATOLOGY PROCEDURE	\$ -
86000	AGGLUTININS- FEBRILE	\$ -
86001	ALLERGEN SPECIFIC IGG	\$ -
86003	ALLERGEN SPECIFIC IGE	\$ -
86005	ALLERGEN SPECIFIC IGE	\$ -
86008	ALLG SPEC IGE RECOMB EA	\$ -
86015	ACTIN ANTIBODY EACH	\$ -
86021	WBC ANTIBODY IDENTIFICATION	\$ -
86022	PLATELET ANTIBODIES	\$ -
86023	IMMUNOGLOBULIN ASSAY	\$ -
86036	ANCA SCREEN EACH ANTIBODY	\$ -
86037	ANCA TITER EACH ANTIBODY	\$ -
86038	ANTINUCLEAR ANTIBODIES	\$ -
86039	ANTINUCLEAR ANTIBODIES (ANA)	\$ -
86051	AQUAPORIN-4 ANTB ELISA	\$ -
86052	AQUAPORIN-4 ANTB CBA EACH	\$ -
86053	AQAPRN-4 ANTB FLO CYTMTRY EA	\$ -
86060	ANTISTREPTOLYSIN O- TITER	\$ -
86063	ANTISTREPTOLYSIN O- SCREEN	\$ -
86077	PHYSICIAN BLOOD BANK SERVICE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86078	PHYSICIAN BLOOD BANK SERVICE	\$ -
86079	PHYSICIAN BLOOD BANK SERVICE	\$ -
86140	C-REACTIVE PROTEIN	\$ -
86141	C-REACTIVE PROTEIN- HS	\$ -
86146	GLYCOPROTEIN ANTIBODY	\$ -
86147	CARDIOLIPIN ANTIBODY	\$ -
86148	PHOSPHOLIPID ANTIBODY	\$ -
86152	CELL ENUMERATION & ID	\$ -
86153	CELL ENUMERATION PHYS INTERP	\$ -
86155	CHEMOTAXIS ASSAY	\$ -
86156	COLD AGGLUTININ- SCREEN	\$ -
86157	COLD AGGLUTININ- TITER	\$ -
86160	COMPLEMENT- ANTIGEN	\$ -
86161	COMPLEMENT/FUNCTION ACTIVITY	\$ -
86162	COMPLEMENT- TOTAL (CH50)	\$ -
86171	COMPLEMENT FIXATION- EACH	\$ -
86200	CCP ANTIBODY	\$ -
86215	DEOXYRIBONUCLEASE- ANTIBODY	\$ -
86225	DNA ANTIBODY	\$ -
86226	DNA ANTIBODY- SINGLE STRAND	\$ -
86231	EMA EACH IG CLASS	\$ -
86235	NUCLEAR ANTIGEN ANTIBODY	\$ -
86255	FLUORESCENT ANTIBODY- SCREEN	\$ -
86256	FLUORESCENT ANTIBODY- TITER	\$ -
86258	DGP ANTIBODY EACH IG CLASS	\$ -
86277	GROWTH HORMONE ANTIBODY	\$ -
86280	HEMAGGLUTINATION INHIBITION	\$ -
86294	IMMUNOASSAY- TUMOR QUAL	\$ -
86300	IMMUNOASSAY- TUMOR CA 15-3	\$ -
86301	IMMUNOASSAY- TUMOR CA 19-9	\$ -
86304	IMMUNOASSAY- TUMOR- CA 125	\$ -
86305	HUMAN EPIDIDYMIS PROTEIN 4	\$ -
86308	Mononucleosis	\$ 12.00
86309	HETEROPHILE ANTIBODIES	\$ -
86310	HETEROPHILE ANTIBODIES	\$ -
86316	IMMUNOASSAY- TUMOR OTHER	\$ -
86317	Hepatitis B surface Ab- quantitative	\$ 33.00
86318	IMMUNOASSAY-INFECTIOUS AGENT	\$ -
86320	SERUM IMMUNOELECTROPHORESIS	\$ -
86325	OTHER IMMUNOELECTROPHORESIS	\$ -
86327	IMMUNOELECTROPHORESIS ASSAY	\$ -
86328	IA NFCT AB SARSCOV2 COVID19	\$ -
86329	IMMUNODIFFUSION	\$ -
86331	IMMUNODIFFUSION OUCHTERLONY	\$ -

## 2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86332	IMMUNE COMPLEX ASSAY	\$ -
86334	IMMUNOFIXATION PROCEDURE	\$ -
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	\$ -
86336	INHIBIN A	\$ -
86337	INSULIN ANTIBODIES	\$ -
86340	INTRINSIC FACTOR ANTIBODY	\$ -
86341	ISLET CELL ANTIBODY	\$ -
86343	LEUKOCYTE HISTAMINE RELEASE	\$ -
86344	LEUKOCYTE PHAGOCYTOSIS	\$ -
86352	CELL FUNCTION ASSAY W/STIM	\$ -
86353	LYMPHOCYTE TRANSFORMATION	\$ -
86355	B CELLS- TOTAL COUNT	\$ -
86356	MONONUCLEAR CELL ANTIGEN	\$ -
86357	NK CELLS- TOTAL COUNT	\$ -
86359	T CELLS- TOTAL COUNT	\$ -
86360	T CELL- ABSOLUTE COUNT/RATIO	\$ -
86361	T CELL- ABSOLUTE COUNT	\$ -
86362	MOG-IGG1 ANTB CBA EACH	\$ -
86363	MOG-IGG1 ANTB FLO CYTMTRY EA	\$ -
86364	TISS TRNSGLTMNASE EA IG CLAS	\$ -
86367	STEM CELLS- TOTAL COUNT	\$ -
86376	MICROSOMAL ANTIBODY	\$ -
86381	MITOCHONDRIAL ANTIBODY EACH	\$ -
86382	NEUTRALIZATION TEST- VIRAL	\$ -
86384	NITROBLUE TETRAZOLIUM DYE	\$ -
86386	NUCLEAR MATRIX PROTEIN 22	\$ -
86403	Strep A	\$ 39.00
86406	PARTICLE AGGLUTINATION TEST	\$ -
86408	NEUTRLZG ANTB SARSCOV2 SCR	\$ -
86409	NEUTRLZG ANTB SARSCOV2 TITER	\$ -
86413	SARS-COV-2 ANTB QUANTITATIVE	\$ -
86430	RHEUMATOID FACTOR TEST	\$ -
86431	RHEUMATOID FACTOR- QUANT	\$ -
86480	Quantiferon	\$ 65.00
86481	TB AG RESPONSE T-CELL SUSP	\$ -
86485	SKIN TEST- CANDIDA	\$ -
86486	SKIN TEST- NOS ANTIGEN	\$ -
86490	COCCIDIOIDOMYCOSIS SKIN TEST	\$ -
86510	HISTOPLASMOSIS SKIN TEST	\$ -
86580	Tuberculosis Skin Testing	\$ 32.00
86590	STREPTOKINASE- ANTIBODY	\$ -
86592	RPR- non treponemal qualitative	\$ 42.00
86593	RPR titer- non-treponemal quantitative	\$ 50.00
86596	VOLTAGE-GTD CA CHNL ANTB EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86602	ANTINOMYCES ANTIBODY	\$ -
86603	ADENOVIRUS ANTIBODY	\$ -
86606	ASPERGILLUS ANTIBODY	\$ -
86609	BACTERIUM ANTIBODY	\$ -
86611	BARTONELLA ANTIBODY	\$ -
86612	BLASTOMYCES ANTIBODY	\$ -
86615	BORDETELLA ANTIBODY	\$ -
86617	LYME DISEASE ANTIBODY	\$ -
86618	LYME DISEASE ANTIBODY	\$ -
86619	BORRELIA ANTIBODY	\$ -
86622	BRUCELLA ANTIBODY	\$ -
86625	CAMPYLOBACTER ANTIBODY	\$ -
86628	CANDIDA ANTIBODY	\$ -
86631	CHLAMYDIA ANTIBODY	\$ -
86632	CHLAMYDIA IGM ANTIBODY	\$ -
86635	COCCIDIOIDES ANTIBODY	\$ -
86638	Q FEVER ANTIBODY	\$ -
86641	CRYPTOCOCCUS ANTIBODY	\$ -
86644	CMV ANTIBODY	\$ -
86645	CMV ANTIBODY- IGM	\$ -
86648	DIPHThERIA ANTIBODY	\$ -
86651	ENCEPHALITIS ANTIBODY	\$ -
86652	ENCEPHALITIS ANTIBODY	\$ -
86653	ENCEPHALITIS ANTIBODY	\$ -
86654	ENCEPHALITIS ANTIBODY	\$ -
86658	ENTEROVIRUS ANTIBODY	\$ -
86663	EPSTEIN-BARR ANTIBODY	\$ -
86664	EPSTEIN-BARR ANTIBODY	\$ -
86665	EPSTEIN-BARR ANTIBODY	\$ -
86666	EHRlichIA ANTIBODY	\$ -
86668	FRANCISELLA TULARENSIS	\$ -
86671	FUNGUS ANTIBODY	\$ -
86674	GIARDIA LAMBLIA ANTIBODY	\$ -
86677	HELICOBACTER PYLORI	\$ -
86682	HELMINTH ANTIBODY	\$ -
86684	HEMOPHILUS INFLUENZA	\$ -
86687	HTLV-I ANTIBODY	\$ -
86688	HTLV-II ANTIBODY	\$ -
86689	HTLV/HIV CONFIRMATORY TEST	\$ -
86692	HEPATITIS- DELTA AGENT	\$ -
86694	HERPES SIMPLEX TEST	\$ -
86695	HERPES SIMPLEX TEST	\$ -
86696	HERPES SIMPLEX TYPE 2	\$ -
86698	HISTOPLASMA	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86701	HIV-1 antibody (Multispot)	\$ 220.00
86702	HIV-2 antibody (Multispot)	\$ 117.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86704	HEP B CORE ANTIBODY- TOTAL	\$ -
86705	HEP B CORE ANTIBODY- IGM	\$ 12.00
86706	Hepatitis B surface Ab- qualitative	\$ 18.00
86707	HEP BE ANTIBODY	\$ -
86708	HEP A ANTIBODY- TOTAL	\$ 18.00
86709	HEP A ANTIBODY- IGM	\$ 12.00
86710	INFLUENZA VIRUS ANTIBODY	\$ -
86711	JOHN CUNNINGHAM ANTIBODY	\$ -
86713	LEGIONELLA ANTIBODY	\$ -
86717	LEISHMANIA ANTIBODY	\$ -
86720	LEPTOSPIRA ANTIBODY	\$ -
86723	LISTERIA MONOCYTOGENES AB	\$ -
86727	LYMPH CHORIOMENINGITIS AB	\$ -
86732	MUCORMYCOSIS ANTIBODY	\$ -
86735	MUMPS ANTIBODY	\$ -
86738	MYCOPLASMA ANTIBODY	\$ -
86741	NEISSERIA MENINGITIDIS	\$ -
86744	NOCARDIA ANTIBODY	\$ -
86747	PARVOVIRUS ANTIBODY	\$ -
86750	MALARIA ANTIBODY	\$ -
86753	PROTOZOA ANTIBODY NOS	\$ -
86756	RESPIRATORY VIRUS ANTIBODY	\$ -
86757	RICKETTSIA ANTIBODY	\$ -
86759	ROTAVIRUS ANTIBODY	\$ -
86762	RUBELLA ANTIBODY	\$ -
86765	RUBEOLA ANTIBODY	\$ -
86768	SALMONELLA ANTIBODY	\$ -
86769	SARS-COV-2 COVID-19 ANTIBODY	\$ -
86771	SHIGELLA ANTIBODY	\$ -
86774	TETANUS ANTIBODY	\$ -
86777	TOXOPLASMA ANTIBODY	\$ -
86778	TOXOPLASMA ANTIBODY- IGM	\$ -
86780	Syphilis IgG antibody (treponemal)	\$ 65.00
86780	TPPA antibody (treponemal)	\$ 65.00
86784	TRICHINELLA ANTIBODY	\$ -
86787	VARICELLA-ZOSTER ANTIBODY	\$ -
86788	WEST NILE VIRUS AB- IGM	\$ -
86789	WEST NILE VIRUS ANTIBODY	\$ -
86790	VIRUS ANTIBODY NOS	\$ -
86793	YERSINIA ANTIBODY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86794	ZIKA VIRUS IGM ANTIBODY	\$ -
86800	THYROGLOBULIN ANTIBODY	\$ -
86803	Hep C- Rapid- Oraquick	\$ 32.00
86804	INFLUENZA TEST	\$ -
86805	LYMPHOCYTOTOXICITY ASSAY	\$ -
86806	LYMPHOCYTOTOXICITY ASSAY	\$ -
86807	CYTOTOXIC ANTIBODY SCREENING	\$ -
86808	CYTOTOXIC ANTIBODY SCREENING	\$ -
86812	HLA TYPING- A- B- OR C	\$ -
86813	HLA TYPING- A- B- OR C	\$ -
86816	HLA TYPING- DR/DQ	\$ -
86817	HLA TYPING- DR/DQ	\$ -
86821	LYMPHOCYTE CULTURE- MIXED	\$ -
86825	HLA X-MATH NON-CYTOTOXIC	\$ -
86826	HLA X-MATCH NONCYTOTOXC ADDL	\$ -
86828	HLA CLASS I&II ANTIBODY QUAL	\$ -
86829	HLA CLASS I/II ANTIBODY QUAL	\$ -
86830	HLA CLASS I PHENOTYPE QUAL	\$ -
86831	HLA CLASS II PHENOTYPE QUAL	\$ -
86832	HLA CLASS I HIGH DEFIN QUAL	\$ -
86833	HLA CLASS II HIGH DEFIN QUAL	\$ -
86834	HLA CLASS I SEMIQUANT PANEL	\$ -
86835	HLA CLASS II SEMIQUANT PANEL	\$ -
86849	IMMUNOLOGY PROCEDURE	\$ -
86850	RBC ANTIBODY SCREEN	\$ -
86860	RBC ANTIBODY ELUTION	\$ -
86870	RBC ANTIBODY IDENTIFICATION	\$ -
86880	COOMBS TEST- DIRECT	\$ -
86885	COOMBS TEST- INDIRECT- QUAL	\$ -
86886	COOMBS TEST- INDIRECT- TITER	\$ -
86890	AUTOLOGOUS BLOOD PROCESS	\$ -
86891	AUTOLOGOUS BLOOD- OP SALVAGE	\$ -
86900	BLOOD TYPING- ABO	\$ -
86901	BLOOD TYPING- RH (D)	\$ -
86902	BLOOD TYPE ANTIGEN DONOR EA	\$ -
86904	BLOOD TYPING- PATIENT SERUM	\$ -
86905	BLOOD TYPING- RBC ANTIGENS	\$ -
86906	BLOOD TYPING- RH PHENOTYPE	\$ -
86910	BLOOD TYPING- PATERNITY TEST	\$ -
86911	BLOOD TYPING- ANTIGEN SYSTEM	\$ -
86920	COMPATIBILITY TEST	\$ -
86921	COMPATIBILITY TEST	\$ -
86922	COMPATIBILITY TEST	\$ -
86923	COMPATIBILITY TEST- ELECTRIC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86927	PLASMA- FRESH FROZEN	\$ -
86930	FROZEN BLOOD PREP	\$ -
86931	FROZEN BLOOD THAW	\$ -
86932	FROZEN BLOOD FREEZE/THAW	\$ -
86940	HEMOLYSINS/AGGLUTININS- AUTO	\$ -
86941	HEMOLYSINS/AGGLUTININS	\$ -
86945	BLOOD PRODUCT/IRRADIATION	\$ -
86950	LEUKACYTE TRANSFUSION	\$ -
86960	VOL REDUCTION OF BLOOD/PROD	\$ -
86965	POOLING BLOOD PLATELETS	\$ -
86970	RBC PRETREATMENT	\$ -
86971	RBC PRETREATMENT	\$ -
86972	RBC PRETREATMENT	\$ -
86975	RBC PRETREATMENT- SERUM	\$ -
86976	RBC PRETREATMENT- SERUM	\$ -
86977	RBC PRETREATMENT- SERUM	\$ -
86978	RBC PRETREATMENT- SERUM	\$ -
86985	SPLIT BLOOD OR PRODUCTS	\$ -
86999	TRANSFUSION PROCEDURE	\$ -
87003	SMALL ANIMAL INOCULATION	\$ -
87015	SPECIMEN CONCENTRATION	\$ -
87040	BLOOD CULTURE FOR BACTERIA	\$ -
87045	FECES CULTURE- BACTERIA	\$ -
87046	STOOL CULTR- BACTERIA- EACH	\$ -
87070	CULTURE- BACTERIA- OTHER	\$ -
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$ 120.00
87073	CULTURE BACTERIA ANAEROBIC	\$ -
87075	CULTURE BACTERIA ANAEROBIC	\$ -
87076	CULTURE ANAEROBE IDENT- EACH	\$ -
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$ 151.00
87081	STREP CULTURE	\$ -
87084	CULTURE OF SPECIMEN BY KIT	\$ -
87086	URINE CULTURE/COLONY COUNT	\$ -
87088	URINE BACTERIA CULTURE	\$ -
87101	SKIN FUNGI CULTURE	\$ -
87102	FUNGUS ISOLATION CULTURE	\$ -
87103	BLOOD FUNGUS CULTURE	\$ -
87106	FUNGI IDENTIFICATION- YEAST	\$ -
87107	FUNGI IDENTIFICATION- MOLD	\$ -
87109	MYCOPLASMA	\$ -
87110	CHLAMYDIA CULTURE	\$ -
87116	MYCOBACTERIA CULTURE	\$ -
87118	MYCOBACTERIC IDENTIFICATION	\$ -
87140	CULTURE TYPE IMMUNOFLUORESC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
87143	CULTURE TYPING- GLC/HPLC	\$ -
87147	CULTURE TYPE- IMMUNOLOGIC	\$ -
87149	CULTURE TYPE- NUCLEIC ACID	\$ -
87150	DNA/RNA AMPLIFIED PROBE	\$ -
87152	CULTURE TYPE PULSE FIELD GEL	\$ -
87153	DNA/RNA SEQUENCING	\$ -
87154	CUL TYP ID BLD PTHGN 6+ TRGT	\$ -
87158	CULTURE TYPING- ADDED METHOD	\$ -
87164	DARK FIELD EXAMINATION	\$ -
87166	DARK FIELD EXAMINATION	\$ -
87168	MACROSCOPIC EXAM ARTHROPOD	\$ -
87169	MACROSCOPIC EXAM PARASITE	\$ -
87172	PINWORM EXAM	\$ -
87176	TISSUE HOMOGENIZATION- CULTR	\$ -
87177	OVA AND PARASITES SMEARS	\$ -
87181	MICROBE SUSCEPTIBLE- DIFFUSE	\$ -
87184	MICROBE SUSCEPTIBLE- DISK	\$ -
87185	MICROBE SUSCEPTIBLE- ENZYME	\$ -
87186	MICROBE SUSCEPTIBLE- MIC	\$ -
87187	MICROBE SUSCEPTIBLE- MLC	\$ -
87188	MICROBE SUSCEPT- MACROBROTH	\$ -
87190	MICROBE SUSCEPT- MYCOBACTERI	\$ -
87197	BACTERICIDAL LEVEL- SERUM	\$ -
87205	SMEAR- GRAM STAIN	\$ -
87206	SMEAR- FLUORESCENT/ACID STAI	\$ -
87207	SMEAR- SPECIAL STAIN	\$ -
87209	SMEAR- COMPLEX STAIN	\$ -
87210	Smear- Wet Mount for Inf Agents	\$ 23.00
87220	TISSUE EXAM FOR FUNGI	\$ -
87230	ASSAY- TOXIN OR ANTITOXIN	\$ -
87250	VIRUS INOCULATE- EGGS/ANIMAL	\$ -
87252	VIRUS INOCULATION- TISSUE	\$ -
87253	VIRUS INOCULATE TISSUE- ADDL	\$ -
87254	VIRUS INOCULATION- SHELL VIA	\$ -
87255	GENET VIRUS ISOLATE- HSV	\$ -
87260	ADENOVIRUS AG- IF	\$ -
87265	PERTUSSIS AG- IF	\$ -
87267	ENTEROVIRUS ANTIBODY- DFA	\$ -
87269	GIARDIA AG- IF	\$ -
87270	CHLAMYDIA TRACHOMATIS AG- IF	\$ -
87271	CRYPTOSPORIDIUM/GARDIA AG- IF	\$ -
87272	CRYPTOSPORIDIUM/GARDIA AG- IF	\$ -
87273	HERPES SIMPLEX 2- AG- IF	\$ -
87274	HERPES SIMPLEX 1- AG- IF	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
87275	INFLUENZA B- AG- IF	\$ -
87276	INFLUENZA A- AG- IF	\$ -
87278	LEGION PNEUMOPHILIA AG- IF	\$ -
87279	PARAINFLUENZA- AG- IF	\$ -
87280	RESPIRATORY SYNCYTIAL AG- IF	\$ -
87281	PNEUMOCYSTIS CARINII- AG- IF	\$ -
87283	RUBEOLA- AG- IF	\$ -
87285	TREPONEMA PALLIDUM- AG- IF	\$ -
87290	VARICELLA ZOSTER- AG- IF	\$ -
87299	ANTIBODY DETECTION- NOS- IF	\$ -
87300	AG DETECTION- POLYVAL- IF	\$ -
87301	ADENOVIRUS AG- EIA	\$ -
87305	ASPERGILLUS AG- EIA	\$ -
87320	CHYLMD TRACH AG- EIA	\$ -
87324	CLOSTRIDIUM AG- EIA	\$ -
87327	CRYPTOCOCCUS NEOFORM AG- EIA	\$ -
87328	CRYPTOSPOR AG- EIA	\$ -
87329	GIARDIA AG- EIA	\$ -
87332	CYTOMEGALOVIRUS AG- EIA	\$ -
87335	E COLI 0157 AG- EIA	\$ -
87336	ENTAMOEB HIST DISPR- AG- EIA	\$ -
87337	ENTAMOEB HIST GROUP- AG- EIA	\$ -
87338	HPYLORI- STOOL- EIA	\$ -
87339	H PYLORI AG- EIA	\$ -
87340	HEPATITIS B SURFACE AG- EIA	\$ 19.00
87341	HEPATITIS B SURFACE- AG- EIA	\$ -
87350	HEPATITIS BE AG- EIA	\$ -
87380	HEPATITIS DELTA AG- EIA	\$ -
87385	HISTOPLASMA CAPSUL AG- EIA	\$ -
87389	(STD Use) HIV-A Antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 39.00
87390	HIV-1 AG- EIA	\$ 73.00
87391	HIV-2 AG- EIA	\$ -
87400	INFLUENZA A/B- AG- EIA	\$ -
87420	RESP SYNCYTIAL AG- EIA	\$ -
87425	ROTAVIRUS AG- EIA	\$ -
87426	CORONAVIRUS AG IA	\$ -
87427	SHIGA-LIKE TOXIN AG- EIA	\$ -
87428	SARSCOV & INF VIR A&B AG IA	\$ -
87430	STREP SCREEN	\$ -
87449	AG DETECT NOS- EIA- MULT	\$ -
87451	AG DETECT POLYVAL- EIA- MULT	\$ -
87471	BARTONELLA- DNA- AMP PROBE	\$ -
87472	BARTONELLA- DNA- QUANT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
87475	LYME DIS- DNA- DIR PROBE	\$ -
87476	LYME DIS- DNA- AMP PROBE	\$ -
87480	CANDIDA- DNA- DIR PROBE	\$ -
87481	CANDIDA- DNA- AMP PROBE	\$ -
87482	CANDIDA- DNA- QUANT	\$ -
87483	CNS DNA AMP PROBE TYPE 12-25	\$ -
87485	CHYLMD PNEUM- DNA- DIR PROBE	\$ -
87486	CHYLMD PNEUM- DNA- AMP PROBE	\$ -
87487	CHYLMD PNEUM- DNA- QUANT	\$ -
87490	CHYLMD TRACH- DNA- DIR PROBE	\$ -
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 53.00
87492	CHYLMD TRACH- DNA- QUANT	\$ -
87493	C DIFF AMPLIFIED PROBE	\$ -
87495	CYTOMEG- DNA- DIR PROBE	\$ -
87496	CYTOMEG- DNA- AMP PROBE	\$ -
87497	CYTOMEG- DNA- QUANT	\$ -
87498	ENTEROVIRUS- DNA- AMP PROBE	\$ -
87500	VANOMYCIN- DNA- AMP PROBE	\$ -
87501	INFLUENZA DNA AMP PROB 1+	\$ -
87502	INFLUENZA DNA AMP PROBE	\$ -
87503	INFLUENZA DNA AMP PROB ADDL	\$ -
87505	NFCT AGENT DETECTION GI	\$ -
87506	IADNA-DNA/RNA PROBE TQ 6-11	\$ -
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$ -
87510	GARDNER VAG- DNA- DIR PROBE	\$ -
87511	GARDNER VAG- DNA- AMP PROBE	\$ -
87512	GARDNER VAG- DNA- QUANT	\$ -
87516	HEPATITIS B- DNA- AMP PROBE	\$ -
87517	HEPATITIS B- DNA- QUANT	\$ -
87520	HEPATITIS C- RNA- DIR PROBE	\$ -
87521	HEPATITIS C- RNA- AMP PROBE	\$ -
87522	HEPATITIS C- RNA- QUANT	\$ 43.00
87525	HEPATITIS G- DNA- DIR PROBE	\$ -
87526	HEPATITIS G- DNA- AMP PROBE	\$ -
87527	HEPATITIS G- DNA- QUANT	\$ -
87528	HSV- DNA- DIR PROBE	\$ -
87529	HSV- DNA- AMP PROBE	\$ -
87530	HSV- DNA- QUANT	\$ -
87531	HHV-6- DNA- DIR PROBE	\$ -
87532	HHV-6- DNA- AMP PROBE	\$ -
87533	HHV-6- DNA- QUANT	\$ -
87534	HIV-1- DNA- DIR PROBE	\$ -
87535	HIV-1- DNA- AMP PROBE	\$ -
87536	HIV-1- DNA- QUANT	\$ 95.00



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
87537	HIV-2- DNA- DIR PROBE	\$ -
87538	HIV-2- DNA- AMP PROBE	\$ -
87539	HIV-2- DNA- QUANT	\$ -
87540	LEGION PNEUMO- DNA- DIR PROB	\$ -
87541	LEGION PNEUMO- DNA- AMP PROB	\$ -
87542	LEGION PNEUMO- DNA- QUANT	\$ -
87550	MYCOBACTERIA- DNA- DIR PROBE	\$ -
87551	MYCOBACTERIA- DNA- AMP PROBE	\$ -
87552	MYCOBACTERIA- DNA- QUANT	\$ -
87555	M.TUBERCULO- DNA- DIR PROBE	\$ -
87556	M.TUBERCULO- DNA- AMP PROBE	\$ -
87557	M.TUBERCULO- DNA- QUANT	\$ -
87560	M.AVIUM-INTRA- DNA- DIR PROB	\$ -
87561	M.AVIUM-INTRA- DNA- AMP PROB	\$ -
87562	M.AVIUM-INTRA- DNA- QUANT	\$ -
87563	M. GENITALIUM AMP PROBE	\$ 139.00
87580	M.PNEUMON- DNA- DIR PROBE	\$ -
87581	M.PNEUMON- DNA- AMP PROBE	\$ -
87582	M.PNEUMON- DNA- QUANT	\$ -
87590	N.GONORRHOEAE- DNA- DIR PROB	\$ -
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 53.00
87592	N.GONORRHOEAE- DNA- QUANT	\$ -
87623	HPV LOW-RISK TYPES	\$ -
87624	HPV (AMP)	\$ 36.00
87625	HPV TYPES 16 & 18 ONLY	\$ -
87631	RESP VIRUS 3-11 TARGETS	\$ -
87632	RESP VIRUS 6-11 TARGETS	\$ -
87633	RESP VIRUS 12-25 TARGETS	\$ -
87634	RSV DNA/RNA AMP PROBE	\$ -
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	\$ 52.00
87636	SARSCOV2 & INF A&B AMP PRB	\$ -
87637	SARSCOV2&INF A&B&RSV AMP PRB	\$ -
87640	STAPH A- DNA- AMP PROBE	\$ -
87641	MR-STAPH- DNA- AMP PROBE	\$ -
87650	STREP A- DNA- DIR PROBE	\$ -
87651	STREP A- DNA- AMP PROBE	\$ -
87652	STREP A- DNA- QUANT	\$ -
87653	STREP B- DNA- AMP PROBE	\$ -
87660	TRICHOMONAS VAGIN- DIR PROBE	\$ -
87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 135.00
87662	ZIKA VIRUS DNA/RNA AMP PROBE	\$ -
87797	DETECT AGENT NOS- DNA- DIR	\$ -
87798	DETECT AGENT NOS- DNA- AMP	\$ -
87799	DETECT AGENT NOS- DNA- QUANT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
87800	DETECT AGNT MULT- DNA- DIREC	\$ -
87801	DETECT AGNT MULT- DNA- AMPLI	\$ -
87802	STREP B ASSAY W/OPTIC	\$ -
87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$ -
87804	Influenza - Clia	\$ 43.00
87806	HIV - 1/2	\$ 80.00
87807	RSV - Clia	\$ 43.00
87808	Trichomonas Vaginalis - Clia	\$ 48.00
87809	ADENOVIRUS ASSAY W/OPTIC	\$ -
87810	CHYLM D TRACH ASSAY W/OPTIC	\$ -
87811	SARS-COV-2 COVID19 W/OPTIC	\$ -
87850	N. GONORRHOEAE ASSAY W/OPTIC	\$ -
87880	STREP A ASSAY W/OPTIC	\$ -
87899	AGENT NOS ASSAY W/OPTIC	\$ -
87900	PHENOTYPE- INFECT AGENT DRUG	\$ -
87901	GENOTYPE- DNA- HIV REVERSE T	\$ -
87902	GENOTYPE- DNA- HEPATITIS C	\$ -
87903	PHENOTYPE- DNA HIV W/CULTURE	\$ -
87904	PHENOTYPE- DNA HIV W/CLT ADD	\$ -
87905	Bacterial Vaginosis	\$ 17.00
87905	SNHD Bacterial Vaginosis	\$ 15.00
87906	GENOTYPE DNA HIV REVERSE T	\$ -
87910	GENOTYPE CYTOMEGALOVIRUS	\$ -
87912	GENOTYPE DNA HEPATITIS B	\$ -
87999	MICROBIOLOGY PROCEDURE	\$ -
88000	AUTOPSY (NECROPSY)- GROSS	\$ -
88005	AUTOPSY (NECROPSY)- GROSS	\$ -
88007	AUTOPSY (NECROPSY)- GROSS	\$ -
88012	AUTOPSY (NECROPSY)- GROSS	\$ -
88014	AUTOPSY (NECROPSY)- GROSS	\$ -
88016	AUTOPSY (NECROPSY)- GROSS	\$ -
88020	AUTOPSY (NECROPSY)- COMPLETE	\$ -
88025	AUTOPSY (NECROPSY)- COMPLETE	\$ -
88027	AUTOPSY (NECROPSY)- COMPLETE	\$ -
88028	AUTOPSY (NECROPSY)- COMPLETE	\$ -
88029	AUTOPSY (NECROPSY)- COMPLETE	\$ -
88036	LIMITED AUTOPSY	\$ -
88037	LIMITED AUTOPSY	\$ -
88040	FORENSIC AUTOPSY (NECROPSY)	\$ -
88045	CORONER'S AUTOPSY (NECROPSY)	\$ -
88099	NECROPSY (AUTOPSY) PROCEDURE	\$ -
88104	CYTOPATHOLOGY- FLUIDS	\$ -
88106	CYTOPATHOLOGY- FLUIDS	\$ -
88108	CYTOPATH- CONCENTRATE TECH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
88112	CYTOPATH- CELL ENHANCE TECH	\$ -
88120	CYTP URNE 3-5 PROBES EA SPEC	\$ -
88121	CYTP URINE 3-5 PROBES CMPTR	\$ -
88125	FORENSIC CYTOPATHOLOGY	\$ -
88130	SEX CHROMATIN IDENTIFICATION	\$ -
88140	SEX CHROMATIN IDENTIFICATION	\$ -
88141	CYTOPATH- C/V- INTERPRET	\$ -
88142	CYTOPATH- C/V- THIN LAYER	\$ -
88143	CYTOPATH C/V THIN LAYER REDO	\$ -
88147	CYTOPATH- C/V- AUTOMATED	\$ -
88148	CYTOPATH- C/V- AUTO RESCREEN	\$ -
88150	Pap Smear	\$ 56.00
88152	CYTOPATH- C/V- AUTO REDO	\$ -
88153	CYTOPATH- C/V- REDO	\$ -
88155	CYTOPATH- C/V- INDEX ADD-ON	\$ -
88160	CYTOPATH SMEAR- OTHER SOURCE	\$ -
88161	CYTOPATH SMEAR- OTHER SOURCE	\$ -
88162	CYTOPATH SMEAR- OTHER SOURCE	\$ -
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 48.00
88165	CYTOPATH TBS- C/V- REDO	\$ -
88166	CYTOPATH TBS- C/V- AUTO REDO	\$ -
88167	CYTOPATH TBS- C/V- SELECT	\$ -
88172	CYTOPATHOLOGY EVAL OF FNA	\$ -
88173	CYTOPATH EVAL- FNA- REPORT	\$ -
88174	CYTOPATH- C/V AUTO- IN FLUID	\$ -
88175	CYTOPATH C/V AUTO FLUID REDO	\$ -
88177	CYTP C/V AUTO THIN LYR ADDL	\$ -
88182	CELL MARKER STUDY	\$ -
88184	FLOWCYTOMETRY/ TC- 1 MARKER	\$ -
88185	FLOWCYTOMETRY/TC- ADD-ON	\$ -
88187	FLOWCYTOMETRY/READ- 2-8	\$ -
88188	FLOWCYTOMETRY/READ- 9-15	\$ -
88189	FLOWCYTOMETRY/READ- 16 & >	\$ -
88199	CYTOPATHOLOGY PROCEDURE	\$ -
88230	TISSUE CULTURE- LYMPHOCYTE	\$ -
88233	TISSUE CULTURE- SKIN/BIOPSY	\$ -
88235	TISSUE CULTURE- PLACENTA	\$ -
88237	TISSUE CULTURE- BONE MARROW	\$ -
88239	TISSUE CULTURE- TUMOR	\$ -
88240	CELL CRYOPRESERVE/STORAGE	\$ -
88241	FROZEN CELL PREPARATION	\$ -
88245	CHROMOSOME ANALYSIS- 20-25	\$ -
88248	CHROMOSOME ANALYSIS- 50-100	\$ -
88249	CHROMOSOME ANALYSIS- 100	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
88261	CHROMOSOME ANALYSIS- 5	\$ -
88262	CHROMOSOME ANALYSIS- 15-20	\$ -
88263	CHROMOSOME ANALYSIS- 45	\$ -
88264	CHROMOSOME ANALYSIS- 20-25	\$ -
88267	CHROMOSOME ANALYS- PLACENTA	\$ -
88269	CHROMOSOME ANALYS- AMNIOTIC	\$ -
88271	CYTOGENETICS- DNA PROBE	\$ -
88272	CYTOGENETICS- 3-5	\$ -
88273	CYTOGENETICS- 10-30	\$ -
88274	CYTOGENETICS- 25-99	\$ -
88275	CYTOGENETICS- 100-300	\$ -
88280	CHROMOSOME KARYOTYPE STUDY	\$ -
88283	CHROMOSOME BANDING STUDY	\$ -
88285	CHROMOSOME COUNT- ADDITIONAL	\$ -
88289	CHROMOSOME STUDY- ADDITIONAL	\$ -
88291	CYTO/MOLECULAR REPORT	\$ -
88299	CYTOGENETIC STUDY	\$ -
88300	SURGICAL PATH- GROSS	\$ -
88302	TISSUE EXAM BY PATHOLOGIST	\$ -
88304	TISSUE EXAM BY PATHOLOGIST	\$ -
88305	TISSUE EXAM BY PATHOLOGIST	\$ -
88307	TISSUE EXAM BY PATHOLOGIST	\$ -
88309	TISSUE EXAM BY PATHOLOGIST	\$ -
88311	DECALCIFY TISSUE	\$ -
88312	SPECIAL STAINS	\$ -
88313	SPECIAL STAINS	\$ -
88314	HISTOCHEMICAL STAIN	\$ -
88319	ENZYME HISTOCHEMISTRY	\$ -
88321	MICROSLIDE CONSULTATION	\$ -
88323	MICROSLIDE CONSULTATION	\$ -
88325	COMPREHENSIVE REVIEW OF DATA	\$ -
88329	PATH CONSULT INTROP	\$ -
88331	PATH CONSULT INTRAOP- 1 BLOC	\$ -
88332	PATH CONSULT INTRAOP- ADDL	\$ -
88333	INTRAOP CYTO PATH CONSULT- 1	\$ -
88334	INTRAOP CYTO PATH CONSULT- 2	\$ -
88341	IMMUNOHISTO ANTIBODY SLIDE	\$ -
88342	IMMUNOCYTOCHEMISTRY	\$ -
88344	IMMUNOHISTO ANTIBODY SLIDE	\$ -
88346	IMMUNOFLUORESCENT STUDY	\$ -
88348	ELECTRON MICROSCOPY	\$ -
88350	IMMUNOFLUOR ANTB ADDL STAIN	\$ -
88355	ANALYSIS- SKELETAL MUSCLE	\$ -
88356	ANALYSIS- NERVE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
88358	ANALYSIS- TUMOR	\$ -
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	\$ -
88361	IMMUNOHISTOCHEMISTRY- TUMOR	\$ -
88362	NERVE TEASING PREPARATIONS	\$ -
88363	XM ARCHIVE TISSUE MOLEC ANAL	\$ -
88364	INSITU HYBRIDIZATION (FISH)	\$ -
88365	TISSUE HYBRIDIZATION	\$ -
88366	INSITU HYBRIDIZATION (FISH)	\$ -
88367	INSITU HYBRIDIZATION- AUTO	\$ -
88368	INSITU HYBRIDIZATION- MANUAL	\$ -
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	\$ -
88371	PROTEIN- WESTERN BLOT TISSUE	\$ -
88372	PROTEIN ANALYSIS W/PROBE	\$ -
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ -
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ -
88375	OPTICAL ENDOMICROSCPY INTERP	\$ -
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ -
88380	MICRODISSECTION	\$ -
88381	MICRODISSECTION- MANUAL	\$ -
88387	TISS EXAM MOLECULAR STUDY	\$ -
88388	TISS EX MOLECUL STUDY ADD-ON	\$ -
88399	SURGICAL PATHOLOGY PROCEDURE	\$ -
88720	BILIRUBIN TOTAL TRANSCUT	\$ -
88738	HGB QUANT TRANSCUTANEOUS	\$ -
88740	TRANSCUTANEOUS CARBOXYHB	\$ -
88741	TRANSCUTANEOUS METHB	\$ -
88749	IN VIVO LAB SERVICE	\$ -
89049	CHCT FOR MAL HYPERTHERMIA	\$ -
89050	BODY FLUID CELL COUNT	\$ -
89051	BODY FLUID CELL COUNT	\$ -
89055	LEUKOCYTE COUNT- FECAL	\$ -
89060	EXAM-SYNOVIAL FLUID CRYSTALS	\$ -
89125	SPECIMEN FAT STAIN	\$ -
89160	EXAM FECES FOR MEAT FIBERS	\$ -
89190	NASAL SMEAR	\$ -
89220	SPUTUM SPECIMEN COLLECTION	\$ -
89230	COLLECT SWEAT FOR TEST	\$ -
89240	PATHOLOGY LAB PROCEDURE	\$ -
89250	FERTILIZATION OF OOCYTE	\$ -
89251	CULTURE OOCYTE W/EMBRYOS	\$ -
89253	EMBRYO HATCHING	\$ -
89254	OOCYTE IDENTIFICATION	\$ -
89255	PREPARE EMBRYO FOR TRANSFER	\$ -
89257	SPERM IDENTIFICATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
89258	CRYOPRESERVATION- EMBRYO	\$ -
89259	CRYOPRESERVATION- SPERM	\$ -
89260	SPERM ISOLATION- SIMPLE	\$ -
89261	SPERM ISOLATION- COMPLEX	\$ -
89264	IDENTIFY SPERM TISSUE	\$ -
89268	INSEMINATION OF OOCYTES	\$ -
89272	EXTENDED CULTURE OF OOCYTES	\$ -
89280	ASSIST OOCYTE FERTILIZATION	\$ -
89281	ASSIST OOCYTE FERTILIZATION	\$ -
89290	BIOPSY- OOCYTE POLAR BODY	\$ -
89291	BIOPSY- OOCYTE POLAR BODY	\$ -
89300	SEMEN ANALYSIS W/HUHNER	\$ -
89310	SEMEN ANALYSIS W/COUNT	\$ -
89320	SEMEN ANALYSIS- COMPLETE	\$ -
89321	SEMEN ANALYSIS	\$ -
89322	SEMEN ANAL- STRICT CRITERIA	\$ -
89325	SPERM ANTIBODY TEST	\$ -
89329	SPERM EVALUATION TEST	\$ -
89330	EVALUATION- CERVICAL MUCUS	\$ -
89331	RETROGRADE EJACULATION ANAL	\$ -
89335	CRYOPRESERVE TESTICULAR TISS	\$ -
89337	CRYOPRESERVATION OOCYTE(S)	\$ -
89342	STORAGE/YEAR; EMBRYO(S)	\$ -
89343	STORAGE/YEAR; SPERM/SEMEN	\$ -
89344	STORAGE/YEAR; REPROD TISSUE	\$ -
89346	STORAGE/YEAR; OOCYTE	\$ -
89352	THAWING CRYOPRESERVED; EMBRYO	\$ -
89353	THAWING CRYOPRESERVED; SPERM	\$ -
89354	THAW CRYOPRSVRD; REPROD TISS	\$ -
89356	THAWING CRYOPRESERVED; OOCYTE	\$ -
89398	UNLISTED REPROD MED LAB PROC	\$ -
90281	HUMAN IG- IM	\$ -
90281	IG (Immune globulin)- human- for IM use	\$ -
90283	HUMAN IG- IV	\$ -
90284	HUMAN IG- SC	\$ -
90287	BOTULINUM ANTITOXIN	\$ -
90288	BOTULISM IG- IV	\$ -
90291	CMV IG- IV	\$ -
90296	DIPHThERIA ANTITOXIN	\$ -
90371	HBIG (Hepatitis B immune globulin)	\$ -
90371	HEP B IMMUNE GLOBIN	\$ -
90375	RABIES IG- IM/SC	\$ -
90376	RABIES IG- HEAT TREATED	\$ -
90377	RABIES IG HT&SOL HUMAN IM/SC	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90378	RSV IG- IM- 50MG	\$ -
90378	RSV-MAb (Respiratory syncytial virus immune globulin)- IM use	\$ -
90384	RH IG- FULL-DOSE- IM	\$ -
90385	RH IG- MINIDOSE- IM	\$ -
90386	RH IG- IV	\$ -
90389	TETANUS IG- IM	\$ -
90389	TIG (Tetanus immune globulin)- human- for IM use	\$ -
90393	VACCINA IG- IM	\$ -
90393	Vaccinia immune globulin	\$ -
90396	VARICELLA-ZOSTER IG- IM	\$ -
90396	VZIG (Varicella-zoster immune globulin)- human- for IM use	\$ -
90399	HEP A IMMUNE GLOBIN	\$ -
90399	HEP A IMMUNE GLOBIN	\$ -
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 23.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 17.00
90471	Admin Fee 1st Vaccine	\$ 23.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 15.00
90473	IMMUNE ADMIN ORAL/NASAL	\$ -
90474	IMMUNE ADMIN ORAL/NASAL ADDL	\$ -
90476	ADENOVIRUS VACCINE- TYPE 4	\$ -
90477	ADENOVIRUS VACCINE- TYPE 7	\$ -
90581	ANTHRAX VACCINE- SC	\$ -
90585	BCG VACCINE- PERCUT	\$ -
90586	BCG VACCINE- INTRAVESICAL	\$ -
90587	DENGUE VACC QUAD 3 DOSE SUBQ	\$ -
90611	Jynneos	\$ -
90611	JYNNEOS	\$ -
90619	Meningococcal MenACWY MenQuadfi	\$ 270.00
90619	Meningococcal MenACWY MenQuadfi 317	\$ -
90619	Meningococcal MenACWY MenQuadfi VFC	\$ -
90620	Meningococcal (MenB-4C-Bexsero)	\$ 340.00
90620	Meningococcal (MenB-4C-Bexsero) VFC	\$ -
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 280.00
90621	Meningococcal (MenB-FHbhp- Trumenba) VFC	\$ -
90625	Cholera- live oral	\$ 431.00
90626	TIC-BRN ENCEPH VAC 0.25ML IM	\$ -
90627	TIC-BRN ENCEPH VAC 0.5ML IM	\$ -
90630	FLU VACC IIV4 NO PRESERV ID	\$ -
90630	Influenza-intradermal-quadrivalent-preservative free	\$ -
90632	Hepatitis A (Adult)	\$ 135.00
90632	Hepatitis A (Adult) VAQTA	\$ 135.00
90632	Hepatitis A (Adult VAQTA - 317	\$ -
90632	Hepatitis A (Adult) 317	\$ -
90632	Hepatitis A (Adult) VAQTA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90632	Hepatitis A (Adult) VAQTA - 317	\$ -
90633	Hepatitis A (Child)	\$ 79.00
90633	Hepatitis A (Child) VAQTA	\$ 79.00
90633	Hepatitis A (Child)	\$ -
90633	Hepatitis A (Child) VAQTA	\$ -
90633	Hepatitis A (Child) VAQTA - VFC	\$ -
90633	Hepatitis A (Child) VAQTA - VFC	\$ -
90633	Hepatitis A (Child) VFC	\$ -
90634	HEP A VACC- PED/ADOL- 3 DOSE	\$ -
90636	Hepatitis A & B (Twinrix)	\$ 203.00
90636	Hepatitis A & B (Twinrix)	\$ -
90636	Hepatitis A & B (Twinrix) 317	\$ -
90644	MENINGOCOCL HIB VAC 4 DOSE IM	\$ -
90644	Meningococcal C/Y-HIB PRP	\$ -
90647	Hib PRP-OMP	\$ 60.00
90647	Hib (PRP-OMP)	\$ -
90647	Hib (PRP-OMP) VFC	\$ -
90648	Hib PRP-T	\$ 57.00
90648	Hib (PRP-T)	\$ -
90648	Hib (PRP-T) VFC	\$ -
90649	H PAPILOMA VACC 3 DOSE IM	\$ -
90649	HPV- quadrivalent	\$ -
90650	HPV TYP BIVAL 3 DOSE IM	\$ -
90650	HPV- bivalent	\$ -
90651	HPV9- Gardasil	\$ 465.00
90651	HPV9- Gardasil VFC	\$ -
90651	HPV9- Gardasil 317	\$ -
90653	Influenza-trivalent-adjuvanted (Fluad)	\$ 105.00
90662	Influenza- High Dose Seasonal	\$ 88.00
90670	Pneumococcal (Prevnar 13)	\$ 420.00
90670	Pneumococcal (Prevnar 13) 317	\$ -
90670	Pneumococcal (Prevnar 13) VFC	\$ -
90671	PCV15 (Vaxneuvance)	\$ 420.00
90671	PCV15 (Vaxneuvance) 317	\$ -
90671	PCV15 (Vaxneuvance) VFC	\$ -
90672	Influenza-live- intranasal- quadrivalent	\$ 45.00
90672	Influenza-live-intranasal-quadrivalent - VFC	\$ -
90674	Flu- MDCK-pfree-Quad PFS	\$ 45.00
90674	Flu- MDCK-pfree-Quad 317 PFS	\$ -
90674	Flu- MDCK-pfree-Quad VFC PFS	\$ -
90675	Rabies	\$ 570.00
90675	Rabies	\$ -
90676	RABIES VACCINE- ID	\$ -
90676	Rabies- intradermal injection	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90677	PCV20 (Pevnar 20)	\$ 472.00
90677	PCV20 (Pevnar 20) 317	\$ -
90677	PCV20 (Pevnar 20) VFC	\$ -
90680	Rotavirus- Pentavalent	\$ 165.00
90680	Rotavirus-pentavalent (Rotateq)	\$ -
90680	Rotavirus-pentavalent (Rotateq) VFC	\$ -
90681	Rotavirus- Monovalent (Rotarix)	\$ 240.00
90681	Rotavirus-monovalent (Rotarix) VFC	\$ -
90685	Infl.- Quad- Adjuvanted Afluria	\$ 35.00
90685	Infl.- Quad- adjuvanted Afluria VFC	\$ -
90686	Influenza Inj. Quad Pres/Free Fluarix	\$ 35.00
90686	Influ Quad P-Free Flulaval PFS 317	\$ -
90686	Influ- Quad P-Free Flulaval PFS 317	\$ -
90686	Influenza Inj. Quad Pres/Free Fluarix (317)	\$ -
90686	Influenza Inj. Quad Pres/Free Fluarix (VFC)	\$ -
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 35.00
90687	VFC Influenza-injectable-quadrivalent-preservative-0.25ml	\$ -
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$ 35.00
90688	Influenza- inj- quad- pres Fluzone MDV	\$ 35.00
90688	Influenza- Inj- quad- P-free Fluzone PFS 317	\$ -
90688	Influenza- Inj- quad- P-free Fluzone PFS VFC	\$ -
90688	Influenza- inj- quad- pres Fluzone MDV 317	\$ -
90688	Influenza- inj- quad- pres Fluzone MDV VFC	\$ -
90689	VACC IIV4 NO PRSRV 0.25ML IM	\$ -
90690	TYPHOID VACCINE- ORAL	\$ -
90690	Typhoid- oral	\$ -
90691	Typhoid	\$ 187.00
90691	Typhoid- ViCPs	\$ 187.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90694	Infl.- Quad- Adjuvanted (Fluad)	\$ -
90694	Infl.- Quad- adjuvanted (Fluad) 317	\$ -
90694	Infl.- Quad- adjuvanted (Fluad) VFC	\$ -
90694	VACC AIIV4 NO PRSRV (Fluad) 317	\$ -
90694	VACC AIIV4 No PRSRV (Fluad) VFC	\$ -
90696	DTaP-IPV (Kinrix)	\$ 116.00
90696	DTaP-IPV - Quadracel	\$ 116.00
90696	DTaP-IPV	\$ -
90696	DTaP-IPV - Quadracel	\$ -
90696	DTaP-IPV - Quadracel - VFC	\$ -
90696	DTaP-IPV Quadracel VFC	\$ -
90696	DTaP-IPV VFC	\$ -
90697	DTaP-IPV-HepB-Hib - PFS	\$ 245.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 245.00
90697	DTaP- IPV- Hib- HepB PFS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90697	DTaP- IPV- Hib- HepB PFS - VFC	\$ -
90697	DTaP-IPV-Hib- HepB VFC	\$ -
90697	DTaP-IPV-Hib-HepB	\$ -
90697	DTaP-IPV-HepB-Hib - PFS VFC	\$ -
90698	DTaP- Hib- IPV (Pentacel)	\$ 195.00
90698	DTap-IPV/Hib (Pentacel)	\$ -
90698	DTaP-IPV/Hib (Pentacel) VFC	\$ -
90700	DTap	\$ 62.00
90700	DTaP - Daptacel	\$ 62.00
90700	DTaP - Daptacel	\$ -
90700	DTaP - Daptacel VFC	\$ -
90700	DTaP - Daptacel VFC	\$ -
90700	DTaP VFC	\$ -
90700	DTaP VFC	\$ -
90702	DT	\$ 120.00
90702	DT VFC	\$ -
90707	MMR	\$ 160.00
90707	MMR 317	\$ -
90707	MMR VFC	\$ -
90710	MMRV	\$ 450.00
90710	MMRV VFC	\$ -
90713	IPV (Polio)	\$ 70.00
90713	Polio (IPV)	\$ -
90713	Polio (IPV) VFC	\$ -
90714	Td (Tenivac) Preserve Free	\$ 65.00
90714	Td Grifols	\$ 65.00
90714	Td (Tenivac) VFC	\$ -
90714	Td Grifols (TDVAX)	\$ -
90714	Td Grifols (TDVAX) VFC	\$ -
90714	Td Grifols VFC	\$ -
90715	Tdap	\$ 89.00
90715	Tdap Boostrix	\$ 89.00
90715	Tdap Boostrix PFS	\$ 89.00
90715	Tdap 317	\$ -
90715	Tdap Boostrix 317	\$ -
90715	Tdap Boostrix PFS 317	\$ -
90715	Tdap Boostrix PFS VFC	\$ -
90715	Tdap Boostrix VFC	\$ -
90715	Tdap VFC	\$ -
90716	Chicken Pox (Varicella)	\$ 275.00
90716	Varicella (chicken pox)	\$ -
90716	Varicella (chicken pox) VFC	\$ -
90716	Varicella (Chickenpox) 317	\$ -
90716	Varicella (Chickenpox) 317	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90717	Yellow Fever	\$ 325.00
90717	Yellow Fever Stamaril	\$ 325.00
90717	Yellow Fever	\$ -
90723	DTaP-Hep B- IPV (Pediarix)	\$ 166.00
90723	DTaP-Hep B-IPV (Pediarix)	\$ -
90723	DTaP-Hep B-IPV (Pediarix) VFC	\$ -
90732	Pneumococcal (Pneumovax 23)	\$ 215.00
90732	Pneumococcal - Pneumovax 23 PFS	\$ 215.00
90732	Pneumococcal (Pneumovax 23) VFC	\$ -
90732	Pneumococcal - Pneumovax 23 (317)	\$ -
90732	Pneumococcal - Pneumovax 23 PFS - 317	\$ -
90732	Pneumococcal - Pneumovax 23 PFS - VFC	\$ -
90733	MENINGOCOCCAL VACCINE- SC	\$ -
90734	Meningococcal (MCV4) Menactra	\$ 230.00
90734	Meningococcal (MCV4) Menveo	\$ 230.00
90734	Meningococcal (MCV4) Menactra VFC	\$ -
90734	Meningococcal (MCV4) Menveo 317	\$ -
90734	Meningococcal (MCV4) Menveo VFC	\$ -
90738	Japanese encephalitis IM	\$ 520.00
90738	INACTIVATED JE VACC IM	\$ -
90739	HEP B VACC ADULT 2 DOSE IM	\$ 218.00
90739	Hepatitis B- adjuvanted	\$ -
90739	Hepatitis B- adjuvanted 317	\$ -
90740	HEPB VACC- ILL PAT 3 DOSE IM	\$ -
90743	HEP B VACC- ADOL- 2 DOSE- IM	\$ -
90743	Hep B- adolescent- 2 dose schedule	\$ -
90744	Hepatitis B (Child)	\$ 70.00
90744	Hepatitis B (Child) Merck	\$ 48.00
90744	Hepatitis B (Child) Merck	\$ -
90744	Hepatitis B (Child) Merck - VFC	\$ -
90744	Hepatitis B (Child) Merck VFC	\$ -
90744	Hepatitis B (Child) VFC	\$ -
90746	Hepatitis B (Adult)	\$ 141.00
90746	Hepatitis B (Adult) 317	\$ -
90746	Hepatitis B (Adult) 317 PFS	\$ -
90746	Hepatitis B (Adult) 317 PFS	\$ -
90747	Hep B- dialysis	\$ -
90747	HEPB VACC- ILL PAT 4 DOSE IM	\$ -
90748	HEP B/HIB VACCINE- IM	\$ -
90748	Hib-Hep B	\$ -
90749	VACCINE TOXOID	\$ -
90750	Zoster- recombinant (Shingrix)	\$ 325.00
90750	Zoster- recombinant (Shingrix) 317	\$ -
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 48.00

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 48.00
90756	Flu- MDCK- W/Preservative Quad 317 MDV	\$ -
90756	Flu- MDCK- W/Preservative Quad VFC MDV	\$ -
90758	ZAIRE EBOLAVIRUS VAC LIVE IM	\$ -
90759	HEP B VAC 3AG 10MCG 3 DOS IM	\$ -
90785	PSYTX COMPLEX INTERACTIVE	\$ -
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 341.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 117.00
90832	PSYTX PT&/FAMILY 30 MINUTES EST	\$ -
90832	PSYTX PT&/FAMILY 30 MINUTES NEW	\$ -
90833	PSYTX PT&/FAM W/E&M 30 MIN	\$ -
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 158.00
90836	PSYTX PT&/FAM W/E&M 45 MIN	\$ -
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 213.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 211.00
90839	PSYTX CRISIS INITIAL 60 MIN EST	\$ -
90839	PSYTX CRISIS INITIAL 60 MIN NEW	\$ -
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 90.00
90845	PSYCHOANALYSIS	\$ 167.00
90845	PSYCHOANALYSIS EST	\$ -
90845	PSYCHOANALYSIS NEW	\$ -
90846	FAMILY PSYTX W/O PATIENT	\$ -
90846	Family Therapy w/o Pt	\$ -
90847	FAMILY PSYTX W/PATIENT	\$ -
90847	Family Therapy w/Pt	\$ -
90849	MULTIPLE FAMILY GROUP PSYTX	\$ -
90853	GROUP PSYCHOTHERAPY	\$ -
90853	Group Therapy	\$ -
90863	PHARMACOLOGIC MGMT W/PSYTX	\$ -
90865	NARCOSYNTHESIS	\$ -
90867	TCRANIAL MAGN STIM TX PLAN	\$ -
90868	TCRANIAL MAGN STIM TX DELI	\$ -
90869	TCRAN MAGN STIM REDETERMINE	\$ -
90870	ELECTROCONVULSIVE THERAPY	\$ -
90875	PSYCHOPHYSIOLOGICAL THERAPY	\$ -
90876	PSYCHOPHYSIOLOGICAL THERAPY	\$ -
90880	HYPNOTHERAPY	\$ -
90882	ENVIRONMENTAL MANIPULATION	\$ -
90885	PSY EVALUATION OF RECORDS	\$ -
90887	CONSULTATION WITH FAMILY	\$ -
90889	PREPARATION OF REPORT	\$ -
90899	PSYCHIATRIC SERVICE/THERAPY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90901	BIOFEEDBACK TRAIN- ANY METH	\$ -
90912	BFB TRAINING 1ST 15 MIN	\$ -
90913	BFB TRAINING EA ADDL 15 MIN	\$ -
90935	HEMODIALYSIS- ONE EVALUATION	\$ -
90937	HEMODIALYSIS- REPEATED EVAL	\$ -
90940	HEMODIALYSIS ACCESS STUDY	\$ -
90945	DIALYSIS- ONE EVALUATION	\$ -
90947	DIALYSIS- REPEATED EVAL	\$ -
90951	ESRD SERV- 4 VISITS P MO- <2	\$ -
90952	ESRD SERV- 2-3 VSTS P MO- <2	\$ -
90953	ESRD SERV- 1 VISIT P MO- <2	\$ -
90954	ESRD SERV- 4 VSTS P MO- 2-11	\$ -
90955	ESRD SRV 2-3 VSTS P MO- 2-11	\$ -
90956	ESRD SRV- 1 VISIT P MO- 2-11	\$ -
90957	ESRD SRV- 4 VSTS P MO- 12-19	\$ -
90958	ESRD SRV 2-3 VSTS P MO 12-19	\$ -
90959	ESRD SERV- 1 VST P MO- 12-19	\$ -
90960	ESRD SRV- 4 VISITS P MO- 20+	\$ -
90961	ESRD SRV- 2-3 VSTS P MO- 20+	\$ -
90962	ESRD SERV- 1 VISIT P MO- 20+	\$ -
90963	ESRD HOME PT- SERV P MO- <2	\$ -
90964	ESRD HOME PT SERV P MO- 2-11	\$ -
90965	ESRD HOME PT SERV P MO 12-19	\$ -
90966	ESRD HOME PT- SERV P MO- 20+	\$ -
90967	ESRD HOME PT SERV P DAY- <2	\$ -
90968	ESRD HOME PT SRV P DAY- 2-11	\$ -
90969	ESRD HOME PT SRV P DAY 12-19	\$ -
90970	ESRD HOME PT SERV P DAY- 20+	\$ -
90989	DIALYSIS TRAINING- COMPLETE	\$ -
90993	DIALYSIS TRAINING- INCOMPL	\$ -
90997	HEMOPERFUSION	\$ -
90999	DIALYSIS PROCEDURE	\$ -
91010	ESOPHAGUS MOTILITY STUDY	\$ -
91013	ESOPHGL MOTIL W/STIM/PERFUS	\$ -
91020	GASTRIC MOTILITY	\$ -
91022	DUODENAL MOTILITY STUDY	\$ -
91030	ACID PERFUSION OF ESOPHAGUS	\$ -
91034	GASTROESOPHAGEAL REFLUX TEST	\$ -
91035	G-ESOPH REFLX TST W/ELECTROD	\$ -
91037	ESOPH IMPED FUNCTION TEST	\$ -
91038	ESOPH IMPED FUNCT TEST > 1H	\$ -
91040	ESOPH BALLOON DISTENSION TST	\$ -
91065	BREATH HYDROGEN TEST	\$ -
91110	GI TRACT CAPSULE ENDOSCOPY	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	\$ -
91112	GI WIRELESS CAPSULE MEASURE	\$ -
91113	GI TRC IMG INTRAL COLON I&R	\$ -
91117	COLON MOTILITY 6 HR STUDY	\$ -
91120	RECTAL SENSATION TEST	\$ -
91122	ANAL PRESSURE RECORD	\$ -
91132	ELECTROGASTROGRAPHY	\$ -
91133	ELECTROGASTROGRAPHY W/TEST	\$ -
91200	LIVER ELASTOGRAPHY	\$ -
91299	GASTROENTEROLOGY PROCEDURE	\$ -
91300	COVID-19 mRNA (PFR)	\$ -
91300	SARSCOV2 VAC 30MCG/0.3ML IM	\$ -
91301	COVID-19 mRNA (MOD)	\$ -
91301	SARSCOV2 VAC 100MCG/0.5ML IM	\$ -
91302	SARSCOV2 VAC 5X1010VP/.5MLIM	\$ -
91303	COVID-19 Janssen	\$ -
91303	SARSCOV2 VAC AD26 .5ML IM	\$ -
91304	COVID-19 Novavax	\$ -
91304	SARSCOV2 VAC 5MCG/0.5ML IM	\$ -
91305	COVID-19 Pfizer 12+	\$ -
91305	SARSCOV2 VAC 30 MCG TRS-SUCR	\$ -
91306	SARSCOV2 VAC 50MCG/0.25ML IM	\$ -
91307	COVID-19 Pfizer (age 5-11)	\$ -
91307	SARSCOV2 VAC 10 MCG TRS-SUCR	\$ -
91308	COVID-19 PFIZER 6MO-4YRS	\$ -
91308	SARSCOV2 VAC 3MCG TRS-SUCR	\$ -
91309	COVID-19 MODERNA 6-11YR	\$ -
91309	SARSCOV2 VAC 50MCG	\$ -
91311	COVID-19 MODERNA 6MO-5 YR	\$ -
91311	SARSCOV2 VAC 25MCG TRS-SUCR	\$ -
91312	COVID-19 PFIZER BV BOOSTER	\$ -
91312	Pfizer Bivalent Single Dose	\$ -
91313	COVID-19 MOD BIVALENT BOOSTER	\$ -
91313	SARSCOV2 VAC 50MCG	\$ -
91314	COVID-19 MOD BV 6-11YR	\$ -
91314	SARSCOV2 VAC 25MCG TRS-SUCR	\$ -
91315	COVID-19 PFIZER BV 5-11YR	\$ -
91315	SARSCOV2 VAC 10MCG TRS-SUCR	\$ -
91316	COVID-19 MODERNA BV 6MO-5YR	\$ -
91316	SARSCOV2 VAC 10MCG BV	\$ -
91317	COVID-19 Pfizer BV 6mo-4	\$ -
91317	Pfizer 6mo - 4yr BiValent	\$ -
91317	SARSCOV2 VAC 3MCG Bivalent	\$ -
92002	EYE EXAM- NEW PATIENT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92002	Intermediate	\$ -
92004	Comprehensive	\$ -
92004	EYE EXAM- NEW PATIENT	\$ -
92012	EYE EXAM ESTABLISHED PAT	\$ -
92012	Intermediate	\$ -
92014	Comprehensive	\$ -
92014	EYE EXAM	\$ -
92015	REFRACTION	\$ -
92018	NEW EYE EXAM	\$ -
92019	EYE EXAM & TREATMENT	\$ -
92020	SPECIAL EYE EVALUATION	\$ -
92025	CORNEAL TOPOGRAPHY	\$ -
92060	SPECIAL EYE EVALUATION	\$ -
92065	ORTHOPTIC/PLEOPTIC TRAINING	\$ -
92071	CONTACT LENS FITTING FOR TX	\$ -
92072	FIT CONTAC LENS FOR MANAGMNT	\$ -
92081	VISUAL FIELD EXAMINATION(S)	\$ -
92082	VISUAL FIELD EXAMINATION(S)	\$ -
92083	VISUAL FIELD EXAMINATION(S)	\$ -
92100	SERIAL TONOMETRY EXAM(S)	\$ -
92132	CMPTR OPHTH DX IMG ANT SEGMENT	\$ -
92133	CMPTR OPHTH IMG OPTIC NERVE	\$ -
92134	CPTR OPHTH DX IMG POST SEGMENT	\$ -
92136	OPHTHALMIC BIOMETRY	\$ -
92145	CORNEAL HYSTERESIS DETER	\$ -
92201	OPSCPY EXTND RTA DRAW UNI/BI	\$ -
92202	OPSCPY EXTND ON/MAC DRAW	\$ -
92227	REMOTE DX RETINAL IMAGING	\$ -
92228	REMOTE RETINAL IMAGING MGMT	\$ -
92229	IMG RTA DETC/MNTR DS POC ALY	\$ -
92230	EYE EXAM WITH PHOTOS	\$ -
92235	EYE EXAM WITH PHOTOS	\$ -
92240	ICG ANGIOGRAPHY	\$ -
92242	FLUORESCEIN ICG ANGIOGRAPHY	\$ -
92250	EYE EXAM WITH PHOTOS	\$ -
92260	OPHTHALMOSCOPY/DYNAMOMETRY	\$ -
92265	EYE MUSCLE EVALUATION	\$ -
92270	ELECTRO-OCULOGRAPHY	\$ -
92273	FULL FIELD ERG W/I&R	\$ -
92274	MULTIFOCAL ERG W/I&R	\$ -
92283	COLOR VISION EXAMINATION	\$ -
92284	DARK ADAPTATION EYE EXAM	\$ -
92285	EYE PHOTOGRAPHY	\$ -
92286	INTERNAL EYE PHOTOGRAPHY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92287	INTERNAL EYE PHOTOGRAPHY	\$ -
92310	CONTACT LENS FITTING	\$ -
92311	CONTACT LENS FITTING	\$ -
92312	CONTACT LENS FITTING	\$ -
92313	CONTACT LENS FITTING	\$ -
92314	PRESCRIPTION OF CONTACT LENS	\$ -
92315	PRESCRIPTION OF CONTACT LENS	\$ -
92316	PRESCRIPTION OF CONTACT LENS	\$ -
92317	PRESCRIPTION OF CONTACT LENS	\$ -
92325	MODIFICATION OF CONTACT LENS	\$ -
92326	REPLACEMENT OF CONTACT LENS	\$ -
92340	FITTING OF SPECTACLES	\$ -
92341	FITTING OF SPECTACLES	\$ -
92342	FITTING OF SPECTACLES	\$ -
92352	SPECIAL SPECTACLES FITTING	\$ -
92353	SPECIAL SPECTACLES FITTING	\$ -
92354	SPECIAL SPECTACLES FITTING	\$ -
92355	SPECIAL SPECTACLES FITTING	\$ -
92358	EYE PROSTHESIS SERVICE	\$ -
92370	REPAIR	\$ -
92371	REPAIR & ADJUST SPECTACLES	\$ -
92499	EYE SERVICE OR PROCEDURE	\$ -
92502	EAR AND THROAT EXAMINATION	\$ -
92504	EAR MICROSCOPY EXAMINATION	\$ -
92507	SPEECH/HEARING THERAPY	\$ -
92508	SPEECH/HEARING THERAPY	\$ -
92511	NASOPHARYNGOSCOPY	\$ -
92512	NASAL FUNCTION STUDIES	\$ -
92516	FACIAL NERVE FUNCTION TEST	\$ -
92517	VEMP TEST I&R CERVICAL	\$ -
92518	VEMP TEST I&R OCULAR	\$ -
92519	VEMP TST I&R CERVICAL&OCULAR	\$ -
92520	LARYNGEAL FUNCTION STUDIES	\$ -
92521	EVALUATION OF SPEECH FLUENCY	\$ -
92522	EVALUATE SPEECH PRODUCTION	\$ -
92523	SPEECH SOUND LANG COMPREHEN	\$ -
92524	BEHAVRAL QUALIT ANALYS VOICE	\$ -
92526	ORAL FUNCTION THERAPY	\$ -
92531	SPONTANEOUS NYSTAGMUS STUDY	\$ -
92532	POSITIONAL NYSTAGMUS TEST	\$ -
92533	CALORIC VESTIBULAR TEST	\$ -
92534	OPTOKINETIC NYSTAGMUS TEST	\$ -
92537	CALORIC VSTBLR TEST W/REC	\$ -
92538	CALORIC VSTBLR TEST W/REC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92540	BASIC VESTIBULAR EVALUATION	\$ -
92541	SPONTANEOUS NYSTAGMUS TEST	\$ -
92542	POSITIONAL NYSTAGMUS TEST	\$ -
92544	OPTOKINETIC NYSTAGMUS TEST	\$ -
92545	OSCILLATING TRACKING TEST	\$ -
92546	SINUSOIDAL ROTATIONAL TEST	\$ -
92547	SUPPLEMENTAL ELECTRICAL TEST	\$ -
92548	POSTUROGRAPHY	\$ -
92549	CDP-SOT 6 COND W/I&R MCT&ADT	\$ -
92550	TYMPANOMETRY & REFLEX THRESH	\$ -
92551	Audiometry/screening test- pure tone- air only	\$ 34.00
92552	PURE TONE AUDIOMETRY- AIR	\$ -
92553	AUDIOMETRY- AIR	\$ -
92555	SPEECH THRESHOLD AUDIOMETRY	\$ -
92556	SPEECH AUDIOMETRY- COMPLETE	\$ -
92557	COMPREHENSIVE HEARING TEST	\$ -
92558	EVOKED AUDITORY TEST QUAL	\$ -
92562	LOUDNESS BALANCE TEST	\$ -
92563	TONE DECAY HEARING TEST	\$ -
92565	STENGER TEST- PURE TONE	\$ -
92567	TYMPANOMETRY	\$ 18.00
92568	ACOUSTIC REFLEX TESTING	\$ -
92570	ACOUSTIC IMMITANCE TESTING	\$ -
92571	FILTERED SPEECH HEARING TEST	\$ -
92572	STAGGERED SPONDAIC WORD TEST	\$ -
92575	SENSORINEURAL ACUITY TEST	\$ -
92576	SYNTHETIC SENTENCE TEST	\$ -
92577	STENGER TEST- SPEECH	\$ -
92579	VISUAL AUDIOMETRY (VRA)	\$ -
92582	CONDITIONING PLAY AUDIOMETRY	\$ -
92583	SELECT PICTURE AUDIOMETRY	\$ -
92584	ELECTROCOCHLEOGRAPHY	\$ -
92587	EVOKED AUDITORY TEST	\$ -
92588	EVOKED AUDITORY TEST	\$ -
92590	HEARING AID EXAM- ONE EAR	\$ -
92591	HEARING AID EXAM- BOTH EARS	\$ -
92592	HEARING AID CHECK- ONE EAR	\$ -
92593	HEARING AID CHECK- BOTH EARS	\$ -
92594	ELECTRO HEARNG AID TEST- ONE	\$ -
92595	ELECTRO HEARNG AID TST- BOTH	\$ -
92596	EAR PROTECTOR EVALUATION	\$ -
92597	ORAL SPEECH DEVICE EVAL	\$ -
92601	COCHLEAR IMPLT F/UP EXAM < 7	\$ -
92602	REPROGRAM COCHLEAR IMPLT < 7	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92603	COCHLEAR IMPLT F/UP EXAM 7 >	\$ -
92604	REPROGRAM COCHLEAR IMPLT 7 >	\$ -
92605	EVAL FOR NONSPEECH DEVICE RX	\$ -
92606	NON-SPEECH DEVICE SERVICE	\$ -
92607	EX FOR SPEECH DEVICE RX- 1HR	\$ -
92608	EX FOR SPEECH DEVICE RX ADDL	\$ -
92609	USE OF SPEECH DEVICE SERVICE	\$ -
92610	EVALUATE SWALLOWING FUNCTION	\$ -
92611	MOTION FLUOROSCOPY/SWALLOW	\$ -
92612	ENDOSCOPY SWALLOW TST (FEES)	\$ -
92613	ENDOSCOPY SWALLOW TST (FEES)	\$ -
92614	LARYNGOSCOPIC SENSORY TEST	\$ -
92615	EVAL LARYNGOSCOPY SENSE TST	\$ -
92616	FEES W/LARYNGEAL SENSE TEST	\$ -
92617	INTERPRT FEES/LARYNGEAL TEST	\$ -
92618	EX FOR NONSPEECH DEV RX ADD	\$ -
92620	AUDITORY FUNCTION- 60 MIN	\$ -
92621	AUDITORY FUNCTION- + 15 MIN	\$ -
92625	TINNITUS ASSESSMENT	\$ -
92626	EVAL AUD REHAB STATUS	\$ -
92627	EVAL AUD STATUS REHAB ADD-ON	\$ -
92630	AUD REHAB PRE-LING HEAR LOSS	\$ -
92633	AUD REHAB POSTLING HEAR LOSS	\$ -
92640	AUD BRAINSTEM IMPLT PROGRAMG	\$ -
92650	AEP SCR AUDITORY POTENTIAL	\$ -
92651	AEP HEARING STATUS DETER I&R	\$ -
92652	AEP THRSHLD EST MLT FREQ I&R	\$ -
92653	AEP NEURODIAGNOSTIC I&R	\$ -
92700	ENT PROCEDURE/SERVICE	\$ -
92920	PRQ CARDIAC ANGIOPLAST 1 ART	\$ -
92921	PRQ CARDIAC ANGIO ADDL ART	\$ -
92924	PRQ CARD ANGIO/ATHRECT 1 ART	\$ -
92925	PRQ CARD ANGIO/ATHRECT ADDL	\$ -
92928	PRQ CARD STENT W/ANGIO 1 VSL	\$ -
92929	PRQ CARD STENT W/ANGIO ADDL	\$ -
92933	PRQ CARD STENT/ATH/ANGIO	\$ -
92934	PRQ CARD STENT/ATH/ANGIO	\$ -
92937	PRQ REVASC BYP GRAFT 1 VSL	\$ -
92938	PRQ REVASC BYP GRAFT ADDL	\$ -
92941	PRQ CARD REVASC MI 1 VSL	\$ -
92943	PRQ CARD REVASC CHRONIC 1VSL	\$ -
92944	PRQ CARD REVASC CHRONIC ADDL	\$ -
92950	HEART/LUNG RESUSCITATION CPR	\$ -
92953	TEMPORARY EXTERNAL PACING	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92960	CARDIOVERSION ELECTRIC- EXT	\$ -
92961	CARDIOVERSION- ELECTRIC- INT	\$ -
92970	CARDIOASSIST- INTERNAL	\$ -
92971	CARDIOASSIST- EXTERNAL	\$ -
92973	PERCUT CORONARY THROMBECTOMY	\$ -
92974	CATH PLACE- CARDIO BRACHYTX	\$ -
92975	DISSOLVE CLOT- HEART VESSEL	\$ -
92977	DISSOLVE CLOT- HEART VESSEL	\$ -
92978	INTRAVASC US- HEART ADD-ON	\$ -
92979	INTRAVASC US- HEART ADD-ON	\$ -
92986	REVISION OF AORTIC VALVE	\$ -
92987	REVISION OF MITRAL VALVE	\$ -
92990	REVISION OF PULMONARY VALVE	\$ -
92997	PUL ART BALLOON REPR- PERCUT	\$ -
92998	PUL ART BALLOON REPR- PERCUT	\$ -
93000	ECG w/interpretation	\$ 34.00
93005	ELECTROCARDIOGRAM- TRACING	\$ -
93010	ELECTROCARDIOGRAM REPORT	\$ -
93015	CARDIOVASCULAR STRESS TEST	\$ -
93016	CARDIOVASCULAR STRESS TEST	\$ -
93017	CARDIOVASCULAR STRESS TEST	\$ -
93018	CARDIOVASCULAR STRESS TEST	\$ -
93024	CARDIAC DRUG STRESS TEST	\$ -
93025	MICROVOLT T-WAVE ASSESS	\$ -
93040	ECG- Rhythm Strip	\$ 76.00
93041	RHYTHM ECG- TRACING	\$ -
93042	RHYTHM ECG- REPORT	\$ -
93050	ART PRESSURE WAVEFORM ANALYS	\$ -
93224	ECG MONITOR/REPORT- 24 HRS	\$ -
93225	ECG MONITOR/RECORD- 24 HRS	\$ -
93226	ECG MONITOR/REPORT- 24 HRS	\$ -
93227	ECG MONITOR/REVIEW- 24 HRS	\$ -
93228	REMOTE 30 DAY ECG REV/REPORT	\$ -
93229	REMOTE 30 DAY ECG TECH SUPP	\$ -
93241	EXT ECG>48HR<7D REC SCAN A/R	\$ -
93242	EXT ECG>48HR<7D RECORDING	\$ -
93243	EXT ECG>48HR<7D SCAN A/R	\$ -
93244	EXT ECG>48HR<7D REV&INTERPJ	\$ -
93245	EXT ECG>7D<15D REC SCAN A/R	\$ -
93246	EXT ECG>7D<15D RECORDING	\$ -
93247	EXT ECG>7D<15D SCAN A/R	\$ -
93248	EXT ECG>7D<15D REV&INTERPJ	\$ -
93260	PRGRMG DEV EVAL IMPLTBL SYS	\$ -
93261	INTERROGATE SUBQ DEFIB	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
93264	REM MNTR WRLS P-ART PRS SNR	\$ -
93268	ECG RECORD/REVIEW	\$ -
93270	ECG RECORDING	\$ -
93271	ECG/MONITORING AND ANALYSIS	\$ -
93272	ECG/REVIEW- INTERPRET ONLY	\$ -
93278	ECG/SIGNAL-AVERAGED	\$ -
93279	PM DEVICE PROGR EVAL- SNGL	\$ -
93280	PM DEVICE PROGR EVAL- DUAL	\$ -
93281	PM DEVICE PROGR EVAL- MULTI	\$ -
93282	ICD DEVICE PROG EVAL- 1 SNGL	\$ -
93283	ICD DEVICE PROGR EVAL- DUAL	\$ -
93284	ICD DEVICE PROGR EVAL- MULT	\$ -
93285	ILR DEVICE EVAL PROGR	\$ -
93286	PRE-OP PM DEVICE EVAL	\$ -
93287	PRE-OP ICD DEVICE EVAL	\$ -
93288	PM DEVICE EVAL IN PERSON	\$ -
93289	ICD DEVICE INTERROGATE	\$ -
93290	ICM DEVICE EVAL	\$ -
93291	ILR DEVICE INTERROGATE	\$ -
93292	WCD DEVICE INTERROGATE	\$ -
93293	PM PHONE R-STRIP DEVICE EVAL	\$ -
93294	PM DEVICE INTERROGATE REMOTE	\$ -
93295	ICD DEVICE INTERROGAT REMOTE	\$ -
93296	PM/ICD REMOTE TECH SERV	\$ -
93297	ICM DEVICE INTERROGAT REMOTE	\$ -
93298	ILR DEVICE INTERROGAT REMOTE	\$ -
93303	ECHO TRANSTHORACIC	\$ -
93304	ECHO TRANSTHORACIC	\$ -
93306	TTE W/DOPPLER- COMPLETE	\$ -
93307	ECHO EXAM OF HEART	\$ -
93308	ECHO EXAM OF HEART	\$ -
93312	ECHO TRANSESOPHAGEAL	\$ -
93313	ECHO TRANSESOPHAGEAL	\$ -
93314	ECHO TRANSESOPHAGEAL	\$ -
93315	ECHO TRANSESOPHAGEAL	\$ -
93316	ECHO TRANSESOPHAGEAL	\$ -
93317	ECHO TRANSESOPHAGEAL	\$ -
93318	ECHO TRANSESOPHAGEAL INTRAOP	\$ -
93319	3D ECHO IMG CGEN CAR ANOMAL	\$ -
93320	DOPPLER ECHO EXAM- HEART	\$ -
93321	DOPPLER ECHO EXAM- HEART	\$ -
93325	DOPPLER COLOR FLOW ADD-ON	\$ -
93350	ECHO TRANSTHORACIC	\$ -
93351	STRESS TTE COMPLETE	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
93352	ADMIN ECG CONTRAST AGENT	\$ -
93355	ECHO TRANSESOPHAGEAL (TEE)	\$ -
93356	MYOCDR STRAIN IMG SPCKL TRCK	\$ -
93451	RIGHT HEART CATH	\$ -
93452	LEFT HRT CATH W/VENTRCLGRPHY	\$ -
93453	R&L HRT CATH W/VENTRICLGRPHY	\$ -
93454	CORONARY ARTERY ANGIO S&I	\$ -
93455	CORONARY ART/GRFT ANGIO S&I	\$ -
93456	R HRT CORONARY ARTERY ANGIO	\$ -
93457	R HRT ART/GRFT ANGIO	\$ -
93458	L HRT ARTERY/VENTRICLE ANGIO	\$ -
93459	L HRT ART/GRFT ANGIO	\$ -
93460	R&L HRT ART/VENTRICLE ANGIO	\$ -
93461	R&L HRT ART/VENTRICLE ANGIO	\$ -
93462	L HRT CATH TRNSPTL PUNCTURE	\$ -
93463	DRUG ADMIN & HEMODYNMIC MEAS	\$ -
93464	EXERCISE W/HEMODYNAMIC MEAS	\$ -
93503	INSERT/PLACE HEART CATHETER	\$ -
93505	BIOPSY OF HEART LINING	\$ -
93563	INJECT CONGENITAL CARD CATH	\$ -
93564	INJECT HRT CONGNL ART/GRFT	\$ -
93565	INJECT L VENTR/ATRIAL ANGIO	\$ -
93566	INJECT R VENTR/ATRIAL ANGIO	\$ -
93567	INJECT SUPRVLV AORTOGRAPHY	\$ -
93568	INJECT PULM ART HRT CATH	\$ -
93571	HEART FLOW RESERVE MEASURE	\$ -
93572	HEART FLOW RESERVE MEASURE	\$ -
93580	TRANSCATH CLOSURE OF ASD	\$ -
93581	TRANSCATH CLOSURE OF VSD	\$ -
93582	PERQ TRANSCATH CLOSURE PDA	\$ -
93583	PERQ TRANSCATH SEPTAL REDUXN	\$ -
93590	PERQ TRANSCATH CLS MITRAL	\$ -
93591	PERQ TRANSCATH CLS AORTIC	\$ -
93592	PERQ TRANSCATH CLOSURE EACH	\$ -
93593	R HRT CATH CHD NML NT CNJ	\$ -
93594	R HRT CATH CHD ABNL NT CNJ	\$ -
93595	L HRT CATH CHD NM/ABN NT CNJ	\$ -
93596	R&L HRT CATH CHD NML NT CNJ	\$ -
93597	R&L HRT CATH CHD ABNL NT CNJ	\$ -
93598	CAR OUTP MEAS DRG CATH CHD	\$ -
93600	BUNDLE OF HIS RECORDING	\$ -
93602	INTRA-ATRIAL RECORDING	\$ -
93603	RIGHT VENTRICULAR RECORDING	\$ -
93609	MAP TACHYCARDIA- ADD-ON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
93610	INTRA-ATRIAL PACING	\$ -
93612	INTRAVENTRICULAR PACING	\$ -
93613	ELECTROPHYS MAP 3D- ADD-ON	\$ -
93615	ESOPHAGEAL RECORDING	\$ -
93616	ESOPHAGEAL RECORDING	\$ -
93618	HEART RHYTHM PACING	\$ -
93619	ELECTROPHYSIOLOGY EVALUATION	\$ -
93620	ELECTROPHYSIOLOGY EVALUATION	\$ -
93621	ELECTROPHYSIOLOGY EVALUATION	\$ -
93622	ELECTROPHYSIOLOGY EVALUATION	\$ -
93623	STIMULATION- PACING HEART	\$ -
93624	ELECTROPHYSIOLOGIC STUDY	\$ -
93631	HEART PACING- MAPPING	\$ -
93640	EVALUATION HEART DEVICE	\$ -
93641	ELECTROPHYSIOLOGY EVALUATION	\$ -
93642	ELECTROPHYSIOLOGY EVALUATION	\$ -
93644	ELECTROPHYSIOLOGY EVALUATION	\$ -
93650	ABLATE HEART DYSRHYTHM FOCUS	\$ -
93653	EP & ABLATE SUPRAVENT ARRHYT	\$ -
93654	EP & ABLATE VENTRIC TACHY	\$ -
93655	ABLATE ARRHYTHMIA ADD ON	\$ -
93656	TX ATRIAL FIB PULM VEIN ISOL	\$ -
93657	TX L/R ATRIAL FIB ADDL	\$ -
93660	TILT TABLE EVALUATION	\$ -
93662	INTRACARDIAC ECG (ICE)	\$ -
93668	PERIPHERAL VASCULAR REHAB	\$ -
93701	BIOIMPEDANCE- THORACIC	\$ -
93702	BIS XTRACELL FLUID ANALYSIS	\$ -
93724	ANALYZE PACEMAKER SYSTEM	\$ -
93740	TEMPERATURE GRADIENT STUDIES	\$ -
93745	SET-UP CARDIOVERT-DEFIBRILL	\$ -
93750	INTERROGATION VAD IN PERSON	\$ -
93770	MEASURE VENOUS PRESSURE	\$ -
93784	AMBULATORY BP MONITORING	\$ -
93786	AMBULATORY BP RECORDING	\$ -
93788	AMBULATORY BP ANALYSIS	\$ -
93790	REVIEW/REPORT BP RECORDING	\$ -
93792	PT/CAREGIVER TRAINJ HOME INR	\$ -
93793	ANTICOAG MGMT PT WARFARIN	\$ -
93797	CARDIAC REHAB	\$ -
93798	CARDIAC REHAB/MONITOR	\$ -
93799	CARDIOVASCULAR PROCEDURE	\$ -
93880	EXTRACRANIAL STUDY	\$ -
93882	EXTRACRANIAL STUDY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
93886	INTRACRANIAL STUDY	\$ -
93888	INTRACRANIAL STUDY	\$ -
93890	TCD- VASOREACTIVITY STUDY	\$ -
93892	TCD- EMBOLI DETECT W/O INJ	\$ -
93893	TCD- EMBOLI DETECT W/INJ	\$ -
93895	CAROTID INTIMA ATHEROMA EVAL	\$ -
93922	EXTREMITY STUDY	\$ -
93923	EXTREMITY STUDY	\$ -
93924	EXTREMITY STUDY	\$ -
93925	LOWER EXTREMITY STUDY	\$ -
93926	LOWER EXTREMITY STUDY	\$ -
93930	UPPER EXTREMITY STUDY	\$ -
93931	UPPER EXTREMITY STUDY	\$ -
93970	EXTREMITY STUDY	\$ -
93971	EXTREMITY STUDY	\$ -
93975	VASCULAR STUDY	\$ -
93976	VASCULAR STUDY	\$ -
93978	VASCULAR STUDY	\$ -
93979	VASCULAR STUDY	\$ -
93980	PENILE VASCULAR STUDY	\$ -
93981	PENILE VASCULAR STUDY	\$ -
93985	DUP-SCAN HEMO COMPL BI STD	\$ -
93986	DUP-SCAN HEMO COMPL UNI STD	\$ -
93990	DOPPLER FLOW TESTING	\$ -
93998	NONINVAS VASC DX STUDY PROC	\$ -
94002	VENT MGMT INPAT- INIT DAY	\$ -
94003	VENT MGMT INPAT- SUBQ DAY	\$ -
94004	VENT MGMT NF PER DAY	\$ -
94005	HOME VENT MGMT SUPERVISION	\$ -
94010	SPIROMETRY	\$ 135.00
94011	SPIROMETRY UP TO 2 YRS OLD	\$ -
94012	SPIRMTRY W/BRNCHDIL INF-2 YR	\$ -
94013	MEAS LUNG VOL THRU 2 YRS	\$ -
94014	PATIENT RECORDED SPIROMETRY	\$ -
94015	PATIENT RECORDED SPIROMETRY	\$ -
94016	REVIEW PATIENT SPIROMETRY	\$ -
94060	Spirometry- Pre and Post	\$ 233.00
94070	EVALUATION OF WHEEZING	\$ -
94150	VITAL CAPACITY TEST	\$ -
94200	LUNG FUNCTION TEST (MBC/MVV)	\$ -
94375	RESPIRATORY FLOW VOLUME LOOP	\$ -
94450	HYPOXIA RESPONSE CURVE	\$ -
94452	HAST W/REPORT	\$ -
94453	HAST W/OXYGEN TITRATE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
94610	SURFACTANT ADMIN THRU TUBE	\$ -
94617	EXERCISE TST BRNCSPSM	\$ -
94618	PULMONARY STRESS TESTING	\$ -
94619	EXERCISE TST BRNCSPSM WO ECG	\$ -
94621	PULM STRESS TEST/COMPLEX	\$ -
94625	PHY/QHP OP PULM RHB W/O MNTR	\$ -
94626	PHY/QHP OP PULM RHB W/MNTR	\$ -
94640	Nebulizer/Inhalation Treatment	\$ 51.00
94642	AEROSOL INHALATION TREATMENT	\$ -
94644	CBT- 1ST HOUR	\$ -
94645	CBT- EACH ADDL HOUR	\$ -
94660	POS AIRWAY PRESSURE- CPAP	\$ -
94662	NEG PRESS VENTILATION- CNP	\$ -
94664	Nebulizer - demo/eval of pt use	\$ 70.00
94667	CHEST WALL MANIPULATION	\$ -
94668	CHEST WALL MANIPULATION	\$ -
94669	MECHANICAL CHEST WALL OSCILL	\$ -
94680	EXHALED AIR ANALYSIS- O2	\$ -
94681	EXHALED AIR ANALYSIS- O2/CO2	\$ -
94690	EXHALED AIR ANALYSIS	\$ -
94726	PULM FUNCT TST PLETHYSMOGRAP	\$ -
94727	PULM FUNCTION TEST BY GAS	\$ -
94728	PULM FUNCT TEST OSCILLOMETRY	\$ -
94729	CO/MEMBANE DIFFUSE CAPACITY	\$ -
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 6.00
94761	MEASURE BLOOD OXYGEN LEVEL	\$ -
94762	MEASURE BLOOD OXYGEN LEVEL	\$ -
94772	BREATH RECORDING- INFANT	\$ -
94774	PED HOME APNEA REC- COMPL	\$ -
94775	PED HOME APNEA REC- HK-UP	\$ -
94776	PED HOME APNEA REC- DOWNLD	\$ -
94777	PED HOME APNEA REC- REPORT	\$ -
94780	CAR SEAT/BED TEST 60 MIN	\$ -
94781	CAR SEAT/BED TEST + 30 MIN	\$ -
94799	PULMONARY SERVICE/PROCEDURE	\$ -
95004	PRICK TESTS	\$ -
95012	EXHALED NITRIC OXIDE MEAS	\$ -
95017	PERQ & ICUT ALLG TEST VENOMS	\$ -
95018	PERQ&IC ALLG TEST DRUGS/BIOL	\$ -
95024	INTRADERMAL TESTS	\$ -
95027	ID ALLERGY TITRATE-AIRBORNE	\$ -
95028	ID ALLERGY TEST-DELAYED TYPE	\$ -
95044	ALLERGY PATCH TESTS	\$ -
95052	PHOTO PATCH TEST	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
95056	PHOTOSENSITIVITY TESTS	\$ -
95060	EYE ALLERGY TESTS	\$ -
95065	NOSE ALLERGY TEST	\$ -
95070	BRONCHIAL ALLERGY TESTS	\$ -
95076	INGEST CHALLENGE INI 120 MIN	\$ -
95079	INGEST CHALLENGE ADDL 60 MIN	\$ -
95115	IMMUNOTHERAPY- ONE INJECTION	\$ -
95117	IMMUNOTHERAPY INJECTIONS	\$ -
95120	IMMUNOTHERAPY- ONE INJECTION	\$ -
95125	IMMUNOTHERAPY- MANY ANTIGENS	\$ -
95130	IMMUNOTHERAPY- INSECT VENOM	\$ -
95131	IMMUNOTHERAPY- INSECT VENOMS	\$ -
95132	IMMUNOTHERAPY- INSECT VENOMS	\$ -
95133	IMMUNOTHERAPY- INSECT VENOMS	\$ -
95134	IMMUNOTHERAPY- INSECT VENOMS	\$ -
95144	ANTIGEN THERAPY SERVICES	\$ -
95145	ANTIGEN THERAPY SERVICES	\$ -
95146	ANTIGEN THERAPY SERVICES	\$ -
95147	ANTIGEN THERAPY SERVICES	\$ -
95148	ANTIGEN THERAPY SERVICES	\$ -
95149	ANTIGEN THERAPY SERVICES	\$ -
95165	ANTIGEN THERAPY SERVICES	\$ -
95170	ANTIGEN THERAPY SERVICES	\$ -
95180	RAPID DESENSITIZATION	\$ -
95199	ALLERGY IMMUNOLOGY SERVICES	\$ -
95249	CONT GLUC MNTR PT PROV EQP	\$ -
95250	GLUCOSE MONITORING- CONT	\$ -
95251	GLUC MONITOR- CONT- PHYS I&R	\$ -
95700	EEG CONT REC W/VID EEG TECH	\$ -
95705	EEG W/O VID 2-12 HR UNMNTR	\$ -
95706	EEG WO VID 2-12HR INTMT MNTR	\$ -
95707	EEG W/O VID 2-12HR CONT MNTR	\$ -
95708	EEG WO VID EA 12-26HR UNMNTR	\$ -
95709	EEG W/O VID EA 12-26HR INTMT	\$ -
95710	EEG W/O VID EA 12-26HR CONT	\$ -
95711	VEEG 2-12 HR UNMONITORED	\$ -
95712	VEEG 2-12 HR INTMT MNTR	\$ -
95713	VEEG 2-12 HR CONT MNTR	\$ -
95714	VEEG EA 12-26 HR UNMNTR	\$ -
95715	VEEG EA 12-26HR INTMT MNTR	\$ -
95716	VEEG EA 12-26HR CONT MNTR	\$ -
95717	EEG PHYS/QHP 2-12 HR W/O VID	\$ -
95718	EEG PHYS/QHP 2-12 HR W/VEEG	\$ -
95719	EEG PHYS/QHP EA INCR W/O VID	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
95720	EEG PHY/QHP EA INCR W/VEEG	\$ -
95721	EEG PHY/QHP>36<60 HR W/O VID	\$ -
95722	EEG PHY/QHP>36<60 HR W/VEEG	\$ -
95723	EEG PHY/QHP>60<84 HR W/O VID	\$ -
95724	EEG PHY/QHP>60<84 HR W/VEEG	\$ -
95725	EEG PHY/QHP>84 HR W/O VID	\$ -
95726	EEG PHY/QHP>84 HR W/VEEG	\$ -
95782	POLYSOM <6 YRS 4/> PARAMTRS	\$ -
95783	POLYSOM <6 YRS CPAP/BILVL	\$ -
95800	SLP STDY UNATTENDED	\$ -
95801	SLP STDY UNATND W/ANAL	\$ -
95803	ACTIGRAPHY TESTING	\$ -
95805	MULTIPLE SLEEP LATENCY TEST	\$ -
95806	SLEEP STUDY- UNATTENDED	\$ -
95807	SLEEP STUDY- ATTENDED	\$ -
95808	POLYSOMNOGRAPHY- 1-3	\$ -
95810	POLYSOMNOGRAPHY- 4 OR MORE	\$ -
95811	POLYSOMNOGRAPHY W/CPAP	\$ -
95812	EEG- 41-60 MINUTES	\$ -
95813	EEG- OVER 1 HOUR	\$ -
95816	EEG- AWAKE AND DROWSY	\$ -
95819	EEG- AWAKE AND ASLEEP	\$ -
95822	EEG- COMA OR SLEEP ONLY	\$ -
95824	EEG- CEREBRAL DEATH ONLY	\$ -
95829	SURGERY ELECTROCORTICOGRAM	\$ -
95830	INSERT ELECTRODES FOR EEG	\$ -
95836	ECOG IMPLTD BRN NPGT <30 D	\$ -
95851	RANGE OF MOTION MEASUREMENTS	\$ -
95852	RANGE OF MOTION MEASUREMENTS	\$ -
95857	TENSILON TEST	\$ -
95860	MUSCLE TEST- ONE LIMB	\$ -
95861	MUSCLE TEST- 2 LIMBS	\$ -
95863	MUSCLE TEST- 3 LIMBS	\$ -
95864	MUSCLE TEST- 4 LIMBS	\$ -
95865	MUSCLE TEST- LARYNX	\$ -
95866	MUSCLE TEST- HEMIDIAPHRAGM	\$ -
95867	MUSCLE TEST CRAN NERV UNILAT	\$ -
95868	MUSCLE TEST CRAN NERVE BILAT	\$ -
95869	MUSCLE TEST- THOR PARASPINAL	\$ -
95870	MUSCLE TEST- NONPARASPINAL	\$ -
95872	MUSCLE TEST- ONE FIBER	\$ -
95873	GUIDE NERV DESTR- ELEC STIM	\$ -
95874	GUIDE NERV DESTR- NEEDLE EMG	\$ -
95875	LIMB EXERCISE TEST	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
95885	MUSC TST DONE W/NERV TST LIM	\$ -
95886	MUSC TEST DONE W/N TEST COMP	\$ -
95887	MUSC TST DONE W/N TST NONEXT	\$ -
95905	MOTOR/SENS NRVE CONDUCT TEST	\$ -
95907	NVR CNDJ TST 1-2 STUDIES	\$ -
95908	NRV CNDJ TST 3-4 STUDIES	\$ -
95909	NRV CNDJ TST 5-6 STUDIES	\$ -
95910	NRV CNDJ TEST 7-8 STUDIES	\$ -
95911	NRV CNDJ TEST 9-10 STUDIES	\$ -
95912	NRV CNDJ TEST 11-12 STUDIES	\$ -
95913	NRV CNDJ TEST 13/> STUDIES	\$ -
95921	AUTONOMIC NERV FUNCTION TEST	\$ -
95922	AUTONOMIC NERV FUNCTION TEST	\$ -
95923	AUTONOMIC NERV FUNCTION TEST	\$ -
95924	ANS PARASYMP & SYMP W/TILT	\$ -
95925	SOMATOSENSORY TESTING	\$ -
95926	SOMATOSENSORY TESTING	\$ -
95927	SOMATOSENSORY TESTING	\$ -
95928	C MOTOR EVOKED- UPPR LIMBS	\$ -
95929	C MOTOR EVOKED- LWR LIMBS	\$ -
95930	VISUAL EVOKED POTENTIAL TEST	\$ -
95933	BLINK REFLEX TEST	\$ -
95937	NEUROMUSCULAR JUNCTION TEST	\$ -
95938	SOMATOSENSORY TESTING	\$ -
95939	C MOTOR EVOKED UPR&LWR LIMBS	\$ -
95940	IONM IN OPERATNG ROOM 15 MIN	\$ -
95941	IONM REMOTE/>1 PT OR PER HR	\$ -
95954	EEG MONITORING/GIVING DRUGS	\$ -
95955	EEG DURING SURGERY	\$ -
95957	EEG DIGITAL ANALYSIS	\$ -
95958	EEG MONITORING/FUNCTION TEST	\$ -
95961	ELECTRODE STIMULATION- BRAIN	\$ -
95962	ELECTRODE STIM- BRAIN ADD-ON	\$ -
95965	MEG- SPONTANEOUS	\$ -
95966	MEG- EVOKED- SINGLE	\$ -
95967	MEG- EVOKED- EACH ADDL	\$ -
95970	ANALYZE NEUROSTIM- NO PROG	\$ -
95971	ANALYZE NEUROSTIM- SIMPLE	\$ -
95972	ANALYZE NEUROSTIM- COMPLEX	\$ -
95976	ALYS SMPL CN NPGT PRGRMG	\$ -
95977	ALYS CPLX CN NPGT PRGRMG	\$ -
95980	IO ANAL GAST N-STIM INIT	\$ -
95981	IO ANAL GAST N-STIM SUBSQ	\$ -
95982	IO GA N-STIM SUBSQ W/REPROG	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
95983	ALYS BRN NPGT PRGRMG 15 MIN	\$ -
95984	ALYS BRN NPGT PRGRMG ADDL 15	\$ -
95990	SPIN/BRAIN PUMP REFIL & MAIN	\$ -
95991	SPIN/BRAIN PUMP REFIL & MAIN	\$ -
95992	CANALITH REPOSITIONING PROC	\$ -
95999	NEUROLOGICAL PROCEDURE	\$ -
96000	MOTION ANALYSIS- VIDEO/3D	\$ -
96001	MOTION TEST W/FT PRESS MEAS	\$ -
96002	DYNAMIC SURFACE EMG	\$ -
96003	DYNAMIC FINE WIRE EMG	\$ -
96004	PHYS REVIEW OF MOTION TESTS	\$ -
96020	FUNCTIONAL BRAIN MAPPING	\$ -
96040	GENETIC COUNSELING- 30 MIN	\$ -
96105	ASSESSMENT OF APHASIA	\$ -
96110	ASQ (developmental screening)	\$ 59.00
96112	DEVEL TST PHYS/QHP 1ST HR	\$ -
96113	DEVEL TST PHYS/QHP EA ADDL	\$ -
96116	NEUROBEHAVIORAL STATUS EXAM	\$ -
96121	NUBHVL XM PHY/QHP EA ADDL HR	\$ -
96125	COGNITIVE TEST BY HC PRO	\$ -
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ -
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$ -
96131	PSYCL TST EVAL PHYS/QHP EA	\$ -
96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$ -
96133	NRPSYC TST EVAL PHYS/QHP EA	\$ -
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$ -
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$ -
96138	PSYCL/NRPSYC TECH 1ST	\$ -
96139	PSYCL/NRPSYC TST TECH EA	\$ -
96146	PSYCL/NRPSYC TST AUTO RESULT	\$ -
96156	HLTH BHV ASSMT/REASSESSMENT	\$ -
96158	HLTH BHV IVNTJ INDIV 1ST 30	\$ -
96159	HLTH BHV IVNTJ INDIV EA ADDL	\$ -
96160	PT-FOCUSED HLTH RISK ASSMT	\$ -
96161	CAREGIVER HEALTH RISK ASSMT	\$ -
96164	HLTH BHV IVNTJ GRP 1ST 30	\$ -
96165	HLTH BHV IVNTJ GRP EA ADDL	\$ -
96167	HLTH BHV IVNTJ FAM 1ST 30	\$ -
96168	HLTH BHV IVNTJ FAM EA ADDL	\$ -
96170	HLTH BHV IVNTJ FAM WO PT 1ST	\$ -
96171	HLTH BHV IVNTJ FAM W/O PT EA	\$ -
96360	HYDRATION IV INFUSION- INIT	\$ -
96361	HYDRATE IV INFUSION- ADD-ON	\$ -
96365	THER/PROPH/DIAG IV INF- INIT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
96366	THER/PROPH/DIAG IV INF ADDON	\$ -
96367	TX/PROPH/DG ADDL SEQ IV INF	\$ -
96368	THER/DIAG CONCURRENT INF	\$ -
96369	SC THER INFUSION- UP TO 1 HR	\$ -
96370	SC THER INFUSION- ADDL HR	\$ -
96371	SC THER INFUSION- RESET PUMP	\$ -
96372	Therapeutic IM/SC Injection	\$ 65.00
96372	Cabenuva	\$ -
96373	THER/PROPH/DIAG INJ- IA	\$ -
96374	THER/PROPH/DIAG INJ- IV PUSH	\$ -
96375	TX/PRO/DX INJ NEW DRUG ADDON	\$ -
96376	TX/PRO/DX INJ NEW DRUG ADON	\$ -
96377	APPLICATON ON-BODY INJECTOR	\$ -
96379	THER/PROP/DIAG INJ/INF PROC	\$ -
96401	CHEMO- ANTI-NEOPL- SQ/IM	\$ -
96402	CHEMO HORMON ANTINEOPL SQ/IM	\$ -
96405	INTRALESIONAL CHEMO ADMIN	\$ -
96406	INTRALESIONAL CHEMO ADMIN	\$ -
96409	CHEMO- IV PUSH- SNGL DRUG	\$ -
96411	CHEMO- IV PUSH- ADDL DRUG	\$ -
96413	CHEMO- IV INFUSION- 1 HR	\$ -
96415	CHEMO- IV INFUSION- ADDL HR	\$ -
96416	CHEMO PROLONG INFUSE W/PUMP	\$ -
96417	CHEMO IV INFUS EACH ADDL SEQ	\$ -
96420	CHEMOTHERAPY- PUSH TECHNIQUE	\$ -
96422	CHEMOTHERAPY-INFUSION METHOD	\$ -
96423	CHEMO- INFUSE METHOD ADD-ON	\$ -
96425	CHEMOTHERAPY-INFUSION METHOD	\$ -
96440	CHEMOTHERAPY- INTRACAVITARY	\$ -
96446	CHEMOTX ADMN PRTL CAVITY	\$ -
96450	CHEMOTHERAPY- INTO CNS	\$ -
96521	REFILL/MAINT- PORTABLE PUMP	\$ -
96522	REFILL/MAINT PUMP/RESVR SYST	\$ -
96523	IRRIG DRUG DELIVERY DEVICE	\$ -
96542	CHEMOTHERAPY INJECTION	\$ -
96549	CHEMOTHERAPY- UNSPECIFIED	\$ -
96567	PHOTODYNAMIC TX- SKIN	\$ -
96570	PHOTODYNAMIC TX- 30 MIN	\$ -
96571	PHOTODYNAMIC TX- ADDL 15 MIN	\$ -
96573	PDT DSTR PRMLG LES PHYS/QHP	\$ -
96574	DBRDMT PRMLG LES W/PDT	\$ -
96900	ULTRAVIOLET LIGHT THERAPY	\$ -
96902	TRICHOGRAM	\$ -
96904	WHOLE BODY PHOTOGRAPHY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
96910	PHOTOCHEMOTHERAPY WITH UV-B	\$ -
96912	PHOTOCHEMOTHERAPY WITH UV-A	\$ -
96913	PHOTOCHEMOTHERAPY- UV-A OR B	\$ -
96920	LASER TX- SKIN < 250 SQ CM	\$ -
96921	LASER TX- SKIN 250-500 SQ CM	\$ -
96922	LASER TX- SKIN > 500 SQ CM	\$ -
96931	RCM CELULR SUBCELULR IMG SKN	\$ -
96932	RCM CELULR SUBCELULR IMG SKN	\$ -
96933	RCM CELULR SUBCELULR IMG SKN	\$ -
96934	RCM CELULR SUBCELULR IMG SKN	\$ -
96935	RCM CELULR SUBCELULR IMG SKN	\$ -
96936	RCM CELULR SUBCELULR IMG SKN	\$ -
96999	DERMATOLOGICAL PROCEDURE	\$ -
97010	HOT OR COLD PACKS THERAPY	\$ -
97012	MECHANICAL TRACTION THERAPY	\$ -
97014	ELECTRIC STIMULATION THERAPY	\$ -
97016	VASOPNEUMATIC DEVICE THERAPY	\$ -
97018	PARAFFIN BATH THERAPY	\$ -
97022	WHIRLPOOL THERAPY	\$ -
97024	DIATHERMY TREATMENT	\$ -
97026	INFRARED THERAPY	\$ -
97028	ULTRAVIOLET THERAPY	\$ -
97032	ELECTRICAL STIMULATION	\$ -
97033	ELECTRIC CURRENT THERAPY	\$ -
97034	CONTRAST BATH THERAPY	\$ -
97035	ULTRASOUND THERAPY	\$ -
97036	HYDROTHERAPY	\$ -
97039	PHYSICAL THERAPY TREATMENT	\$ -
97110	THERAPEUTIC EXERCISES	\$ -
97112	NEUROMUSCULAR REEDUCATION	\$ -
97113	AQUATIC THERAPY/EXERCISES	\$ -
97116	GAIT TRAINING THERAPY	\$ -
97124	MASSAGE THERAPY	\$ -
97129	THER IVNTJ 1ST 15 MIN	\$ -
97130	THER IVNTJ EA ADDL 15 MIN	\$ -
97139	PHYSICAL MEDICINE PROCEDURE	\$ -
97140	MANUAL THERAPY	\$ -
97150	GROUP THERAPEUTIC PROCEDURES	\$ -
97151	BHV ID ASSMT BY PHYS/QHP	\$ -
97152	BHV ID SUPRT ASSMT BY 1 TECH	\$ -
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$ -
97154	GRP ADAPT BHV TX BY TECH	\$ -
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$ -
97156	FAM ADAPT BHV TX GDN PHY/QHP	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
97157	MULT FAM ADAPT BHV TX GDN	\$ -
97158	GRP ADAPT BHV TX BY PHY/QHP	\$ -
97161	PT EVAL LOW COMPLEX 20 MIN	\$ -
97162	PT EVAL MOD COMPLEX 30 MIN	\$ -
97163	PT EVAL HIGH COMPLEX 45 MIN	\$ -
97164	PT RE-EVAL EST PLAN CARE	\$ -
97165	OT EVAL LOW COMPLEX 30 MIN	\$ -
97166	OT EVAL MOD COMPLEX 45 MIN	\$ -
97167	OT EVAL HIGH COMPLEX 60 MIN	\$ -
97168	OT RE-EVAL EST PLAN CARE	\$ -
97169	ATHLETIC TRN EVAL LOW CMLPX	\$ -
97170	ATHLETIC TRN EVAL MOD CMLPX	\$ -
97171	ATHLETIC TRN EVAL HIGH CMLPX	\$ -
97172	ATHLETIC TRN RE-EVAL PLAN CR	\$ -
97530	THERAPEUTIC ACTIVITIES	\$ -
97533	SENSORY INTEGRATION	\$ -
97535	SELF CARE MNGMENT TRAINING	\$ -
97537	COMMUNITY/WORK REINTEGRATION	\$ -
97542	WHEELCHAIR MNGMENT TRAINING	\$ -
97545	WORK HARDENING	\$ -
97546	WORK HARDENING ADD-ON	\$ -
97597	ACTIVE WOUND CARE/20 CM OR <	\$ -
97598	ACTIVE WOUND CARE > 20 CM	\$ -
97602	WOUND(S) CARE NON-SELECTIVE	\$ -
97605	NEG PRESS WOUND TX- < 50 CM	\$ -
97606	NEG PRESS WOUND TX- > 50 CM	\$ -
97607	NEG PRESS WND TX </=50 SQ CM	\$ -
97608	NEG PRESS WOUND TX >50 CM	\$ -
97610	LOW FREQUENCY NON-THERMAL US	\$ -
97750	PHYSICAL PERFORMANCE TEST	\$ -
97755	ASSISTIVE TECHNOLOGY ASSESS	\$ -
97760	ORTHOTIC MGMT AND TRAINING	\$ -
97761	PROSTHETIC TRAINING	\$ -
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$ -
97799	PHYSICAL MEDICINE PROCEDURE	\$ -
97802	MEDICAL NUTRITION- INDIV- IN	\$ 67.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 67.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 35.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 35.00
97804	MEDICAL NUTRITION- GROUP	\$ 18.00
97810	ACUPUNCT W/O STIMUL 15 MIN	\$ -
97811	ACUPUNCT W/O STIMUL ADDL 15M	\$ -
97813	ACUPUNCT W/STIMUL 15 MIN	\$ -
97814	ACUPUNCT W/STIMUL ADDL 15M	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
98925	OSTEOPATHIC MANIPULATION	\$ -
98926	OSTEOPATHIC MANIPULATION	\$ -
98927	OSTEOPATHIC MANIPULATION	\$ -
98928	OSTEOPATHIC MANIPULATION	\$ -
98929	OSTEOPATHIC MANIPULATION	\$ -
98940	CHIROPRACTIC MANIPULATION	\$ -
98941	CHIROPRACTIC MANIPULATION	\$ -
98942	CHIROPRACTIC MANIPULATION	\$ -
98943	CHIROPRACTIC MANIPULATION	\$ -
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 18.34
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 8.82
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 6.44
98966	HC PRO PHONE CALL 5-10 MIN	\$ -
98967	HC PRO PHONE CALL 11-20 MIN	\$ -
98968	HC PRO PHONE CALL 21-30 MIN	\$ -
98970	QNHP OL DIG E/M SVC 5-10MIN	\$ -
98971	QNHP OL DIG EM SVC 11-20MIN	\$ -
98972	QNHP OL DIG E/M SVC 21+ MIN	\$ -
98975	REM THER MNTR 1ST SETUP&EDU	\$ -
98976	REM THER MNTR DEV SPLY RESP	\$ -
98977	REM THER MNTR DV SPLY MSCSKL	\$ -
98980	REM THER MNTR 1ST 20 MIN	\$ -
98981	REM THER MNTR EA ADDL 20 MIN	\$ -
99000	Collection of Other Lab Spec	\$ 22.00
99001	SPECIMEN HANDLING	\$ -
99002	DEVICE HANDLING	\$ -
99024	POSTOP FOLLOW-UP VISIT	\$ -
99024	Postop visit	\$ -
99026	IN-HOSPITAL ON CALL SERVICE	\$ -
99027	OUT-OF-HOSP ON CALL SERVICE	\$ -
99050	Services After Office hours - 10 PM	\$ -
99051	MED SERV- EVE/WKEND/HOLIDAY	\$ -
99053	MED SERV 10PM-8AM- 24 HR FAC	\$ -
99056	NON-OFFICE MEDICAL SERVICES	\$ -
99058	OFFICE EMERGENCY CARE	\$ -
99060	OUT OF OFFICE EMERG MED SERV	\$ -
99070	Vandazole Vaginal Gel TUBE	\$ 135.43
99071	ASTHMA FOR DUMMIES	\$ -
99071	BALANCE FWD	\$ -
99071	CHILD'S NUTRITION	\$ -
99071	FIRST AID/CHOKING	\$ -
99071	GUIDE TO ALLERGIES	\$ -
99071	SOFT SHELL FOR SORE NIPPLES	\$ -
99071	YOUR CHILD'S HEALTH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99071	YOUR CHILDS HEALTH	\$ -
99072	ADDL SUPL MATRL&STAF TM PHE	\$ -
99075	MED TESTIMONY/HR	\$ -
99078	GROUP HEALTH EDUCATION	\$ -
99080	RECORDS-1ST REQUEST	\$ -
99080	RECORDS-2ND REQUEST	\$ -
99080	SPECIAL REPORTS	\$ -
99082	UNUSUAL PHYSICIAN TRAVEL	\$ -
99091	COLLECT/REVIEW DATA FROM PT	\$ -
99100	SPECIAL ANESTHESIA SERVICE	\$ -
99116	ANESTHESIA WITH HYPOTHERMIA	\$ -
99135	SPECIAL ANESTHESIA PROCEDURE	\$ -
99140	EMERGENCY ANESTHESIA	\$ -
99151	MOD SED SAME PHYS/QHP <5 YRS	\$ -
99152	MOD SED SAME PHYS/QHP 5/>YRS	\$ -
99153	MOD SED SAME PHYS/QHP EA	\$ -
99155	MOD SED OTH PHYS/QHP <5 YRS	\$ -
99156	MOD SED OTH PHYS/QHP 5/>YRS	\$ -
99157	MOD SED OTHER PHYS/QHP EA	\$ -
99170	ANOGENITAL EXAM- CHILD	\$ -
99172	OCULAR FUNCTION SCREEN	\$ -
99173	Vision screen- Bilateral	\$ 28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$ 52.00
99175	INDUCTION OF VOMITING	\$ -
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$ 28.00
99183	HYPERBARIC OXYGEN THERAPY	\$ -
99184	HYPOTHERMIA ILL NEONATE	\$ -
99188	Fluoride Varnish Administered (Medical)	\$ 45.00
99190	SPECIAL PUMP SERVICES	\$ -
99191	SPECIAL PUMP SERVICES	\$ -
99192	SPECIAL PUMP SERVICES	\$ -
99195	PHLEBOTOMY	\$ -
99199	SPECIAL SERVICE/PROC/REPORT	\$ -
99202	E&M New Outpatient - Expanded Problem Focused	\$ 160.00
99203	E&M New Patient Detailed Problem Focused	\$ 234.00
99204	E&M New Outpatient Comprehensive Problem	\$ 357.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 469.00
99211	E&M Established Outpatient - RN Only	\$ 60.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 159.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 330.00
99217	OBS-DISC DAY	\$ -
99218	INIT OBS-LOW COMPLEX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99219	INIT OBS-MOD COMPLEX	\$ -
99220	INIT OBS-HI CPLX	\$ -
99221	INIT HOSP-LOW CPLX	\$ -
99221	Level 1	\$ -
99222	INIT HOSP-MOD CPLX	\$ -
99222	Level 2	\$ -
99223	INIT HOSP-HI CPLX	\$ -
99223	Level 3	\$ -
99224	SUBSEQUENT OBSERVATION CARE	\$ -
99225	SUBSEQUENT OBSERVATION CARE	\$ -
99226	SUBSEQUENT OBSERVATION CARE	\$ -
99231	HOSP SUB DAY-LOW CPLX	\$ -
99231	Level 1	\$ -
99232	HOSP SUB CARE-MOD CPLX	\$ -
99232	Level 2	\$ -
99233	HOSP SUB CARE-HI CPLX	\$ -
99233	Level 3	\$ -
99234	ADM/DC DAME DAY-LOW CPLX	\$ -
99235	ADM/DC SAME DAY-MOD CPLX	\$ -
99236	ADM/DC SAME DAY-HI CPLX	\$ -
99238	HOSP DISC <30MIN	\$ -
99238	NB D/C DAY	\$ -
99239	HOSP DISC >30MIN	\$ -
99241	Office Consultation Level 1	\$ 183.00
99242	Office Consultation Level 2	\$ 289.00
99243	Office Consultation Level 3	\$ 375.00
99244	Office Consultation Level 4	\$ 536.00
99245	Office Consultation Level 5	\$ 689.00
99251	HOSP CONS-FOCUS	\$ -
99251	Initial Inpatient Consult Level 1	\$ -
99252	HOSP CONS-EXPAND FOCUS	\$ -
99252	Initial Inpatient Consult Level 2	\$ -
99253	HOSP CONS-LOW CPLX	\$ -
99253	Initial Inpatient Consult Level 3	\$ -
99254	HOSP CONS-MOD CPLX	\$ -
99254	Initial Inpatient Consult Level 4	\$ -
99255	HOSP CONS-HI CPLX	\$ -
99255	Initial Inpatient Consult Level 5	\$ -
99281	ER FOCUSED PROB	\$ -
99282	ER LOW CPLX	\$ -
99283	ER MOD CPLX	\$ -
99284	ER DETAIL-MOD CPLX	\$ -
99285	ER HI CPLX	\$ -
99288	DIRECT ADVANCED LIFE SUPPORT	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99291	CRITICAL CARE 1ST HR	\$ -
99292	CC EACH ADD 30 MIN	\$ -
99292	ICU-ADD'L 15MIN	\$ -
99304	NURSING FACILITY CARE- INIT	\$ -
99305	NURSING FACILITY CARE- INIT	\$ -
99306	NURSING FACILITY CARE- INIT	\$ -
99307	NURSING FAC CARE SUBSEQ	\$ -
99308	NURSING FAC CARE SUBSEQ	\$ -
99309	NURSING FAC CARE SUBSEQ	\$ -
99310	NURSING FAC CARE- SUBSEQ	\$ -
99315	SNF Discharge Under 30 Min.	\$ -
99316	SNF Discharge 30 Min. or more	\$ -
99318	ANNUAL NURSING FAC ASSESSMNT	\$ -
99324	DOMICIL/R-HOME VISIT NEW PAT	\$ 126.00
99325	DOMICIL/R-HOME VISIT NEW PAT	\$ 199.00
99326	DOMICIL/R-HOME VISIT NEW PAT	\$ 340.00
99327	DOMICIL/R-HOME VISIT NEW PAT	\$ 456.00
99328	DOMICIL/R-HOME VISIT NEW PAT	\$ -
99334	DOMICIL/R-HOME VISIT EST PAT	\$ 157.00
99335	DOMICIL/R-HOME VISIT EST PAT	\$ 237.00
99336	DOMICIL/R-HOME VISIT EST PAT	\$ 322.00
99337	DOMICIL/R-HOME VISIT EST PAT	\$ 422.00
99339	DOMICIL/R-HOME CARE SUPERVIS	\$ -
99340	DOMICIL/R-HOME CARE SUPERVIS	\$ -
99341	HOME V- NP FOCUSED	\$ -
99342	HOME V- NP EXPANDED	\$ -
99343	HOME V- NP DETAILED	\$ -
99344	HOME V- NP COMREH	\$ -
99345	HOME V- NP HI COMP	\$ -
99347	HOME V- EP FOCUSED	\$ -
99348	HOME V- EP EXPANDED	\$ -
99349	HOME V- EP DETAILED	\$ -
99350	HOME V- EP COMPREHEN	\$ -
99354	Prolonged/30-74 min additional	\$ 178.00
99355	ADD'L 30M OPD W/CONTACT	\$ -
99356	HOSP PROL C W/C 1ST HR	\$ -
99357	ADD'L 30M- HOSP- W/CON	\$ -
99358	PROL CARE 1ST HR W/O CONTACT	\$ -
99359	ADD'L 30MIN-W/O CONT	\$ -
99360	STANDBY EACH 30MIN	\$ -
99366	TEAM CONF W/PAT BY HC PRO	\$ -
99367	TEAM CONF W/O PAT BY PHYS	\$ -
99368	TEAM CONF W/O PAT BY HC PRO	\$ -
99374	HOMEH MD SUPER <30MI	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99375	HOMEH MD SUPER >30MIN	\$ -
99377	HOSPICE CARE SUPERVISION	\$ -
99378	HOSPICE CARE SUPERVISION	\$ -
99379	NURSING FAC CARE SUPERVISION	\$ -
99380	NURSING FAC CARE SUPERVISION	\$ -
99381	Preventive Medicine- New patient- <1 Year Old	\$ 202.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 206.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 211.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 234.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 264.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 294.00
99387	Preventive Medicine- New patient- 65+ Years Old	\$ 301.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 181.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 192.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 189.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 203.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 229.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 243.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 253.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 78.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ -
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 117.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ -
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 163.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ -
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 160.00
99406	Tobacco counseling/3-10 min	\$ 32.00
99406	Tobacco counseling/3-10 min	\$ -
99407	Tobacco counseling></div>10 min	\$ 62.00
99407	Tobacco counseling></div>10 min	\$ -
99411	P/M COUNSEL- GRP 30 MIN	\$ -
99412	P/M COUNSEL- GRP 60 MIN	\$ -
99415	PROLONG CLINCL STAFF SVC	\$ -
99416	PROLONG CLINCL STAFF SVC ADD	\$ -
99417	PROLNG OFF/OP E/M EA 15 MIN	\$ -
99421	OL DIG E/M SVC 5-10 MIN	\$ 93.02
99422	OL DIG E/M SVC 11-20 MIN	\$ 93.02
99423	OL DIG E/M SVC 21+ MIN	\$ 107.00
99424	PRIN CARE MGMT PHYS 1ST 30	\$ -
99425	PRIN CARE MGMT PHYS EA ADDL	\$ -
99426	PRIN CARE MGMT STAFF 1ST 30	\$ -
99427	PRIN CARE MGMT STAFF EA ADDL	\$ -
99429	UNLISTED PREVENTIVE SERVICE	\$ -
99437	CHRNC CARE MGMT PHYS EA ADDL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99439	CHRONIC CARE MGMT SVC EA ADDL	\$ -
99441	PHONE E/M BY PHYS 5-10 MIN	\$ 47.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 142.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$ 157.00
99446	INTERPROF PHONE/ONLINE 5-10	\$ -
99447	INTERPROF PHONE/ONLINE 11-20	\$ -
99448	INTERPROF PHONE/ONLINE 21-30	\$ -
99449	INTERPROF PHONE/ONLINE 31/>	\$ -
99450	LIFE/DISABILITY EVALUATION	\$ -
99451	NTRPROF PH1/NTRNET/EHR 5/>	\$ -
99452	NTRPROF PH1/NTRNET/EHR RFRL	\$ -
99453	REM MNTR PHYSIOL PARAM SETUP	\$ -
99454	REM MNTR PHYSIOL PARAM DEV	\$ -
99455	DISABILITY EXAMINATION	\$ -
99456	DISABILITY EXAMINATION	\$ -
99457	REM PHYSIOL MNTR 20 MIN MO	\$ -
99458	REM PHYSIOL MNTR EA ADDL 20	\$ -
99460	INIT NB EM PER DAY- HOSP	\$ -
99461	INIT NB EM PER DAY- NON-FAC	\$ -
99462	SBSQ NB EM PER DAY- HOSP	\$ -
99463	SAME DAY NB DISCHARGE	\$ -
99464	ATTENDANCE AT DELIVERY	\$ -
99465	NB RESUSCITATION	\$ -
99466	PED CRIT CARE TRANSPORT	\$ -
99467	PED CRIT CARE TRANSPORT ADDL	\$ -
99468	NEONATE CRIT CARE- INITIAL	\$ -
99469	NEONATE CRIT CARE- SUBSQ	\$ -
99471	PED CRITICAL CARE- INITIAL	\$ -
99472	PED CRITICAL CARE- SUBSQ	\$ -
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	\$ -
99474	SELF-MEAS BP 2 READG BID 30D	\$ -
99475	PED CRIT CARE AGE 2-5- INIT	\$ -
99476	PED CRIT CARE AGE 2-5- SUBSQ	\$ -
99477	INIT DAY HOSP NEONATE CARE	\$ -
99478	IC- LBW INF < 1500 GM SUBSQ	\$ -
99479	IC LBW INF 1500-2500 G SUBSQ	\$ -
99480	IC INF PBW 2501-5000 G SUBSQ	\$ -
99483	ASSMT & CARE PLN PT COG IMP	\$ -
99484	CARE MGMT SVC BHVL HLTH COND	\$ -
99485	SUPRV INTERFACILTY TRANSPORT	\$ -
99486	SUPRV INTERFAC TRNSPORT ADDL	\$ -
99487	CMPLX CHRON CARE W/O PT VSIT	\$ -
99489	COMPLX CHRON CARE ADDL30 MIN	\$ -
99490	CHRON CARE MGMT SRVC 20 MIN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99491	CHRNC CARE MGMT SVC 30 MIN	\$ -
99492	1ST PSYC COLLAB CARE MGMT	\$ -
99493	SBSQ PSYC COLLAB CARE MGMT	\$ -
99494	1ST/SBSQ PSYC COLLAB CARE	\$ -
99495	TRANS CARE MGMT 14 DAY DISCH	\$ -
99496	TRANS CARE MGMT 7 DAY DISCH	\$ -
99497	ADVNC D CARE PLAN 30 MIN	\$ -
99498	ADVNC D CARE PLAN ADDL 30 MIN	\$ -
99499	UNLISTED E&M SERVICE	\$ -
99500	HOME VISIT- PRENATAL	\$ -
99501	HOME VISIT- POSTNATAL	\$ -
99502	HOME VISIT-NB CARE	\$ -
99502	HOME VISITS	\$ -
99503	HOME VISIT- RESP THERAPY	\$ -
99504	HOME VISIT MECH VENTILATOR	\$ -
99505	HOME VISIT- STOMA CARE	\$ -
99506	HOME VISIT- IM INJECTION	\$ -
99507	HOME VISIT- CATH MAINTAIN	\$ -
99509	HOME VISIT DAY LIFE ACTIVITY	\$ -
99510	HOME VISIT- SING/M/FAM COUNS	\$ -
99511	HOME VISIT- FECAL/ENEMA MGMT	\$ -
99512	HOME VISIT- HEMODIALYSIS	\$ -
99600	HOME VISIT NOS	\$ -
99601	HOME INFUSION/VISIT- 2 HRS	\$ -
99602	HOME INFUSION- EACH ADDTL HR	\$ -
99605	MTMS BY PHARM- NP- 15 MIN	\$ -
99606	Medications Management Therapy	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00
99608	Medications Management Therapy	\$ 41.00
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	\$ 40.00
0001F	BLOOD PRESSURE- MEASURED	\$ -
0001U	RBC DNA HEA 35 AG 11 BLD GRP	\$ -
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	\$ 28.39
0002M	LIVER DIS 10 ASSAYS W/ASH	\$ -
0002U	ONC CLRCT 3 UR METAB ALG PLP	\$ -
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	\$ -
0003M	LIVER DIS 10 ASSAYS W/NASH	\$ -
0003U	ONC OVAR 5 PRTN SER ALG SCOR	\$ -
0004A	ADM SARSCOV2 30MCG/0.3ML BST	\$ -
0004M	SCOLIOSIS 53 SNP SALIVA SCOR	\$ -
0005F	TOBACCO USE TXMNT- PHARMACOL	\$ -
0005U	ONCO PRST8 3 GENE UR ALG	\$ -
0006M	ONC HEP GENE RISK CLASSIFIER	\$ -
0007M	ONC GASTRO 51 GENE NOMOGRAM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0007U	RX TEST PRSMV UR W/DEF CONF	\$ -
0008U	HPYLORI DETCJ ABX RSTNC DNA	\$ -
0009U	ONC BRST CA ERBB2 AMP/NONAMP	\$ -
0010U	NFCT DS STRN TYP WHL GEN SEQ	\$ -
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	\$ 40.00
0011M	ONC PRST8 CA MRNA 12 GEN ALG	\$ -
0011U	RX MNTR LC-MS/MS ORAL FLUID	\$ -
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	\$ 40.00
0012F	CAP BACTERIAL ASSESS	\$ -
0012M	ONC MRNA 5 GEN RSK URTHL CA	\$ -
0012U	GERMLN DO GENE REARGMT DETCJ	\$ -
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	\$ 40.00
0013M	ONC MRNA 5 GEN RECR URTHL CA	\$ -
0013U	ONC SLD ORG NEO GENE REARGMT	\$ -
0014F	COMP PREOP ASSESS CAT SURG	\$ -
0014M	LIVER DS ALYS 3 BMRK SRM ALG	\$ -
0014U	HEM HMTLMF NEO GENE REARGMT	\$ -
0015F	MELAN FOLLOW-UP COMPLETE	\$ -
0015M	ADRNL CORTCL TUM BCHM ASY 25	\$ -
0016M	ONC BLADDER MRNA 209 GEN ALG	\$ -
0016U	ONC HMTLMF NEO RNA BCR/ABL1	\$ -
0017M	ONC DLBCL MRNA 20 GENES ALG	\$ -
0017U	ONC HMTLMF NEO JAK2 MUT DNA	\$ -
0018M	TRNSPLJ RNL MEAS CD154+CLL	\$ -
0018U	ONC THYR 10 MICRORNA SEQ ALG	\$ -
0019U	ONC RNA TISS PREDICT ALG	\$ -
0021A	ADM SARSCOV2 5X1010VP/.5ML 1	\$ -
0021U	ONC PRST8 DETCJ 8 AUTOANTB	\$ -
0022A	ADM SARSCOV2 5X1010VP/.5ML 2	\$ -
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	\$ -
0023U	ONC AML DNA DETCJ/NONDETCJ	\$ -
0024U	GLYCA NUC MR SPECTRSC QUAN	\$ -
0025U	TENOFOVIR LIQ CHROM UR QUAN	\$ -
0026U	ONC THYR DNA&MRNA 112 GENES	\$ -
0027U	JAK2 GENE TRGT SEQ ALYS	\$ -
0029U	RX METAB ADVRS TRGT SEQ ALYS	\$ -
0030U	RX METAB WARF TRGT SEQ ALYS	\$ -
0031A	ADM SARSCOV2 VAC AD26 .5ML	\$ 40.00
0031U	CYP1A2 GENE	\$ -
0032U	COMT GENE	\$ -
0033U	HTR2A HTR2C GENES	\$ -
0034A	ADM SARSCOV2 VAC AD26 .5ML B	\$ 40.00
0034U	TPMT NUDT15 GENES	\$ -
0035U	NEURO CSF PRION PRTN QUAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0036U	XOME TUM & NML SPEC SEQ ALYS	\$ -
0037U	TRGT GEN SEQ DNA 324 GENES	\$ -
0038U	VITAMIN D SRM MICROSAMP QUAN	\$ -
0039U	DNA ANTB 2STRAND HI AVIDITY	\$ -
0040U	BCR/ABL1 GENE MAJOR BP QUAN	\$ -
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	\$ 40.00
0041U	B BRGDRFERI ANTB 5 PRTN IGM	\$ -
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	\$ 40.00
0042T	CT PERFUSION W/CONTRAST- CBF	\$ -
0042U	B BRGDRFERI ANTB 12 PRTN IGG	\$ -
0043U	TBRF B GRP ANTB 4 PRTN IGM	\$ -
0044U	TBRF B GRP ANTB 4 PRTN IGG	\$ -
0045U	ONC BRST DUX CARC IS 12 GENE	\$ -
0046U	FLT3 GENE ITD VARIANTS QUAN	\$ -
0047U	ONC PRST8 MRNA 17 GENE ALG	\$ -
0048U	ONC SLD ORG NEO DNA 468 GENE	\$ -
0049U	NPM1 GENE ANALYSIS QUAN	\$ -
0050U	TRGT GEN SEQ DNA 194 GENES	\$ -
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	\$ 40.00
0051U	RX MNTR LC-MS/MS UR 31 PNL	\$ -
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	\$ 40.00
0052U	LPOPRTN BLD W/5 MAJ CLASSES	\$ -
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	\$ 40.00
0053U	ONC PRST8 CA FISH ALYS 4 GEN	\$ -
0054A	ADM SARSCV2 30MCG TRS-SUCR B	\$ 40.00
0054T	BONE SURGERY USING COMPUTER	\$ -
0054U	RX MNTR 14+ DRUGS & SBSTS	\$ -
0055T	BONE SURGERY USING COMPUTER	\$ -
0055U	CARD HRT TRNSPL 96 DNA SEQ	\$ -
0056U	HEM AML DNA GENE REARGMT	\$ -
0058U	ONC MERKEL CLL CARC SRM QUAN	\$ -
0059U	ONC MERKEL CLL CARC SRM +/-	\$ -
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	\$ -
0061U	TC MEAS 5 BMRK SFDI M-S ALYS	\$ -
0062U	AI SLE IGG&IGM ALYS 80 BMRK	\$ -
0063U	NEURO AUTISM 32 AMINES ALG	\$ -
0064A	ADM SARSCOV2 50MCG/0.25MLBST	\$ -
0064U	ANTB TP TOTAL&RPR IA QUAL	\$ -
0065U	SYFLS TST NONTREPONEMAL ANTB	\$ -
0066U	PAMG-1 IA CERVICO-VAG FLUID	\$ -
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	\$ -
0068U	CANDIDA SPECIES PNL AMP PRB	\$ -
0069U	ONC CLRCT MICRORNA MIR-31-3P	\$ -
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	\$ 40.00
0071T	U/S LEIOMYOMATA ABLATE <200	\$ -
0071U	CYP2D6 FULL GENE SEQUENCE	\$ -
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	\$ 40.00
0072T	U/S LEIOMYOMATA ABLATE >200	\$ -
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	\$ -
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	\$ 40.00
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	\$ -
0074A	ADM SARSBV 10 MCG TRS-SUCR	\$ 40.00
0074U	CYP2D6 NONDUPLICATED GENE	\$ -
0075T	PERQ STENT/CHEST VERT ART	\$ -
0075U	CYP2D6 5' GENE DUP/MLT	\$ -
0076T	S&I STENT/CHEST VERT ART	\$ -
0076U	CYP2D6 3' GENE DUP/MLT	\$ -
0077U	IG PARAPROTEIN QUAL BLD/UR	\$ -
0078U	PAIN MGT OPI USE GNOTYP PNL	\$ -
0079U	CMPRTV DNA ALYS MLT SNPS	\$ -
0080U	ONC LNG 5 CLIN RSK FACTR ALG	\$ -
0081A	ADM SARSCOV 2 PFIZER 6MO-4 YRS 1ST	\$ 40.00
0082A	ADM SARSCOV 2 PFIZER 6MOS-4YR 2ND	\$ 40.00
0082U	RX TEST DEF 90+ RX/SBSTS UR	\$ -
0083A	ADM SARSCOV 2 PFIZER 6MOS-4YRS 3RD	\$ 40.00
0083U	ONC RSPSE CHEMO CNTRST TOMOG	\$ -
0084U	RBC DNA GNOTYP 10 BLD GROUPS	\$ -
0086U	NFCT DS BACT&FNG ORG ID 6+	\$ -
0087U	CRD HRT TRNSPL MRNA 1283 GEN	\$ -
0088U	TRNSPLJ KDN ALGRFT REJ 1494	\$ -
0089U	ONC MLNMA PRAME & LINC00518	\$ -
0090U	ONC CUTAN MLNMA MRNA 23 GENE	\$ -
0091A	ADM SARSCOV MOD 6-11YR 1ST	\$ 40.00
0091U	ONC CLRCT SCR WHL BLD ALG	\$ -
0092U	ONC LNG 3 PRTN BMRK PLSM ALG	\$ -
0093A	ADM SARSCOV2 6-11YRS 3RD	\$ 40.00
0093U	RX MNTR 65 COM DRUGS URINE	\$ -
0094A	ADM SARSCOV2 6-11 YRS BOOSTER	\$ 40.00
0094U	GENOME RAPID SEQUENCE ALYS	\$ -
0095T	ARTIFIC DISKECTOMY ADDL	\$ -
0095U	INFLM EE ELISA ALYS ALG	\$ -
0096U	HPV HI RISK TYPES MALE URINE	\$ -
0097U	GI PATHOGEN 22 TARGETS	\$ -
0098T	REV ARTIFIC DISC ADDL	\$ -
0100T	PROSTH RETINA RECEIVE&GEN	\$ -
0101T	EXTRACORP SHOCKWV TX-HI ENRG	\$ -
0101U	HERED COLON CA DO 15 GENES	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0102T	EXTRACORP SHOCKWV TX-ANESTH	\$ -
0102U	HERED BRST CA RLTD DO 17 GEN	\$ -
0103U	HERED OVA CA PNL 24 GENES	\$ -
0105U	NEPH CKD MULT ECLIA TUM NEC	\$ -
0106T	TOUCH QUANT SENSORY TEST	\$ -
0106U	GSTR EMPTG 7 TIMED BRTH SPEC	\$ -
0107T	VIBRATE QUANT SENSORY TEST	\$ -
0107U	C DIFF TOX AG DETCJ IA STOOL	\$ -
0108T	COOL QUANT SENSORY TEST	\$ -
0108U	GI BARRETT ESOPH 9 PRTN BMRK	\$ -
0109T	HEAT QUANT SENSORY TEST	\$ -
0109U	ID ASPERGILLUS DNA 4 SPECIES	\$ -
0110T	NOS QUANT SENSORY TEST	\$ -
0110U	RX MNTR 1+ORAL ONC RX&SBSTS	\$ -
0111A	ADM SARSCOV2 MOD 6MO-5YR	\$ 40.00
0111U	ONC COLON CA KRAS&NRAS ALYS	\$ -
0112A	ADM SARSCOV2 MOD 6MO-5YR 2ND	\$ 40.00
0112U	IADI 16S&18S RRNA GENES	\$ -
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	\$ -
0114U	GI BARRETTS ESOPH VIM&CCNA1	\$ -
0115U	RESPIR IADNA 18 VIRAL&2 BACT	\$ -
0116U	RX MNTR NZM IA 35+ORAL FLU	\$ -
0117U	PAIN MGMT 11 ENDOGENOUS ANAL	\$ -
0118U	TRNSPLJ DON-DRV CLL-FR DNA	\$ -
0119U	CRD CERAMIDES LIQ CHROM PLSM	\$ -
0120U	ONC B CLL LYMPHM MRNA 58 GEN	\$ -
0121U	SC DIS VCAM-1 WHOLE BLOOD	\$ -
0122U	SC DIS P-SELECTIN WHL BLOOD	\$ -
0123U	MCHNL FRAGILITY RBC PRFLG	\$ -
0124A	ADM SARSCO2 BV 12+	\$ 40.00
0129U	HERED BRST CA RLTD DO PANEL	\$ -
0130U	HERED COLON CA DO MRNA PNL	\$ -
0131U	HERED BRST CA RLTD DO PNL 13	\$ -
0132U	HERED OVA CA RLTD DO PNL 17	\$ -
0133U	HERED PRST8 CA RLTD DO 11	\$ -
0134A	ADM SARSCOV2 MOD BIVALENT BOOSTER	\$ 40.00
0134U	HERED PAN CA MRNA PNL 18 GEN	\$ -
0135U	HERED GYN CA MRNA PNL 12 GEN	\$ -
0136U	ATM MRNA SEQ ALYS	\$ -
0137U	PALB2 MRNA SEQ ALYS	\$ -
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	\$ -
0140U	NFCT DS FUNGI DNA 15 TRGT	\$ -
0141U	NFCT DS BACT&FNG GRAM POS	\$ -
0142U	NFCT DS BACT&FNG GRAM NEG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0143U	DRUG ASSAY 120+ RX/METABLT	\$ -
0144A	ADM SARSCOV2 MOD 6-11 BV	\$ 40.00
0144U	DRUG ASSAY 160+ RX/METABLT	\$ -
0145U	DRUG ASSAY 65+ RX/METABLT	\$ -
0146U	DRUG ASSAY 80+ RX/METABLT	\$ -
0147U	DRUG ASSAY 85+ RX/METABLT	\$ -
0148U	DRUG ASSAY 100+ RX/METABLT	\$ -
0149U	DRUG ASSAY 60+ RX/METABLT	\$ -
0150U	DRUG ASSAY 120+ RX/METABLT	\$ -
0151U	NFCT BCT/VIR RESP NFCTJ 33	\$ -
0152U	NFCT BCT FNG PRST DNA >1000	\$ -
0153U	ONC BREAST MRNA 101 GENES	\$ -
0154A	ADM SARSCOV2 BV 5-11YR	\$ 40.00
0154U	FGFR3 GENE ANALYSIS	\$ -
0155U	PIK3CA GENE ANALYSIS	\$ -
0156U	COPY NUMBER SEQUENCE ALYS	\$ -
0157U	APC MRNA SEQ ALYS	\$ -
0158U	MLH1 MRNA SEQ ALYS	\$ -
0159U	MSH2 MRNA SEQ ALYS	\$ -
0160U	MSH6 MRNA SEQ ALYS	\$ -
0161U	PMS2 MRNA SEQ ALYS	\$ -
0162U	HERED COLON CA TRGT MRNA PNL	\$ -
0163T	LUMB ARTIF DISKECTOMY ADDL	\$ -
0163U	ONC CLRCT SCR 3 PRTN ALG	\$ -
0164A	ADM SARSCOV2 MOD BV 60S-5YRS	\$ 40.00
0164T	REMOVE LUMB ARTIF DISC ADDL	\$ -
0164U	GI IBS IA ANTI-CDTB&VINCULIN	\$ -
0165T	REVISE LUMB ARTIF DISC ADDL	\$ -
0165U	PEANUT ALLG ASMT EPI PRB ALL	\$ -
0166U	LIVER DS 10 BIOCHEM ASY SRM	\$ -
0167U	CHORNC GONADOTROPIN HCG IA	\$ -
0169U	NUDT15&TPMT GENE COM VRNT	\$ -
0170U	NEURO ASD RNA NEXT GEN SEQ	\$ -
0171U	TRGT GEN SEQ ALYS PNL DNA 23	\$ -
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	\$ -
0173A	ADM SARSCOV2 BV 6mo - 4yr	\$ 40.00
0173U	PSYC GEN ALYS PANEL 14 GENES	\$ -
0174T	CAD CXR WITH INTERP	\$ -
0174U	ONC SOLID TUMOR 30 PRTN TRGT	\$ -
0175T	CAD CXR REMOTE	\$ -
0175U	PSYC GEN ALYS PANEL 15 GENES	\$ -
0176U	CDTB&VINCULIN IGG ANTB IA	\$ -
0177U	ONC BRST CA DNA PIK3CA 11	\$ -
0178U	PEANUT ALLG ASMT EPI CLIN RX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0179U	ONC NONSM CLL LNG CA Alys 23	\$ -
0180U	ABO GNOTYP ABO 7 EXONS	\$ -
0181U	CO GNOTYP AQP1 EXON 1	\$ -
0182U	CROM GNOTYP CD55 EXONS 1-10	\$ -
0183U	DI GNOTYP SLC4A1 EXON 19	\$ -
0184T	EXC RECTAL TUMOR ENDOSCOPIC	\$ -
0184U	DO GNOTYP ART4 EXON 2	\$ -
0185U	FUT1 GNOTYP FUT1 EXON 4	\$ -
0186U	FUT2 GNOTYP FUT2 EXON 2	\$ -
0187U	FY GNOTYP ACKR1 EXONS 1-2	\$ -
0188U	GE GNOTYP GYPC EXONS 1-4	\$ -
0189U	GYP A GNOTYP NTRNS 1 5 EXON 2	\$ -
0190U	GYP B GNOTYP NTRNS 1 5 SEUX 3	\$ -
0191U	IN GNOTYP CD44 EXONS 2 3 6	\$ -
0192U	JK GNOTYP SLC14A1 EXON 9	\$ -
0193U	JR GNOTYP ABCG2 EXONS 2-26	\$ -
0194U	KEL GNOTYP KEL EXON 8	\$ -
0195U	KLF1 TARGETED SEQUENCING	\$ -
0196U	LU GNOTYP BCAM EXON 3	\$ -
0197U	LW GNOTYP ICAM4 EXON 1	\$ -
0198T	OCULAR BLOOD FLOW MEASURE	\$ -
0198U	RHD&RHCE GNTYP RHD1-10&RHCE5	\$ -
0199U	SC GNOTYP ERM MAP EXONS 4 12	\$ -
0200T	PERQ SACRAL AUGMT UNILAT INJ	\$ -
0200U	XK GNOTYP XK EXONS 1-3	\$ -
0201T	PERQ SACRAL AUGMT BILAT INJ	\$ -
0201U	YT GNOTYP ACHE EXON 2	\$ -
0202T	POST VERT ARTHRPLST 1 LUMBAR	\$ -
0202U	NFCT DS 22 TRGT SARS-COV-2	\$ -
0203U	AI IBD MRNA XPRSN PRFL 17	\$ -
0204U	ONC THYR MRNA XPRSN Alys 593	\$ -
0205U	OPH AMD Alys 3 GENE VARIANTS	\$ -
0206U	NEURO ALZHEIMER CELL AGGREGJ	\$ -
0207T	CLEAR EYELID GLAND W/HEAT	\$ -
0207U	NEURO ALZHEIMER QUAN IMAGING	\$ -
0208T	AUDIOMETRY AIR ONLY	\$ -
0208U	ONC MTC MRNA XPRSN Alys 108	\$ -
0209T	AUDIOMETRY AIR & BONE	\$ -
0209U	CYTOG CONST Alys INTERROG	\$ -
0210T	SPEECH AUDIOMETRY THRESHOLD	\$ -
0210U	SYPHILIS TST ANTB IA QUAN	\$ -
0211T	SPEECH AUDIOM THRESH & RECOG	\$ -
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	\$ -
0212T	COMPRE AUDIOMETRY EVALUATION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0212U	RARE DS GEN DNA ALYS PROBAND	\$ -
0213T	NJX PARAVERT W/US CER/THOR	\$ -
0213U	RARE DS GEN DNA ALYS EA COMP	\$ -
0214T	NJX PARAVERT W/US CER/THOR	\$ -
0214U	RARE DS XOM DNA ALYS PROBAND	\$ -
0215T	NJX PARAVERT W/US CER/THOR	\$ -
0215U	RARE DS XOM DNA ALYS EA COMP	\$ -
0216T	NJX PARAVERT W/US LUMB/SAC	\$ -
0216U	NEURO INH ATAXIA DNA 12 COM	\$ -
0217T	NJX PARAVERT W/US LUMB/SAC	\$ -
0217U	NEURO INH ATAXIA DNA 51 GENE	\$ -
0218T	NJX PARAVERT W/US LUMB/SAC	\$ -
0218U	NEURO MUSC DYS DMD SEQ ALYS	\$ -
0219T	PLMT POST FACET IMPLT CERV	\$ -
0219U	NFCT AGT HIV GNRJ SEQ ALYS	\$ -
0220T	PLMT POST FACET IMPLT THOR	\$ -
0220U	ONC BRST CA AI ASSMT 12 FEAT	\$ -
0221T	PLMT POST FACET IMPLT LUMB	\$ -
0221U	ABO GNOTYP NEXT GNRJ SEQ ABO	\$ -
0222T	PLMT POST FACET IMPLT ADDL	\$ -
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ	\$ -
0223U	NFCT DS 22 TRGT SARS-COV-2	\$ -
0224U	ANTIBODY SARS-COV-2 TITER(S)	\$ -
0225U	NFCT DS DNA&RNA 21 SARSCOV2	\$ -
0226U	SVNT SARSCOV2 ELISA PLSM SRM	\$ -
0227U	RX ASY PRSMV 30+RX/METABLT	\$ -
0228U	ONC PRST8 MA MOLEC PRFL ALG	\$ -
0229U	BCAT1 PROMOTER MTHYLTN ALYS	\$ -
0230U	AR FULL SEQUENCE ANALYSIS	\$ -
0231U	CACNA1A FULL GENE ANALYSIS	\$ -
0232T	NJX PLATELET PLASMA	\$ -
0232U	CSTB FULL GENE ANALYSIS	\$ -
0233U	FXN GENE ANALYSIS	\$ -
0234T	TRLUML PERIP ATHRC RENAL ART	\$ -
0234U	MECP2 FULL GENE ANALYSIS	\$ -
0235T	TRLUML PERIP ATHRC VISCERAL	\$ -
0235U	PTEN FULL GENE ANALYSIS	\$ -
0236T	TRLUML PERIP ATHRC ABD AORTA	\$ -
0236U	SMN1&SMN2 FULL GENE ANALYSIS	\$ -
0237T	TRLUML PERIP ATHRC BRCHIOCPH	\$ -
0237U	CAR ION CHNLPHTY GEN SEQ PNL	\$ -
0238T	TRLUML PERIP ATHRC ILIAC ART	\$ -
0238U	ONC LNCH SYN GEN DNA SEQ ALY	\$ -
0239U	TRGT GEN SEQ ALYS PNL 311+	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0240U	NFCT DS VIR RESP RNA 3 TRGT	\$ -
0241U	NFCT DS VIR RESP RNA 4 TRGT	\$ -
0242U	TRGT GEN SEQ ALYS PNL 55-74	\$ -
0243U	OB PE BIOCHEM ASSAY PGF ALG	\$ -
0244U	ONC SOLID ORGN DNA 257 GENES	\$ -
0245U	ONC THYR MUT ALYS 10 GEN&37	\$ -
0246U	RBC DNA GNOTYP 16 BLD GROUPS	\$ -
0247U	OB PRTRM BRTH IBP4 SHBG MEAS	\$ -
0248U	ONC BRN SPHRD CLL 12 RX PNL	\$ -
0249U	ONC BRST ALYS 32 PHSPTN ALG	\$ -
0250U	ONC SLD ORG NEO DNA 505 GENE	\$ -
0251U	HEPCIDIN-25 ELISA SERUM/PLSM	\$ -
0252U	FTL ANEUPLOIDY STR ALYS DNA	\$ -
0253T	INSERT AQUEOUS DRAIN DEVICE	\$ -
0253U	RPRDTVE MED RNA GEN PRFL 238	\$ -
0254U	REPRDTVE MED ALYS 24 CHRMSM	\$ -
0255U	ANDROLOGY INFERTILITY ASSMT	\$ -
0256U	TMA/TMAO PRFL MS/MS UR ALG	\$ -
0257U	VLCAD LEUK NZM ACTV WHL BLD	\$ -
0258U	AI PSOR MRNA 50-100 GEN ALG	\$ -
0259U	NEPH CKD NUC MRS MEAS GFR	\$ -
0260U	RARE DS ID OPT GENOME MAPG	\$ -
0261U	ONC CLRCT CA IMG ALYS W/AI	\$ -
0262U	ONC SLD TUM RT-PCR 7 GEN	\$ -
0263T	IM B1 MRW CEL THER CMPL	\$ -
0263U	NEURO ASD MEAS 16 C METBLT	\$ -
0264T	IM B1 MRW CEL THER XCL HRVST	\$ -
0264U	RARE DS ID OPT GENOME MAPG	\$ -
0265T	IM B1 MRW CEL THER HRVST ONL	\$ -
0265U	RAR DO WHL GN&MTCDRL DNA ALS	\$ -
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	\$ -
0266U	UNXPL CNST HRTBL DO GN XPRSN	\$ -
0267T	IMPLT/RPL CRTD SNS DEV LEAD	\$ -
0267U	RARE DO ID OPT GEN MAPG&SEQ	\$ -
0268T	IMPLT/RPL CRTD SNS DEV GEN	\$ -
0268U	HEM AHUS GEN SEQ ALYS 15 GEN	\$ -
0269T	REV/REMLV CRTD SNS DEV TOTAL	\$ -
0269U	HEM AUT DM CGEN TRMBCTPNA 14	\$ -
0270T	REV/REMLV CRTD SNS DEV LEAD	\$ -
0270U	HEM CGEN COAGJ DO 20 GENES	\$ -
0271T	REV/REMLV CRTD SNS DEV GEN	\$ -
0271U	HEM CGEN NEUTROPENIA 23 GEN	\$ -
0272T	INTERROGATE CRTD SNS DEV	\$ -
0272U	HEM GENETIC BLD DO 51 GENES	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0273T	INTERROGATE CRTD SNS W/PGRMG	\$ -
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN	\$ -
0274T	PERQ LAMOT/LAM CRV/THRC	\$ -
0274U	HEM GEN PLTLT DO 43 GENES	\$ -
0275T	PERQ LAMOT/LAM LUMBAR	\$ -
0275U	HEM HEPRN NDUC TRMBCTPNA SRM	\$ -
0276U	HEM INH THROMBOCYTOPENIA 23	\$ -
0277U	HEM GEN PLTLT FUNCJ DO 31	\$ -
0278T	TEMPR	\$ -
0278U	HEM GEN THROMBOSIS 12 GENES	\$ -
0279U	HEM VW FACTOR&CLGN III BNDG	\$ -
0280U	HEM VW FACTOR&CLGN IV BNDG	\$ -
0281U	HEM VWD PROPEPTIDE AG LVL	\$ -
0282U	RBC DNA GNTYP 12 BLD GRP GEN	\$ -
0283U	VW FACTOR TYPE 2B EVAL PLSM	\$ -
0284U	VW FACTOR TYPE 2N EVAL PLSM	\$ -
0285U	ONC RSPS RADJ CLL FR DNA TOX	\$ -
0286U	CEP72 NUDT15&TPMT GENE ALYS	\$ -
0287U	ONC THYR DNA&MRNA 112 GENES	\$ -
0288U	ONC LUNG MRNA QUAN PCR 11&3	\$ -
0289U	NEURO ALZHEIMER MRNA 24 GEN	\$ -
0290U	PAIN MGMT MRNA GEN XPRSN 36	\$ -
0291U	PSYC MOOD DO MRNA 144 GENES	\$ -
0292U	PSYC STRS DO MRNA 72 GENES	\$ -
0293U	PSYC SUICIDAL IDEA MRNA 54	\$ -
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	\$ -
0295U	ONC BRST DUX CARC 7 PROTEINS	\$ -
0296U	ONC ORL&/OROP CA 20 MLC FEAT	\$ -
0297U	ONC PAN TUM WHL GEN SEQ DNA	\$ -
0298U	ONC PAN TUM WHL TRNS SEQ RNA	\$ -
0299U	ONC PAN TUM WHL GEN OPT MAPG	\$ -
0300U	ONC PAN TUM WHL GEN SEQ&OPT	\$ -
0301U	IADNA BARTONELLA DDPCR	\$ -
0302U	IADNA BRTNLA DDPCR FLWG LIQ	\$ -
0303U	HEM RBC ADS WHL BLD HYPOXIC	\$ -
0304U	HEM RBC ADS WHL BLD NORMOXIC	\$ -
0305U	HEM RBC FNCLTY&DFRM SHR STRS	\$ -
0308T	INSJ OCULAR TELESCOPE PROSTH	\$ -
0312T	LAPS IMPLTJ NSTIM VAGUS	\$ -
0313T	LAPS RMVL NSTIM ARRAY VAGUS	\$ -
0314T	LAPS RMVL VGL ARRY & PLS GEN	\$ -
0315T	RMVL VAGUS NERVE PLS GEN	\$ -
0316T	REPLC VAGUS NERVE PLS GEN	\$ -
0317T	ELEC ALYS VAGUS NRV PLS GEN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0329T	MNTR IO PRESS 24HRS/> UNI/BI	\$ -
0330T	TEAR FILM IMG UNI/BI W/I&R	\$ -
0331T	HEART SYMP IMAGE PLNR	\$ -
0332T	HEART SYMP IMAGE PLNR SPECT	\$ -
0333T	VISUAL EP ACUITY SCREEN AUTO	\$ -
0335T	EXTRAOSSEOUS JOINT STABLJ	\$ -
0338T	TRANSCATH RENAL SYMP DENERV	\$ -
0339T	TRANSCATH RENAL SYMP DENERV	\$ -
0342T	THXP APHERESIS W/ HDL DELIP	\$ -
0345T	TRANSCATH MTRAL VLVE REPAIR	\$ -
0347T	INS BONE DEVICE FOR RSA	\$ -
0348T	RSA SPINE EXAM	\$ -
0349T	RSA UPPER EXTR EXAM	\$ -
0350T	RSA LOWER EXTR EXAM	\$ -
0351T	INTRAOP OCT BRST/NODE SPEC	\$ -
0352T	OCT BRST/NODE I&R PER SPEC	\$ -
0353T	INTRAOP OCT BREAST CAVITY	\$ -
0354T	OCT BREAST SURG CAVITY I&R	\$ -
0358T	BIA WHOLE BODY	\$ -
0362T	EXPOSE BEHAV ASSESSMENT	\$ -
0373T	EXPOSURE BEHAVIOR TREATMENT	\$ -
0378T	VISUAL FIELD ASSMNT REV/RPRT	\$ -
0379T	VIS FIELD ASSMNT TECH SUPPT	\$ -
0394T	HDR ELCTRNC SKN SURF BRCHYTX	\$ -
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	\$ -
0397T	ERCPC W/OPTICAL ENDOMICROSCPY	\$ -
0398T	MGRFUS STRTCTC LES ABLTJ	\$ -
0402T	COLLAGEN CROSSLINKING CORNEA	\$ -
0403T	DIABETES PREV STANDARD CURR	\$ -
0404T	TRNSCRV UTERIN FIBROID ABLTJ	\$ -
0408T	INSJ/RPLC CARDIAC MODULJ SYS	\$ -
0409T	INSJ/RPLC CARDIAC MODULJ PLS GN	\$ -
0410T	INSJ/RPLC CAR MODULJ ATR ELT	\$ -
0411T	INSJ/RPLC CAR MODULJ VNT ELT	\$ -
0412T	RMVL CARDIAC MODULJ PLS GEN	\$ -
0413T	RMVL CAR MODULJ TRANVNS ELT	\$ -
0414T	RMVL & RPL CAR MODULJ PLS GN	\$ -
0415T	REPOS CAR MODULJ TRANVNS ELT	\$ -
0416T	RELOC SKIN POCKET PLS GEN	\$ -
0417T	PRGRMG EVAL CARDIAC MODULJ	\$ -
0418T	INTERRO EVAL CARDIAC MODULJ	\$ -
0419T	DSTRJ NEUROFIBROMATA XTNSV	\$ -
0420T	DSTRJ NEUROFIBROMATA XTNSV	\$ -
0421T	WATERJET PROSTATE ABLTJ CMPL	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0422T	TACTILE BREAST IMG UNI/BI	\$ -
0424T	INSJ/RPLC NSTIM APNEA COMPL	\$ -
0425T	INSJ/RPLC NSTIM APNEA SEN LD	\$ -
0426T	INSJ/RPLC NSTIM APNEA STM LD	\$ -
0427T	INSJ/RPLC NSTIM APNEA PLS GN	\$ -
0428T	RMVL NSTIM APNEA PLS GEN	\$ -
0429T	RMVL NSTIM APNEA SEN LD	\$ -
0430T	RMVL NSTIM APNEA STIMJ LD	\$ -
0431T	RMVL/RPLC NSTIM APNEA PLS GN	\$ -
0432T	REPOS NSTIM APNEA STIMJ LD	\$ -
0433T	REPOS NSTIM APNEA SENSING LD	\$ -
0434T	INTERRO EVAL NPGS SLEEP APNEA	\$ -
0435T	PRGRMG EVAL NPGS APNEA 1 SESCPT	\$ -
0436T	PRGRMG EVAL NPGS APNEA STUDY	\$ -
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	\$ -
0439T	MYOCDR CONTRAST PRFUJ ECHO	\$ -
0440T	ABLTJ PERC UXTR/PERPH NRV	\$ -
0441T	ABLTJ PERC LXTR/PERPH NRV	\$ -
0442T	ABLTJ PERC PLEX/TRNCL NRV	\$ -
0443T	R-T SPCTRL ALYS PRST8 TISS	\$ -
0444T	1ST PLMT DRUG ELUT OC INS	\$ -
0445T	SBSQT PLMT DRUG ELUT OC INS	\$ -
0446T	INSJ IMPLTBL GLUCOSE SENSOR	\$ -
0447T	RMVL IMPLTBL GLUCOSE SENSOR	\$ -
0448T	REMVLS INSJ IMPLTBL GLUC SENS	\$ -
0449T	INSJ AQUEOUS DRAIN DEV 1ST	\$ -
0450T	INSJ AQUEOUS DRAIN DEV EACH	\$ -
0464T	VISUAL EP TEST FOR GLAUCOMA	\$ -
0465T	SUPCHRDNL NJX RXW/O SUPPLY	\$ -
0469T	RTA POLARIZE SCAN OC SCR BI	\$ -
0470T	OCT SKN IMG ACQUISJ I&R 1ST	\$ -
0471T	OCT SKN IMG ACQUISJ I&R ADDL	\$ -
0472T	PRGRMG IO RTA ELTRD RA	\$ -
0473T	REPRGRMG IO RTA ELTRD RA	\$ -
0474T	INSJ AQUEOUS DRG DEV IO RSVR	\$ -
0475T	REC FTL CAR SGL 3 CH I&R	\$ -
0476T	REC FTL CAR SGL ELEC TR DATA	\$ -
0477T	REC FTL CAR SGL XRTJ ALYS	\$ -
0478T	REC FTL CAR 3 CH REV I&R	\$ -
0479T	FXJL ABL LSR 1ST 100 SQ CM	\$ -
0480T	FXJL ABL LSR EA ADDL 100SQCM	\$ -
0481T	NJX AUTOL WBC CONCENTRATE	\$ -
0483T	TMVI PERCUTANEOUS APPROACH	\$ -
0484T	TMVI TRANSTHORACIC EXPOSURE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0485T	OCT MID EAR I&R UNILATERAL	\$ -
0486T	OCT MID EAR I&R BILATERAL	\$ -
0487T	TRVG BIOMCHN MAPG W/REPR	\$ -
0488T	DIABETES PREV ONLINE/ELEC	\$ -
0489T	REGN CELL TX SCLDR HANDS	\$ -
0490T	REGN CELL TX SCLDR H MLT INJ	\$ -
0491T	ABL LSR OPN WND 1ST 20 SQCM	\$ -
0492T	ABL LSR OPN WND ADDL 20 SQCM	\$ -
0493T	NEAR IFR SPECTRSC OF WOUNDS	\$ -
0494T	PREP & CANNULJ CDVR DON LUNG	\$ -
0495T	MNTR CDVR DON LNG 1ST 2 HRS	\$ -
0496T	MNTR CDVR DON LNG EA ADDL HR	\$ -
0497T	XTRNL PT ACT ECG IN-OFF CONN	\$ -
0498T	XTRNL PT ACT ECG R&I PR 30 D	\$ -
0499T	CYSTO F/URTL STRIX/STENOSIS	\$ -
0500F	INITIAL PRENATAL CARE VISIT	\$ -
0500T	HPV 5+ HI RISK HPV TYPES	\$ -
0501F	PRENATAL FLOW SHEET	\$ -
0501T	COR FFR DERIVED COR CTA DATA	\$ -
0502F	SUBSEQUENT PRENATAL CARE	\$ -
0502T	COR FFR DATA PREP & TRANSMIS	\$ -
0503F	POSTPARTUM CARE VISIT	\$ -
0503T	COR FFR ALYS GNRJ FFR MDL	\$ -
0504T	COR FFR DATA REVIEW I&R	\$ -
0505F	HEMODIALYSIS PLAN DOC'D	\$ -
0505T	EV FEMPOP ARTL REVSC	\$ -
0506T	MAC PGMPT OPT DNS MEAS HFP	\$ -
0507F	PERITON DIALYSIS PLAN DOC'D	\$ -
0507T	NEAR IFR 2IMG MIBMN GLND I&R	\$ -
0508T	PLS ECHO US B1 DNS MEAS TIB	\$ -
0509F	URINE INCON PLAN DOC'D	\$ -
0509T	PATTERN ERG W/I&R	\$ -
0510T	RMVL SINUS TARSI IMPLANT	\$ -
0511T	RMVL&RINSJ SINUS TARSI IMPLT	\$ -
0512T	ESW INTEG WND HLG 1ST WND	\$ -
0513F	ELEV BP PLAN OF CARE DOCD	\$ -
0513T	ESW INTEG WND HLG EA ADDL	\$ -
0514F	CARE PLAN HGB DOCD ESA PT	\$ -
0514T	INTRAOP VIS AXIS ID PT FIXJ	\$ -
0515T	INSJ WCS LV COMPL SYS	\$ -
0516F	ANEMIA PLAN OF CARE DOCD	\$ -
0516T	INSJ WCS LV ELTRD ONLY	\$ -
0517F	GLAUCOMA PLAN OF CARE DOCD	\$ -
0517T	INSJ WCS LV PG COMPNT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0518F	FALL PLAN OF CARE DOCD	\$ -
0518T	RMVL PG COMPNT WCS	\$ -
0519F	PLAND CHEMO DOCD B/4 TXMNT	\$ -
0519T	RMVL & RPLCMT PG COMPNT WCS	\$ -
0520F	RAD DOS LIMITS B/4 3D RAD	\$ -
0520T	RMVL&RPLCMT PG WCS NEW ELTRD	\$ -
0521F	PLAN OF CARE 4 PAIN DOCD	\$ -
0521T	INTERROG DEV EVAL WCS IP	\$ -
0522T	PRGRMG DEV EVAL WCS IP	\$ -
0523T	NTRAPX C FFR W/3D FUNCJL MAP	\$ -
0524T	EV CATH DIR CHEM ABLTJ W/IMG	\$ -
0525F	INITIAL VISIT FOR EPISODE	\$ -
0525T	INSJ/RPLCMT COMPL IIMS	\$ -
0526F	SUBS VISIT FOR EPISODE	\$ -
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	\$ -
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	\$ -
0528F	RCMND FLW-UP 10 YRS DOCD	\$ -
0528T	PRGRMG DEV EVAL IIMS IP	\$ -
0529F	INTRVL 3+YRS PTS CLNSCP DOCD	\$ -
0529T	INTERROG DEV EVAL IIMS IP	\$ -
0530T	REMOVAL COMPLETE IIMS	\$ -
0531T	REMOVAL IIMS ELECTRODE ONLY	\$ -
0532T	REMOVAL IIMS IMPLT MNTR ONLY	\$ -
0533T	CONT REC MVMT DO 6-10 DAYS	\$ -
0534T	CONT REC MVMT DO SETUP&TRAIN	\$ -
0535F	DYSYPNEA MNGMNT PLAN DOCD	\$ -
0535T	CONT REC MVMT DO REPRT CNFIG	\$ -
0536T	CONT REC MVMT DO DL W/I&R	\$ -
0537T	BLD DRV T LYMPHCYT CAR-T CLL	\$ -
0538T	BLD DRV T LYMPHCYT PREP TRNS	\$ -
0539T	RECEIPT&PREP CAR-T CLL ADMN	\$ -
0540F	GLUCO MNGMNT PLAN DOCD	\$ -
0540T	CAR-T CLL ADMN AUTOLOGOUS	\$ -
0541T	MYOCARDIAL IMAGING MCG	\$ -
0542T	MYOCARDIAL IMAGING MCG I&R	\$ -
0543T	TA MV RPR W/ARTIF CHORD TEND	\$ -
0544T	TCAT MV ANNULUS RCNSTJ	\$ -
0545F	FOLLOW UP CARE PLAN MDD DOCD	\$ -
0545T	TCAT TV ANNULUS RCNSTJ	\$ -
0546T	RF SPECTRSC NTRAOP MRGN ASMT	\$ -
0547T	B1 MATRL QUAL TST MCRIND TIB	\$ -
0550F	CYTOPATH REPORT NONGYN SPCMN	\$ -
0551F	CYTOPATH REPORT NON ROUTINE	\$ -
0552T	LOW-LEVEL LASER THERAPY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0553T	PERQ TCAT ILIAC ANAST IMPLT	\$ -
0554T	B1 STR & FX RSK ANALYSIS	\$ -
0555F	SYMPTOM MGMNT PLAN CARE DOCD	\$ -
0555T	B1 STR&FX RSK TRANSMIS DATA	\$ -
0556F	PLAN CARE LIPID CONTROL DOCD	\$ -
0556T	B1 STR & FX RSK ASSESSMENT	\$ -
0557F	PLAN CAREMNG ANGNL SYMPTDOCD	\$ -
0557T	B1 STR & FX RSK I&R	\$ -
0558T	CT SCAN F/BIOMCHN CT ALYS	\$ -
0559T	ANTMC MDL 3D PRINT 1ST CMPNT	\$ -
0560T	ANTMC MDL 3D PRINT EA ADDL	\$ -
0561T	ANTMC GUIDE 3D PRINT 1ST GD	\$ -
0562T	ANTMC GUIDE 3D PRINT EA ADDL	\$ -
0563T	EVAC MEIBOMIAN GLND HEAT BI	\$ -
0564T	ONC CHEMO RX CYTOTOX CSC 14	\$ -
0565T	AUTOL CELL IMPLT ADPS HRVG	\$ -
0566T	AUTOL CELL IMPLT ADPS NJX	\$ -
0567T	PERM FLP TUBE OCCLS W/IMPLT	\$ -
0568T	INTRO MIX SALINE&AIR F/SSG	\$ -
0569T	TTVR PERQ APPR 1ST PROSTH	\$ -
0570T	TTVR PERQ EA ADDL PROSTH	\$ -
0571T	INSJ/RPLCMT ICDS SS ELTRD	\$ -
0572T	INSERTION SS DFB ELECTRODE	\$ -
0573T	REMOVAL SS DFB ELECTRODE	\$ -
0574T	REPOS PREV SS IMPL DFB ELTRD	\$ -
0575F	HIV RNA PLAN CARE DOCD	\$ -
0575T	PRGRMG DEV EVAL ICDS SS IP	\$ -
0576T	INTERROG DEV EVAL ICDS SS IP	\$ -
0577T	EPHYS EVAL ICDS SS	\$ -
0578T	REM INTERROG DEV ICDS PHYS	\$ -
0579T	REM INTERROG DEV ICDS TECH	\$ -
0580F	MULTIDISCIPLINARY CARE PLAN	\$ -
0580T	RMVL SS IMPL DFB PG ONLY	\$ -
0581F	PT TRNSFRD FROM ANESTH TO CC	\$ -
0581T	ABL TJ MAL BRST TUM PERQ CRTX	\$ -
0582F	NO TRNSFR FROM ANESTH TO CC	\$ -
0582T	TRURL ABL TJ MAL PRST8 TISS	\$ -
0583F	TRANSFER CARE CHECKLIST USED	\$ -
0583T	TMPST AUTO TUBE DLVR SYS	\$ -
0584F	NO TRANSFERCARE CHKLIST USED	\$ -
0584T	PERQ ISLET CELL TRANSPLANT	\$ -
0585T	LAPS ISLET CELL TRANSPLANT	\$ -
0586T	OPEN ISLET CELL TRANSPLANT	\$ -
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0588T	REVISION/REMOVAL ISDNS PTN	\$ -
0589T	ELEC ALYS SMPL PRGRMG IINS	\$ -
0590T	ELEC ALYS CPLX PRGRMG IINS	\$ -
0591T	HLTH&WB COACHING INDIV 1ST	\$ -
0592T	HLTH&WB COACHING INDIV F-UP	\$ -
0593T	HLTH&WB COACHING GROUP	\$ -
0594T	OSTEOT HUM XTRNL LNGTH DEV	\$ -
0596T	TEMP FML IU VLV-PMP 1ST INSJ	\$ -
0597T	TEMP FML IU VALVE-PMP RPLCMT	\$ -
0598T	NCNTC R-T FLUOR WND IMG 1ST	\$ -
0599T	NCNTC R-T FLUOR WND IMG EA	\$ -
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	\$ -
0601T	IRE ABLTJ 1+TUMORS OPEN	\$ -
0602T	TRANSDERMAL GFR MEASUREMENTS	\$ -
0603T	TRANSDERMAL GFR MONITORING	\$ -
0604T	REM OCT RTA DEV SETUP&EDUCAJ	\$ -
0605T	REM OCT RTA TECHL SPRT MIN 8	\$ -
0606T	REM OCT RTA PHYS/QHP EA 30D	\$ -
0607T	REM MNTR PULM FLU MNTR SETUP	\$ -
0608T	REM MNTR PULM FLU MNTR ALYS	\$ -
0609T	MRS DISC PAIN ACQUISJ DATA	\$ -
0610T	MRS DISC PAIN TRANSMIS DATA	\$ -
0611T	MRS DISC PAIN ALG ALYS DATA	\$ -
0612T	MRS DISCOGENIC PAIN I&R	\$ -
0613T	PERQ TCAT INTRATRL SEPTL SHT	\$ -
0614T	RMVL&RPLCMT SS IMPL DFB PG	\$ -
0615T	EYE MVMT ALYS W/O CALBRJ I&R	\$ -
0616T	INSERTION OF IRIS PROSTHESIS	\$ -
0617T	INSJ IRIS PROSTH W/RMVL&INSJ	\$ -
0618T	INSJ IRIS PROSTH SEC IO LENS	\$ -
0619T	CYSTO W/PRST8 COMMISSUROTOMY	\$ -
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	\$ -
0621T	TRABECULOSTOMY INTERNO LASER	\$ -
0622T	TRABECULOSTOMY INT LSR W/SCP	\$ -
0623T	AUTO QUANTIFICATION C PLAQUE	\$ -
0624T	AUTO QUAN C PLAQ DATA PREP	\$ -
0625T	AUTO QUAN C PLAQ CPTR ALYS	\$ -
0626T	AUTO QUAN C PLAQ I&R	\$ -
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	\$ -
0628T	PERQ NJX ALGC FLUOR LMBR EA	\$ -
0629T	PERQ NJX ALGC CT LMBR 1ST	\$ -
0630T	PERQ NJX ALGC CT LMBR EA	\$ -
0631T	TC VIS LIT HYPERSPECTRAL IMG	\$ -
0632T	PERQ TCAT US ABLTJ NRV P-ART	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0633T	CT BREAST W/3D UNI C-	\$ -
0634T	CT BREAST W/3D UNI C+	\$ -
0635T	CT BREAST W/3D UNI C-/C+	\$ -
0636T	CT BREAST W/3D BI C-	\$ -
0637T	CT BREAST W/3D BI C+	\$ -
0638T	CT BREAST W/3D BI C-/C+	\$ -
0639T	WRLS SKN SNR ANISOTROPY MEAS	\$ -
0640T	NCNTC NR IFR SPCTRSC WND	\$ -
0641T	NCNTC NR IFR SPCTRSC WND IMG	\$ -
0642T	NCNTC NR IFR SPCTRSC WND I&R	\$ -
0643T	TCAT L VENTR RSTRJ DEV IMPLT	\$ -
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	\$ -
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	\$ -
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	\$ -
0647T	INSJ GTUBE PERQ MAG GASTRPXY	\$ -
0648T	QUAN MR TIS WO MRI 1ORGN	\$ -
0649T	QUAN MR TISS W/MRI 1ORGN	\$ -
0650T	PRGRMG DEV EVAL SCRMS REMOTE	\$ -
0651T	MAG CTRLD CAPSULE ENDOSCOPY	\$ -
0652T	EGD FLX TRANSNASAL DX BR/WA	\$ -
0653T	EGD FLX TRANSNASAL BX 1/MLT	\$ -
0654T	EGD FLX TRANSNASAL TUBE/CATH	\$ -
0655T	TPRNL FOCAL ABLTJ MAL PRST8	\$ -
0656T	VRT BDY TETHERING ANT <7 SEG	\$ -
0657T	VRT BDY TETHERING ANT 8+ SEG	\$ -
0658T	ELEC IMPD SPECTRSC 1+SKN LES	\$ -
0659T	TCAT INTRA-C NFS SUPERSAT O2	\$ -
0660T	IMPLT ANT SGM IO NBIO RX SYS	\$ -
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	\$ -
0662T	SCALP COOL 1ST MEAS&CALBRJ	\$ -
0663T	SCALP COOL PLMT MNTR RMVL	\$ -
0664T	DON HYSTERECTOMY OPEN CDVR	\$ -
0665T	DON HYSTERECTOMY OPEN LIV	\$ -
0666T	DON HYSTERECTOMY LAPS LIV	\$ -
0667T	DON HYSTERECTOMY RCP UTER	\$ -
0668T	BKBENCH PREP DON UTER ALGRFT	\$ -
0669T	BKBENCH RCNSTJ DON UTER VEN	\$ -
0670T	BKBENCH RCNSTJ DON UTER ARTL	\$ -
0671T	INSJ ANT SGM AQ DRG DEV 1+	\$ -
0672T	NDOVAG CRYG RF REMDL TISS	\$ -
0673T	ABLTJ B9 THYR NDUL PERQ LASR	\$ -
0674T	LAPS INSJ NW/RPCMT PRM ISDSS	\$ -
0675T	LAPS INSJ NW/RPCMT ISDSS 1LD	\$ -
0676T	LAPS INSJ NW/RPCMT ISDSS EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0677T	LAPS REPOS LEAD ISDSS 1ST LD	\$ -
0678T	LAPS REPOS LEAD ISDSS EA ADD	\$ -
0679T	LAPS RMVL LEAD ISDSS	\$ -
0680T	INSJ/RPLCMT PG ONLY ISDSS	\$ -
0681T	RLCJ PULSE GEN ONLY ISDSS	\$ -
0682T	REMOVAL PULSE GEN ONLY ISDSS	\$ -
0683T	PRGRMG DEV EVAL ISDSS IP	\$ -
0684T	PERI-PX DEV EVAL ISDSS IP	\$ -
0685T	INTERROG DEV EVAL ISDSS IP	\$ -
0686T	HISTOTRIPTY MAL HEPATCEL TIS	\$ -
0687T	TX AMBLYOPIA DEV SETUP 1ST	\$ -
0688T	TX AMBLYOPIA ASSMT W/REPORT	\$ -
0689T	QUAN US TIS CHARAC W/O DX US	\$ -
0690T	QUAN US TIS CHARAC W/DX US	\$ -
0691T	AUTO ALYS XST CT STD VRT FX	\$ -
0692T	THERAPEUTIC ULTRAFILTRATION	\$ -
0693T	COMPRE FUL BDY 3D MTN ALYS	\$ -
0694T	3D VOL IMG&RCNSTJ BRST/AX	\$ -
0695T	BDY SRF MPG PM/CVDFB TM IMPL	\$ -
0696T	BDY SURF MAPG PM/CVDFB F/UP	\$ -
0697T	QUAN MR TIS WO MRI MLT ORGN	\$ -
0698T	QUAN MR TISS W/MRI MLT ORGN	\$ -
0699T	NJX PST CHMBR EYE MEDICATION	\$ -
0700T	MOLEC FLUOR IMG SUS NEV 1ST	\$ -
0701T	MOLEC FLUOR IMG SUS NEV EA	\$ -
0702T	REM THER MNTR OL TECH SPRT	\$ -
0703T	REM THER MNTR OL COG BHV	\$ -
0704T	REM TX AMBLYOPIA SETUP&EDU	\$ -
0705T	REM TX AMBLYOPIA TECH SPRT	\$ -
0706T	REM TX AMBLYOPIA I&R PHY/QHP	\$ -
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	\$ -
0708T	ID CA IMMNTX PREP & 1ST NJX	\$ -
0709T	ID CA IMMNTX EACH ADDL NJX	\$ -
0710T	N-INVAS ARTL PLAQ ALYS	\$ -
0711T	N-NVS ARTL PLAQ ALYS DAT PRP	\$ -
0712T	N-NVS ARTL PLAQ ALYS QUAN	\$ -
0713T	N-NVS ARTL PLAQ ALYS RVW I&R	\$ -
1000F	TOBACCO USE- SMOKING- ASSESS	\$ -
1002F	ASSESS ANGINAL SYMPTOM/LEVEL	\$ -
1003F	LEVEL OF ACTIVITY ASSESS	\$ -
1004F	CLIN SYMP VOL OVRLD ASSESS	\$ -
1005F	ASTHMA SYMPTOMS EVALUATE	\$ -
1006F	OSTEOARTHRITIS ASSESS	\$ -
1007F	ANTI-INFLM/ANLGSC OTC ASSESS	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
1008F	GI/RENAL RISK ASSESS	\$ -
1010F	SEVERITY ANGINA BY ACTVTY	\$ -
1011F	ANGINA PRESENT	\$ -
1012F	ANGINA ABSENT	\$ -
1015F	COPD SYMPTOMS ASSESS	\$ -
1018F	ASSESS DYSPNEA NOT PRESENT	\$ -
1019F	ASSESS DYSPNEA PRESENT	\$ -
1022F	PNEUMO IMM STATUS ASSESS	\$ -
1026F	CO-MORBID CONDITION ASSESS	\$ -
1030F	INFLUENZA IMM STATUS ASSESS	\$ -
1031F	SMOKING & 2ND HAND ASSESSED	\$ -
1032F	SMOKER/EXPOSED 2ND HND SMOKE	\$ -
1033F	TOBACCO NONSMOKER NOR 2NDHND	\$ -
1034F	CURRENT TOBACCO SMOKER	\$ -
1035F	SMOKELESS TOBACCO USER	\$ -
1036F	TOBACCO NON-USER	\$ -
1038F	PERSISTENT ASTHMA	\$ -
1039F	INTERMITTENT ASTHMA	\$ -
1040F	DSM-IV INFO MDD DOC'D	\$ -
1050F	HISTORY OF MOLE CHANGES	\$ -
1052F	TYPE LOCATION ACTIVITYASSESS	\$ -
1055F	VISUAL FUNCT STATUS ASSESS	\$ -
1060F	DOC PERM/CONT/PAROX ATR FIB	\$ -
1061F	DOC LACK PERM+CONT+PAROX FIB	\$ -
1065F	ISCHM STROKE SYMP LT3 HRSB/4	\$ -
1066F	ISCHM STROKE SYMP GE3 HRSB/4	\$ -
1070F	ALARM SYMP ASSESSED-ABSENT	\$ -
1071F	ALARM SYMP ASSESSED-1+ PRSNT	\$ -
1090F	PRES/ABSN URINE INCON ASSESS	\$ -
1091F	URINE INCON CHARACTERIZED	\$ -
1100F	PTFALLS ASSESS-DOC'D GE2+/YR	\$ -
1101F	PT FALLS ASSESS-DOC'D LE1/YR	\$ -
1110F	PT LFT INPT FAC W/IN 60 DAYS	\$ -
1111F	DSCHRG MED/CURRENT MED MERGE	\$ -
1116F	AURIC/PERI PAIN ASSESSED	\$ -
1118F	GERD SYMPS ASSESSED 12 MONTH	\$ -
1119F	INIT EVAL FOR CONDITION	\$ -
1121F	SUBS EVAL FOR CONDITION	\$ -
1123F	ACP DISCUSS/DSCN MKR DOCD	\$ -
1124F	ACP DISCUSS-NO DSCNMKR DOCD	\$ -
1125F	AMNT PAIN NOTED PAIN PRSNT	\$ -
1126F	AMNT PAIN NOTED NONE PRSNT	\$ -
1127F	NEW EPISODE FOR CONDITION	\$ -
1128F	SUBS EPISODE FOR CONDITION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
1130F	BK PAIN + FXN ASSESSED	\$ -
1134F	EPSD BK PAIN FOR =< 6 WKS	\$ -
1135F	EPSD BK PAIN FOR > 6 WKS	\$ -
1136F	EPSD BK PAIN FOR <= 12 WKS	\$ -
1137F	EPSD BK PAIN FOR > 12 WKS	\$ -
1150F	DOC PT RSK DEATH W/IN 1YR	\$ -
1151F	DOC NO PT RSK DEATH W/IN 1YR	\$ -
1152F	DOC ADVNCD DIS COMFORT 1ST	\$ -
1153F	DOC ADVNCD DIS CMFRT NOT 1ST	\$ -
1157F	ADVNC CARE PLAN IN RCRD	\$ -
1158F	ADVNC CARE PLAN TLK DOCD	\$ -
1159F	MED LIST DOCD IN RCRD	\$ -
1160F	RVW MEDS BY RX/DR IN RCRD	\$ -
1170F	FXNL STATUS ASSESSED	\$ -
1175F	FUNCTION STAT ASSESSED RVWD	\$ -
1180F	THROMBOEMB RISK ASSESSED	\$ -
1181F	NEUROPSYCHIA SYMPTS ASSESSED	\$ -
1182F	NEUROPSYCHI SYMPT 1+PRESENT	\$ -
1183F	NEUROPSYCHIATRIC SYMP ABSENT	\$ -
1200F	SEIZURE TYPE& FREQU DOCD	\$ -
1205F	EPI ETIOL SYND RVWD AND DOCD	\$ -
1220F	PT SCREENED FOR DEPRESSION	\$ -
1400F	PRKNS DIAG RVIEWED	\$ -
1450F	SYMPTOMS IMPROVED/CONSIST	\$ -
1451F	SYMPT SHOW CLIN IMPORT DROP	\$ -
1460F	QUAL CARD DIAG PRIOR 12 MONS	\$ -
1461F	NO QUAL CARD DIAG PRIOR12MON	\$ -
1490F	DEM SEVERITY CLASSIFIED MILD	\$ -
1491F	DEM SEVERITY CLASSIFIED MOD	\$ -
1493F	DEM SEVERITY CLASS SEVERE	\$ -
1494F	COGNIT ASSESSED AND REVIEWED	\$ -
1500F	SYMPTOM+SIGN SYMM POLYNEURO	\$ -
1501F	NOT INITIAL EVAL FOR COND	\$ -
1502F	PT QUERIED PAIN FXN W/ INSTR	\$ -
1503F	PT QUERIED SYMP RESP INSUFF	\$ -
1504F	PT HAS RESP INSUFFICIENCY	\$ -
1505F	PT HAS NO RESP INSUFFICIENCY	\$ -
2000F	BLOOD PRESSURE- MEASURED	\$ -
2001F	WEIGHT RECORD	\$ -
2002F	CLIN SIGN VOL OVRD ASSESS	\$ -
2004F	INITIAL EXAM INVOLVED JOINTS	\$ -
2010F	VITAL SIGNS RECORDED	\$ -
2014F	MENTAL STATUS ASSESS	\$ -
2015F	ASTHMA IMPAIRMENT ASSESSED	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
2016F	ASTHMA RISK ASSESSED	\$ -
2018F	HYDRATION STATUS ASSESS	\$ -
2019F	DILATED MACUL EXAM DONE	\$ -
2020F	DILATED FUNDUS EVAL DONE	\$ -
2021F	DILAT MACUL+ EXAM DONE	\$ -
2022F	DIL RETINA EXAM INTERP REV	\$ -
2023F	DILAT RTA XM W/O RTNOPHTY	\$ -
2024F	7 FIELD PHOTO INTERP DOC REV	\$ -
2025F	7 FLD RTA PHOTO W/O RTNOPHTY	\$ -
2026F	EYE IMAGE VALID TO DX REV	\$ -
2027F	OPTIC NERVE HEAD EVAL DONE	\$ -
2028F	FOOT EXAM PERFORMED	\$ -
2029F	COMPLETE PHYS SKIN EXAM DONE	\$ -
2030F	H2O STAT DOC'D- NORMAL	\$ -
2031F	H2O STAT DOC'D- DEHYDRATED	\$ -
2033F	EYE IMG VALID W/O RTNOPHTY	\$ -
2035F	TYMP MEMB MOTION EXAMD	\$ -
2040F	BK PN XM ON INIT VISIT DATE	\$ -
2044F	DOC MNTL TST B/4 BK TRXMNT	\$ -
2050F	WOUND CHAR SIZE ETC DOCD	\$ -
2060F	PT TALK EVAL HLTHWKR RE MDD	\$ -
3006F	CXR DOC REV	\$ -
3008F	BODY MASS INDEX DOCD	\$ -
3011F	LIPID PANEL DOC REV	\$ -
3014F	SCREEN MAMMO DOC REV	\$ -
3015F	CERV CANCER SCREEN DOCD	\$ -
3016F	PT SCRND UNHLTHY OH USE	\$ -
3017F	COLORECTAL CA SCREEN DOC REV	\$ -
3018F	PRE-PRXD RSK ET AL DOCD	\$ -
3019F	LVEF ASSESS PLANPOST DSCHRG	\$ -
3020F	LVF ASSESS	\$ -
3021F	LVEF MOD/SEVER DEPRS SYST	\$ -
3022F	LVEF =40% SYSTOLIC	\$ -
3023F	SPIROM DOC REV	\$ -
3025F	SPIROM FEV/FVC<70% W COPD	\$ -
3027F	SPIROM FEV/FVC=70%/ W/O COPD	\$ -
3028F	O2 SATURATION DOC REV	\$ -
3035F	O2 SATURATION =88% /PAO =55	\$ -
3037F	O2 SATURATION> 88% /PAO>55	\$ -
3038F	PULM FX W/IN 12 MON B/4 SURG	\$ -
3040F	FEV<40% PREDICTED VALUE	\$ -
3042F	FEV= 40% PREDICTED VALUE	\$ -
3044F	HG A1C LEVEL LT 7.0%	\$ -
3046F	HEMOGLOBIN A1C LEVEL > 9.0%	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
3048F	LDL-C <100 MG/DL	\$ -
3049F	LDL-C 100-129 MG/DL	\$ -
3050F	LDL-C = 130 MG/DL	\$ -
3051F	HG A1C>EQUAL 7.0%<8.0%	\$ -
3052F	HG A1C>EQUAL 8.0%<EQUAL 9.0%	\$ -
3055F	LVEF LESS THAN/EQUAL TO 35%	\$ -
3056F	LVEF GREATER THAN 35%	\$ -
3060F	POS MICROALBUMINURIA REV	\$ -
3061F	NEG MICROALBUMINURIA REV	\$ -
3062F	POS MACROALBUMINURIA REV	\$ -
3066F	NEPHROPATHY DOC TX	\$ -
3072F	LOW RISK FOR RETINOPATHY	\$ -
3073F	PRE-SURG EYE MEASURES DOC'D	\$ -
3074F	SYST BP LT 130 MM HG	\$ -
3075F	SYST BP GE 130 - 139MM HG	\$ -
3077F	SYST BP = 140 MM HG6 IT	\$ -
3078F	DIAST BP < 80 MM HG	\$ -
3079F	DIAST BP 80-89 MM HG	\$ -
3080F	DIAST BP = 90 MM HG	\$ -
3082F	KT/V LT 1.2	\$ -
3083F	KT/V GE 1.2 AND <1.7	\$ -
3084F	KT/V GE 1.7	\$ -
3085F	SUICIDE RISK ASSESSED	\$ -
3088F	MDD- MILD	\$ -
3089F	MDD- MODERATE	\$ -
3090F	MDD- SEVERE; W/O PSYCH	\$ -
3091F	MDD- SEVERE; W/ PSYCH	\$ -
3092F	MDD- IN REMISSION	\$ -
3093F	DOC NEW DIAG 1ST/ADDL MDD	\$ -
3095F	CENTRAL DEXA RESULTS DOC'D	\$ -
3096F	CENTRAL DEXA ORDERED	\$ -
3100F	IMAGE TEST REF CAROT DIAM	\$ -
3110F	PRES/ABSN HMRHG/LESION DOC'D	\$ -
3111F	CT/MRI BRAIN DONE W/IN 24HRS	\$ -
3112F	CT/MRI BRAIN DONE GT 24 HRS	\$ -
3115F	QUANT RESULTS ACTIVITY +SYMP	\$ -
3117F	HF ASSESSMENT TOOL COMPLETED	\$ -
3118F	NY HEART ASSOC CLASS DOCD	\$ -
3119F	NO EVAL ACTIVITY CLIN SYMP	\$ -
3120F	12-LEAD ECG PERFORMED	\$ -
3126F	ESOPH BX RPRT W/DYSPL INFO	\$ -
3130F	UPPER GI ENDOSCOPY PERFORMED	\$ -
3132F	DOC REF UPPER GI ENDOSCOPY	\$ -
3140F	UPPER GI ENDO SHOWS BARRTT'S	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
3141F	UPPER GI ENDO NOT BARRTT'S	\$ -
3142F	BARIUM SWALLOW TEST ORDERED	\$ -
3150F	FORCEPS ESOPH BIOPSY DONE	\$ -
3155F	CYTOGEN TEST MARROW B/4 TX	\$ -
3160F	DOC FE+ STORES B/4 EPO THX	\$ -
3170F	FLOW CYTO DONE B/4 TX	\$ -
3200F	BARIUM SWALLOW TEST NOT REQ	\$ -
3210F	GRP A STREP TEST PERFORMED	\$ -
3215F	PT IMMUNITY TO HEP A DOCD	\$ -
3216F	PT IMMUNITY TO HEP B DOCD	\$ -
3218F	RNA TSTNG HEP C DOCD-DONE	\$ -
3220F	HEP C QUANT RNA TSTNG DOCD	\$ -
3230F	NOTE HRING TST W/IN 6 MON	\$ -
3250F	NONPRIM LOC ANAT BX SITE TUM	\$ -
3260F	PT CAT/PN CAT/HIST GRD DOCD	\$ -
3265F	RNA TSTNG HEPC VIR ORD/DOCD	\$ -
3266F	HEPC GN TSTNG DOCD B/4TXMNT	\$ -
3267F	PATH RPRT W/ PT PN CAT ET AL	\$ -
3268F	PSA/T/GLSC DOCD B/4 TXMNT	\$ -
3269F	BONE SCN B/4 TXMNT/AFTR DX	\$ -
3270F	NO BONE SCN B/4 TXMNT/AFTRDX	\$ -
3271F	LOW RISK PROSTATE CANCER	\$ -
3272F	MED RISK PROSTATE CANCER	\$ -
3273F	HIGH RISK PROSTATE CANCER	\$ -
3274F	PROST CNCR RSK NOT LW/MD/HGH	\$ -
3278F	SERUM LVLS CA/IPTH/LPD ORD	\$ -
3279F	HGB LVL >= 13 G/DL	\$ -
3280F	HGB LVL 11-12.9 G/DL	\$ -
3281F	HGB LVL < 11 G/DL	\$ -
3284F	IOP DOWN >15% OF PRE-SVC LVL	\$ -
3285F	IOP DOWN <15% OF PRE-SVC LVL	\$ -
3288F	FALL RISK ASSESSMENT DOCD	\$ -
3290F	PT=D(RH)- AND UNSENSITIZED	\$ -
3291F	PT=D(RH)+ OR SENSITIZED	\$ -
3292F	HIV TSTNG ASKED/DOCD/REVWD	\$ -
3293F	ABO RH BLOOD TYPING DOCD	\$ -
3294F	GRP B STREP SCREENING DOCD	\$ -
3300F	AJCC STAGE DOCD B/4 THXPY	\$ -
3301F	CANCER STAGE DOCD-METAST	\$ -
3315F	ER+ OR PR+ BREAST CANCER	\$ -
3316F	ER- OR PR- BREAST CANCER	\$ -
3317F	PATH RPT MALIG CANCER DOCD	\$ -
3318F	PATH RPT MALIG CANCER DOCD	\$ -
3319F	X-RAY/CT/ULTRSND ET AL ORD	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
3320F	NO XRAY/CT/ ET AL ORDD	\$ -
3321F	AJCC CNCR 0/1A MELAN DOCD	\$ -
3322F	MELAN >AJCC STAGE 0 OR IA	\$ -
3323F	CLIN NODE STGNG DOCD B/4 SURG	\$ -
3324F	MRI CT SCAN ORD RVWD RQSTD	\$ -
3325F	PREOP ASSES 4 CATARACT SURG	\$ -
3328F	PRFRMNC DOCD 2 WKS B/4 SURG	\$ -
3330F	IMAGING STUDY ORDERED (BKP)	\$ -
3331F	BK IMAGING TST NOT ORDERED	\$ -
3340F	MAMMO ASSESS INC XRAY DOCD	\$ -
3341F	MAMMO ASSESS NEGATIVE DOCD	\$ -
3342F	MAMMO ASSESS BENIGN DOCD	\$ -
3343F	MAMMO PROBABLY BENIGN DOCD	\$ -
3344F	MAMMO ASSESS SUSP- DOCD	\$ -
3345F	MAMMO ASSESS HGHLYMALIG DOC	\$ -
3350F	MAMMO BX PROVEN MALIG DOCD	\$ -
3351F	NEG SCRND DEP SYMP BY DEPTOOL	\$ -
3352F	NO SIG DEP SYMP BY DEP TOOL	\$ -
3353F	MILD-MOD DEP SYMP BY DEPTOOL	\$ -
3354F	CLIN SIG DEP SYM BY DEP TOOL	\$ -
3370F	AJCC BRST CNCR STAGE 0 DOCD	\$ -
3372F	AJCC BRST CNCR STAGE 1+DOCD	\$ -
3374F	AJCC BRST CNCR STAGE 1+DOCD	\$ -
3376F	AJCC BRSTCNCR STAGE 2 DOCD	\$ -
3378F	AJCC BRSTCNCR STAGE 3 DOCD	\$ -
3380F	AJCC BRSTCNCR STAGE 4 DOCD	\$ -
3382F	AJCC CLN CNCR STAGE 0 DOCD	\$ -
3384F	AJCC CLN CNCR STAGE 1 DOCD	\$ -
3386F	AJCC CLN CNCR STAGE 2 DOCD	\$ -
3388F	AJCC CLN CNCR STAGE 3 DOCD	\$ -
3390F	AJCC CLN CNCR STAGE 4 DOCD	\$ -
3394F	QUANT HER2 IHC EVAL BRST CX	\$ -
3395F	QUANT NONHER2 IHC BRST CX	\$ -
3450F	DYSPNEA SCRND NO-MILD DYSP	\$ -
3451F	DYSPNEA SCRND MOD-HIGH DYSP	\$ -
3452F	DYSPNEA NOT SCREENED	\$ -
3455F	TB SCRNG DONE-INTERPD 6MON	\$ -
3470F	RA DISEASE ACTIVITY LOW	\$ -
3471F	RA DISEASE ACTIVITY MOD	\$ -
3472F	RA DISEASE ACTIVITY HIGH	\$ -
3475F	DISEASE PROGN RA POOR DOCD	\$ -
3476F	DISEASE PROGN RA GOOD DOCD	\$ -
3490F	HISTORY AIDS-DEFINING COND	\$ -
3491F	HIV UNSURE BABY OF HIV+MOMS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
3492F	HISTORY CD4+ CELL COUNT <350	\$ -
3493F	NO HIST CD4+ CELL COUNT<350	\$ -
3494F	CD4+CELL COUNT <200CELLS/MM3	\$ -
3495F	CD4+CELL CNT 200-499 CELLS	\$ -
3496F	CD4+ CELL COUNT + 500 CELLS	\$ -
3497F	CD4+ CELL PERCENTAGE <15%	\$ -
3498F	CD4+ CELL % >=15% (HIV)	\$ -
3500F	CD4+CELL CNT% DOCD AS DONE	\$ -
3502F	HIV RNA VRL LDNOT<LMTS QUNTF	\$ -
3503F	HIV RNA VRL LDNOT<LMTS QUNTF	\$ -
3510F	DOC TB SCRNG-RSLTS INTERPD	\$ -
3511F	CHLMYD/GONRH TSTS DOCD DONE	\$ -
3512F	SYPH SCRNG DOCD AS DONE	\$ -
3513F	HEP B SCRNG-DOCD AS DONE	\$ -
3514F	HEP C SCRNG DOCD AS DONE	\$ -
3515F	PT HAS DOCD IMMUN TO HEP C	\$ -
3517F	HBV ASSESS&RESULTS INTRP 1YR	\$ -
3520F	CDIFFICILE TESTING PERFORMED	\$ -
3550F	LOW RSK THROMBOEMBOLISM	\$ -
3551F	INTRMED RSK TROMBOEMBOLISM	\$ -
3552F	HGH RISK FOR THROMBOEMBOLISM	\$ -
3555F	PT INR MEASUREMENT PERFORMED	\$ -
3570F	RPRT BONE SCINT X-REF W/ X-RAY	\$ -
3572F	PT CONSID POSS RISK FX	\$ -
3573F	PT NOT CONSID POSS RISK FX	\$ -
3650F	EEG ORDERED RVWD REQSTD	\$ -
3700F	PSYCH DISORDERS ASSESSED	\$ -
3720F	COGNIT IMPAIRMENT ASSESSED	\$ -
3725F	SCREEN DEPRESSION PERFORMED	\$ -
3750F	PTNOTRCVNGSTEROID>/=10MG/DAY	\$ -
3751F	ELECTRODIAG POLYNEURO 6MON	\$ -
3752F	NO ELECTRODIAG POLYNEURO6MON	\$ -
3753F	PT HAS SYMP+SIGNS NEUROPATHY	\$ -
3754F	SCREENING TESTS DM DONE	\$ -
3755F	COG+BEHAV IMPRMNT SCRNG DONE	\$ -
3756F	PT W/PSEUDOBULB AFFECT/ALS	\$ -
3757F	PT W/NO PSEUDOBULBAFFECT/ALS	\$ -
3758F	PT REF PULMON FX TEST/PEAK FLOW	\$ -
3759F	PT SCRN DYSPHAG/WT LOSS/NUTR	\$ -
3760F	PT W/ DYSPHAG/WT LOSS/NUTR	\$ -
3761F	PT W/O DYSPHAG/WT LOSS/NUTR	\$ -
3762F	PATIENT IS DYSARTHIC	\$ -
3763F	PATIENT IS NOT DYSARTHIC	\$ -
3775F	ADENOMA DETECTED SCREENING	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
3776F	ADENOMA NOT DETECT SCREENING	\$ -
4000F	TOBACCO USE TXMNT COUNSELING	\$ -
4001F	TOBACCO USE TXMNT- PHARMACOL	\$ -
4003F	PT ED WRITE/ORAL- PTS W/ HF	\$ -
4004F	PT TOBACCO SCREEN RCVD TLK	\$ -
4005F	PHARM THX FOR OP RX'D	\$ -
4008F	BETA-BLOCKER THERAPY RXD/TKN	\$ -
4010F	ACE/ARB THERAPY RXD/TAKEN	\$ -
4011F	ORAL ANTIPLATELET TX- RX	\$ -
4012F	WARFARIN THERAPY RX	\$ -
4013F	STATIN THERAPY/CURRENTLY TKN	\$ -
4014F	WRITTEN DISCHARGE INSTR PRVD	\$ -
4015F	PERSIST ASTHMA MEDICINE CTRL	\$ -
4016F	ANTI-INFLM/ANLGSC AGENT RX	\$ -
4017F	GI PROPHYLAXIS FOR NSAID RX	\$ -
4018F	THERAPY EXERCISE JOINT RX	\$ -
4019F	DOC RECPT COUNSL VIT D/CALC+	\$ -
4025F	INHALED BRONCHODILATOR RX	\$ -
4030F	OXYGEN THERAPY RX	\$ -
4033F	PULMONARY REHAB REC	\$ -
4035F	INFLUENZA IMM REC	\$ -
4037F	INFLUENZA IMM ORDER/ADMIN	\$ -
4040F	PNEUMOC IMM ORDER/ADMIN	\$ -
4041F	DOC ORDER CEFAZOLIN/CEFUROX	\$ -
4042F	DOC ANTIBIO NOT GIVEN	\$ -
4043F	DOC ORDER GIVEN STOP ANTIBIO	\$ -
4044F	DOC ORDER GIVEN VTE PROPHYLX	\$ -
4045F	EMPIRIC ANTIBIOTIC RX	\$ -
4046F	DOC ANTIBIO GIVEN B/4 SURG	\$ -
4047F	DOC ANTIBIO GIVEN B/4 SURG	\$ -
4048F	DOC ANTIBIO GIVEN B/4 SURG	\$ -
4049F	DOC ORDER GIVEN STOP ANTIBIO	\$ -
4050F	HT CARE PLAN DOC	\$ -
4051F	REFERRED FOR AN AV FISTULA	\$ -
4052F	HEMODIALYSIS VIA AV FISTULA	\$ -
4053F	HEMODIALYSIS VIA AV GRAFT	\$ -
4054F	HEMODIALYSIS VIA CATHETER	\$ -
4055F	PT RCVNG PERITON DIALYSIS	\$ -
4056F	APPROP ORAL REHYD RECOMM'D	\$ -
4058F	PED GASTRO ED GIVEN- CAREGVR	\$ -
4060F	PSYCH SVCS PROVIDED	\$ -
4062F	PT REFERRAL PSYCH DOC'D	\$ -
4063F	ANTIDEPRES RXTXPHY NOT RXD	\$ -
4064F	ANTIDEPRESSANT RX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
4065F	ANTIPSYCHOTIC RX	\$ -
4066F	ECT PROVIDED	\$ -
4067F	PT REFERRAL FOR ECT DOC'D	\$ -
4069F	VTE PROPHYLAXIS RCVD	\$ -
4070F	DVT PROPHYLX RECV'D DAY 2	\$ -
4073F	ORAL ANTIPLAT THX RX DISCHRG	\$ -
4075F	ANTICOAG THX RX AT DISCHRG	\$ -
4077F	DOC T-PA ADMIN CONSIDERED	\$ -
4079F	DOC REHAB SVCS CONSIDERED	\$ -
4084F	ASPIRIN RECV'D W/IN 24 HRS	\$ -
4086F	ASPIRIN/CLOPIDOGREL RXD	\$ -
4090F	PT RCVNG EPO THXPY	\$ -
4095F	PT NOT RCVNG EPO THXPY	\$ -
4100F	BIPHOS THXPY VEIN ORD/REC'VD	\$ -
4110F	INT MAM ART USED FOR CABG	\$ -
4115F	BETA BLCKR ADMIN W/IN 24 HRS	\$ -
4120F	ANTIBIOT RX'D/GIVEN	\$ -
4124F	ANTIBIOT NOT RX'D/GIVEN	\$ -
4130F	TOPICAL PREP RX AOE	\$ -
4131F	SYST ANTIMICROBIAL THX RX	\$ -
4132F	NO SYST ANTIMICROBIAL THX RX	\$ -
4133F	ANTIHIIST/DECONG RX/RECOM	\$ -
4134F	NO ANTIHIIST/DECONG RX/RECOM	\$ -
4135F	SYSTEMIC CORTICOSTEROIDS RX	\$ -
4136F	SYST CORTICOSTEROIDS NOT RX	\$ -
4140F	INHALED CORTICOSTEROIDS RXD	\$ -
4142F	CORTICOSTER SPARNG THRPY RXD	\$ -
4144F	ALT LONG-TERM CNTRL MED RXD	\$ -
4145F	2+ ANTI-HYPRTNSV AGENTS TKN	\$ -
4148F	HEP A VAC INJXN ADMIN/RECVD	\$ -
4149F	HEP B VAC INJXN ADMIN/RECVD	\$ -
4150F	PT RECVNG ANTIVIR TXMNT HEP C	\$ -
4151F	PT NOT RECVNG ANTIV HEP C	\$ -
4153F	COMBO PEGINTF/RIB RX	\$ -
4155F	HEP A VAC SERIES PREV RECVD	\$ -
4157F	HEP B VAC SERIES PREV RECVD	\$ -
4158F	PT CNSLD RE RISKS OH USE	\$ -
4159F	CONTRCP TALK B/4 ANTIV TXMNT	\$ -
4163F	PT COUNS 4 TXMNT OPT PROST	\$ -
4164F	ADJV HRMNL THXPY RXD	\$ -
4165F	3D-CRT(IMRT) RECEIVED	\$ -
4167F	HD BED TILTED 1ST DAY VENT	\$ -
4168F	PT CARE ICU&VENT W/IN 24HRS	\$ -
4169F	NO PT CARE ICU/VENT IN 24HRS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
4171F	PT RCVNG ESA THXPY	\$ -
4172F	PT NOT RCVNG ESA THXPY	\$ -
4174F	COUNS POTENT GLAUC IMPCT	\$ -
4175F	VIS OF >= 20/40 W/IN 90 DAYS	\$ -
4176F	TALK RE UV LIGHT PT/CRGVR	\$ -
4177F	TALK PT/CRGVR RE AREDS PREV	\$ -
4178F	ANTID GLBLN RCVD W/IN 26WKS	\$ -
4179F	TAMOXIFEN/AI PRESCRIBED	\$ -
4180F	ADJV THXPYRXD/RCVD STG3	\$ -
4181F	CONFORMAL RADN THXPY RCVD	\$ -
4182F	NO CONFORMAL RADN THXPY	\$ -
4185F	CONTINUOUS PPI OR H2RA RCVD	\$ -
4186F	NO CONT PPI OR H2RA RCVD	\$ -
4187F	ANTI RHEUM DRUGTHXPYRXD/GVN	\$ -
4188F	APPROP ACE/ARB TSTNG DONE	\$ -
4189F	APPROP DIGOXIN TSTNG DONE	\$ -
4190F	APPROP DIURETIC TSTNG DONE	\$ -
4191F	APPROP ANTICONVULS TSTNG	\$ -
4192F	PT NOT RCVNG GLUCOCO THXPY	\$ -
4193F	PT RCVNG<10MG DAILY PREDNISO	\$ -
4194F	PT RCVNG>10MG DAILY PREDNISO	\$ -
4195F	PT RCVNG ANTI-RHEUM THXPY RA	\$ -
4196F	PTNOT RCVNG ANTI-RHM THXPYRA	\$ -
4200F	EXTERNAL BEAM TO PROST+/-NOD	\$ -
4201F	EXTRNL BM THXPY +/- NODAL IRAD	\$ -
4210F	ACE/ARB THXPY FOR >= 6 MONS	\$ -
4220F	DIGOXIN THXPY FOR >= 6 MONS	\$ -
4221F	DIURETIC THXPY FOR >= 6 MONS	\$ -
4230F	ANTICONV THXPY FOR >= 6 MONS	\$ -
4240F	INSTR XRCZ 4BK PN >12 WEEKS	\$ -
4242F	SPRVSD XRCZ BK PN >12 WEEKS	\$ -
4245F	PT INSTR NRML LIFEST	\$ -
4248F	PT INSTR-NO BD REST>= 4 DAYS	\$ -
4250F	WRMNG 4 SURG - NORMOTHERMIA	\$ -
4255F	ANESTH 60+ MIN AS DOCD	\$ -
4256F	ANESTHE <60 MIN AS DOCD	\$ -
4260F	WOUND SRFC CULTURETECH USED	\$ -
4261F	TECH OTHER THAN SURFC CULTR	\$ -
4265F	WET-DRY DRESSINGS RX RECMD	\$ -
4266F	NO WET-DRY DRSSINGS RX RECMD	\$ -
4267F	COMPRSSION THXPY PRESCRIBED	\$ -
4268F	PT ED RE COMP THXPY RCVD	\$ -
4269F	APPROPOS MTHD OFFLOADING RXD	\$ -
4270F	PT RCVNG ANTI 4-VIRAL THXPY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
4271F	PT RCVNG ANTI R-VIRAL THXPY	\$ -
4274F	FLU IMMUNO ADMIN"D RCVD	\$ -
4276F	POTENT ANTIVIR THXPY RXD	\$ -
4279F	PCP PROPHYLAXIS RXD	\$ -
4280F	PCP PROPHYLAX RXD 3MON LOW %	\$ -
4290F	PT SCRND FOR INJ DRUG USE	\$ -
4293F	PT SCRND - HGH-RSK SEX BEHAV	\$ -
4300F	PT RCVNG WARF THXPY	\$ -
4301F	PT NOT RCVNG WARF THXPY	\$ -
4305F	PT ED RE FT CARE INSPCT RCVD	\$ -
4306F	PT TLK PSYCH & RX OPD ADDIC	\$ -
4320F	PT TALK PSYCHOSOC+RX OH DPND	\$ -
4322F	CRGVR PROV W/ ED ADDL RSRCS	\$ -
4324F	PT QUERIED PRKNS COMPLIC	\$ -
4325F	MED TXMNT OPTIONS RVWD W/PT	\$ -
4326F	PT ASKED RE SYMP AUTO DYSFXN	\$ -
4328F	PT ASKED RE SLEEP DISTURB	\$ -
4330F	CNSLNG EPI SPEC SFTY ISSUES	\$ -
4340F	CNSLNG CHLD BRNG WOMEN EPI	\$ -
4350F	CNSLNG PROVIDED SYMP MNGMNT	\$ -
4400F	REHAB THXPY OPTIONS W/PT	\$ -
4450F	SELF-CARE ED PROVIDED TO PT	\$ -
4470F	ICD COUNSELING PROVIDED	\$ -
4480F	PT RCVNG ACE/ARB B-BLOCKERTX	\$ -
4481F	PT RCVNG ACE/ARB BLKER >3MOS	\$ -
4500F	REF TO OUTPT CARD REHAB PROG	\$ -
4510F	PREV CARDREHAB QUALCARDEVENT	\$ -
4525F	NEUROPSYCHIA INTERVEN ORDER	\$ -
4526F	NEUROPSYCHIA INTERVEN RCVD	\$ -
4540F	DISEASE MODIF PHARMACOTHXPY	\$ -
4541F	PT OFFERED TX FOR PSEUDOBULB	\$ -
4550F	NONINVAS RESP SUPPORT TALK	\$ -
4551F	NUTRITIONAL SUPPORT OFFERED	\$ -
4552F	PT REF FOR SPEECH LANG PATH	\$ -
4553F	PT ASST RE END LIFE ISSUES	\$ -
4554F	PT RECVD INHAL ANESTHETIC	\$ -
4555F	PT RECVD NO INHAL ANESTHIC	\$ -
4556F	PTW/ 3+ POST-OP NAUSEA+VOMM	\$ -
4557F	PT W/O 3+ POST-OPNAUSEA+VOMM	\$ -
4558F	PT RECVD 2 RX ANTI-EMETAGNTS	\$ -
4559F	1 BODYTEMP >=35.5CW/IN 30MIN	\$ -
4560F	ANESTH W/O GEN/NEURAX ANESTH	\$ -
4561F	PT W/ CORONARY ARTERY STENT	\$ -
4562F	PT W/O CORONARY ARTERY STENT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
4563F	PT RECVD ASPIRIN W/IN 24 HRS	\$ -
5005F	PT COUNSLD ON EXAM FOR MOLES	\$ -
5010F	MACUL+ FNDNGS TO DR MNG DM	\$ -
5015F	DOC FX & TEST/TXMNT FOR OP	\$ -
5020F	TXMNTS 2 MAIN DR BY 1 MON	\$ -
5050F	PLAN 2 MAIN DR. BY 1 MONTH	\$ -
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	\$ -
5062F	DOC F2FMAMMO FNDNG IN 5 DAYS	\$ -
5100F	RSK FX REF W/N 24 HRS XRAY	\$ -
5200F	EVAL APPROS SURG THXPY EPI	\$ -
5250F	ASTHMA DISCHARGE PLAN PRESNT	\$ -
6005F	CARE LEVEL RATIONALE DOC	\$ -
6010F	DYSPHAG TEST DONE B/4 EATING	\$ -
6015F	DYSPHAG TEST DONE B/4 EATING	\$ -
6020F	NPO (NOTHING-MOUTH) ORDERED	\$ -
6030F	MAX STERILE BARRIERS FOLLWD	\$ -
6040F	APPRO RAD DS DVCS TECHS DOCD	\$ -
6045F	RADXPS IN END RPRT4FLURO PXD	\$ -
6070F	PT ASKED/CNSLD AED EFFECTS	\$ -
6080F	PT/CAREGIVER QUERIED FALLS	\$ -
6090F	PT/CAREGIVER COUNSEL SAFETY	\$ -
6100F	VERIFY PT SITE PXD DOCD	\$ -
6101F	SAFETY COUNSELING DEMENTIA	\$ -
6102F	SAFETY COUNSELING DEM ORDER	\$ -
6110F	COUNSEL PROV DRIVING RISKS	\$ -
6150F	PT NOTRCVNG1ST ANTITNF TXMNT	\$ -
7010F	PT INFO INTO RECALL SYSTEM	\$ -
7020F	MAMMO ASSESS CAT IN DBASE	\$ -
7025F	PT INFOSYS ALARM 4 NXT MAMMO	\$ -
9001F	AORTIC ANEURYSM<5CM DIAM CT	\$ -
9002F	AORTIC ANEURYSM 5-5.4CM DIAM	\$ -
9003F	AORTIC ANRYSM5.5-5.9CM DIAM	\$ -
9004F	AORTIC ANRYSM 6/GRTR CM DIAM	\$ -
9005F	ASYMPT CAROT/VRTBRBAS STEN	\$ -
9006F	SYMPT STEN-TIA/STRK<120DAYS	\$ -
9007F	OTHER CAROT STEN120DAYS/GRTR	\$ -
A0021	AMB SRVC OTSD STATE-MILE TRANSPORT	\$ -
A0080	Noninterest escort in non er	\$ -
A0090	Interest escort in non er	\$ -
A0100	Nonemergency transport taxi	\$ -
A0110	NONEMERG TRNSPRT&BUS INTERSTATE	\$ -
A0120	NON-EMERG TRNSPRT: MINI-BUS MTN/OTH	\$ -
A0130	NONEMERG TRNSPRT: WHEELCHAIR VAN	\$ -
A0140	NONEMERG TRNSPRT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A0160	NONEMERG TRNSPRT: MILE CASEWORKER	\$ -
A0170	TRNSPRT ANCILLRY: PARK FEE TOLL OTH	\$ -
A0180	NONEMERG TRNSPRT: LODGING-RECIP	\$ -
A0190	NONEMERG TRNSPRT: MEALS-RECIP	\$ -
A0200	NONEMERG TRNSPRT: LODGING-ESCORT	\$ -
A0210	NONEMERG TRNSPRT: MEALS-ESCORT	\$ -
A0225	AMB SRVC NEONAT TRNSPRT EMERG 1 WAY	\$ -
A0380	BLS MILEAGE	\$ -
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	\$ -
A0384	BLS SPCLIZED SRVC DISPBL SPL; DEFIB	\$ -
A0390	ALS MILEAGE	\$ -
A0392	ALS SPCLIZED SRVC DISPBL SPL; DEFIB	\$ -
A0394	ALS SPCLIZED SRVC DISPBL SPL; IV RX	\$ -
A0396	ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	\$ -
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	\$ -
A0420	AMB WAITING TIME 1/2 HR INCREMENTS	\$ -
A0422	AMB OXYGEN	\$ -
A0424	EXTRA AMB ATTENDANT GROUND/AIR;	\$ -
A0425	GROUND MILEAGE PER STATUTE MILE	\$ -
A0426	AMB SRVC ALS NONEMERG TRNSPRT LVL 1	\$ -
A0427	AMB SRVC ALS EMERG TRANSPORT LEVEL 1	\$ -
A0428	AMB SERVICE BLS NON-EMERG TRANSPORT	\$ -
A0429	AMB SERVICE BLS EMERGENCY TRANSPORT	\$ -
A0430	AMB SRVC AIR TRNSPRT 1 WAY FIX WING	\$ -
A0431	AMB SRVC AIR TRNSPRT 1 WAY ROTARY	\$ -
A0432	PARAMEDIC INTERCEPT RURAL NO TPP	\$ -
A0433	ADVANCED LIFE SUPPORT LEVEL 2	\$ -
A0434	SPECIALTY CARE TRANSPORT	\$ -
A0435	FIX WING AIR MILEAGE-STATUTE MILE	\$ -
A0436	ROTARY WING AIR MILEAGE-STATUT MILE	\$ -
A0888	NON-COVERED AMB MILEAGE PER MILE	\$ -
A0998	AMBULANCE RESPONSE/TREATMENT	\$ -
A0999	UNLISTED AMBULANCE SERVICE	\$ -
A2001	Innovamatrix ac- per sq cm	\$ -
A2002	Mirragen adv wnd mat per sq	\$ -
A2003	Bio-connekt wound matrix	\$ -
A2004	Xcellistem- per sq cm	\$ -
A2005	Microlyte matrix- per sq cm	\$ -
A2006	Novosorb synpath per sq cm	\$ -
A2007	Restrata- per sq cm	\$ -
A2008	Theragenesis- per sq cm	\$ -
A2009	Symphony- per sq cm	\$ -
A2010	Apis- per square centimeter	\$ -
A4206	SYRINGE W/NEEDLE STERILE 1 CC EACH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4207	SYRINGE W/NEEDLE STERILE 2 CC EACH	\$ -
A4208	SYRINGE W/NEEDLE STERILE 3 CC EACH	\$ -
A4209	SYRINGE W/NEEDLE STERILE 5 CC/GT EA	\$ -
A4210	NEEDLE-FREE INJECTION DEVICE EACH	\$ -
A4211	SUPPLIES SELF-ADMINED INJECTIONS	\$ -
A4212	NON CORING NDLE/STYLET W/WO CATH	\$ -
A4213	SYRINGE STERILE 20 CC/GREATER EACH	\$ -
A4215	NEEDLES ONLY STERILE ANY SIZE EACH	\$ -
A4216	Sterile water/saline- 10 ml	\$ -
A4217	Sterile water/saline- 500 ml	\$ -
A4218	STERILE SALINE OR WATER	\$ -
A4220	REFILL KIT IMPLANTABLE INFUS PUMP	\$ -
A4221	IV INFUSION/SUPPLIES	\$ -
A4222	SPL EXT RX INFUS PUMP-CASSETTE/BAG	\$ -
A4223	INFUS SPL NO EXT INFUS PUMP CAS/BAG	\$ -
A4224	SPL MAINT INSULIN INFUS CATH PER WK	\$ -
A4225	SPL EXT INS INF PMP SYR T CART ST E	\$ -
A4226	Weekly supply maint cgs pump	\$ -
A4230	INFUS SET EXT INSULIN PUMP NONNDLE	\$ -
A4231	INFUS SET EXT INSULIN PUMP NEEDLE	\$ -
A4232	SYRINGE W/NDLE EXT INSULIN PUMP STE	\$ -
A4233	ALKALIN BATT FOR GLUCOSE MON	\$ -
A4234	J-CELL BATT FOR GLUCOSE MON	\$ -
A4235	LITHIUM BATT FOR GLUCOSE MON	\$ -
A4236	SILVR OXIDE BATT GLUCOSE MON	\$ -
A4244	ALCOHOL OR PEROXIDE PER PINT	\$ -
A4245	ALCOHOL WIPES PER BOX	\$ -
A4246	BETADINE/PHISOHEX SOLUTION PER PINT	\$ -
A4247	BETADINE/IODINE SWABS/WIPES PER BOX	\$ -
A4248	Chlorhexidine antisept	\$ -
A4250	URINE TEST/REAGENT STRIPS/TABLETS	\$ -
A4252	BLOOD KETONE TEST OR STRIP	\$ -
A4253	BLD GLU TST/REAGT STRIPS HOM MON-50	\$ -
A4255	PLATFORMS HOM BLD GLU MON 50-BOX	\$ -
A4256	NORMAL LOW	\$ -
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN	\$ -
A4258	SPRING-POWERED DEVICE LANCET EACH	\$ -
A4259	LANCETS PER BOX OF 100	\$ -
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	\$ -
A4262	TEMP ABSORB LAC DUCT IMPLANT EA	\$ -
A4263	PERM NONDISSOLV LAC DUCT IMPL EA	\$ -
A4264	PERM IMPL CONTRCPTV TUBAL OCCL DEV	\$ -
A4265	PARAFFIN PER POUND	\$ -
A4266	Diaphragm Device	\$ 109.00



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4267	Condoms (Male) (1 pk = 12)	\$ 0.50
A4268	Condoms (Female) (1 pk = 4)	\$ -
A4268	SNHD Condoms (Female) (1 pk = 4)	\$ -
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EA	\$ -
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH	\$ -
A4280	ADHES SKN SUPP ATTCH BRST PROSTH EA	\$ -
A4281	TUBING FOR BREAST PUMP- REPLACEMENT	\$ -
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT	\$ -
A4283	CAP BREAST PUMP BOTTLE REPLACEMENT	\$ -
A4284	BRST SHIELD	\$ -
A4285	POLYCARBATE BOTTLE BREAST PUMP REPL	\$ -
A4286	LOCKING RING BREAST PUMP REPLCMT	\$ -
A4290	SACRAL NERVE STIM TEST LEAD EA	\$ -
A4300	IMPL ACSS CATHETER EXTERNAL ACSS	\$ -
A4301	IMPL ACSS TOTAL CATH PORT/RESRVOR	\$ -
A4305	DISPBL RX DEL SYS RATE 50 ML/GT-HR	\$ -
A4306	DISPBL RX DEL SYS RATE 5 ML/<-HR	\$ -
A4310	INSRTION TRAY W/O DRN BAG	\$ -
A4311	INSRTION TRAY W/O BAG 2-WAY LATEX	\$ -
A4312	INSRTION TRAY W/O BAG 2-WAY SILCON	\$ -
A4313	INSRTION TRAY W/O BAG 3-WAY CNT IRR	\$ -
A4314	INSRTION TRAY W/BAG 2-WAY LATEX	\$ -
A4315	INSRTION TRAY W/BAG 2-WAY SILCON	\$ -
A4316	INSRTION TRAY W/BAG 3-WAY CONT IRRG	\$ -
A4320	IRRIG TRAY W/BULB/PISTON SYRINGE	\$ -
A4321	THERAPEUTIC AGT URIN CATH IRRIG	\$ -
A4322	IRRIGATION SYRINGE BULB/PISTON EACH	\$ -
A4326	MALE EXTERNAL CATH SPCLTY TYPE EA	\$ -
A4327	FE EXT URIN CLCT DEVC; METL CUP EA	\$ -
A4328	FE EXT URIN CLCT DEVICE; POUCH EA	\$ -
A4330	PERIAN FECAL CLCT POUCH W/ADHES EA	\$ -
A4331	EXT DRN TUBING W/CNCTOR/ADAPTR EA	\$ -
A4332	EAR BULB SYRINGE	\$ -
A4333	URIN CATH ANCHR DEVC ADHES ATTCH EA	\$ -
A4334	URIN CATH ANCHR DEVICE LEG STRAP EA	\$ -
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	\$ -
A4336	INCONT SUPPLY URETHRAL INSERT EA	\$ -
A4337	INCONT SPL RECTAL INSRT ANY TYPE EA	\$ -
A4338	INDWLL CATH; 2-WAY LATEX W/COAT EA	\$ -
A4340	INDWELL CATHETER; SPECIALTY TYPE EA	\$ -
A4344	INDWLL CATH FOLEY 2-WAY SILCON EA	\$ -
A4346	INDWLL CATH; FOLY 3-WAY CONT IRRIG	\$ -
A4349	MALE EXT CATH W/VO ADHES DISPBL EA	\$ -
A4351	INTERMIT URIN CATH; STRAIT TIP EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4352	INTERMIT URIN CATH; COUDE TIP EA	\$ -
A4353	INTERMIT URIN CATH W/INSERTION SPL	\$ -
A4354	INSRTION TRAY W/DRN BAG W/O CATH	\$ -
A4355	IRRIG TUBING CONT 3-WAY CATH EA	\$ -
A4356	EXT URETHRAL CLAMP/COMPRS DEVICE EA	\$ -
A4357	BEDSID DRN BAG DAY/NGT W/WO TUBE EA	\$ -
A4358	URINARY LEG BAG; VINYL W/WO TUBE EA	\$ -
A4360	Adult incontinence garment	\$ -
A4361	OSTOMY FACEPLATE EACH	\$ -
A4362	SKN BARRIER; SOLID 4X4/EQUVALNT; EA	\$ -
A4363	OSTOMY CLAMP- REPLACEMENT	\$ -
A4364	ADHES LIQUID/EQUAL ANY TYPE-OUNCE	\$ -
A4366	Ostomy vent	\$ -
A4367	OSTOMY BELT EACH	\$ -
A4368	OSTOMY FILTER ANY TYPE EACH	\$ -
A4369	OSTOMY SKIN BARRIER LIQUID PER OZ	\$ -
A4371	OSTOMY SKIN BARRIER POWDER PER OZ	\$ -
A4372	OST SKN BARR SOL 4X4 BUILT-IN CONVX	\$ -
A4373	OST SKN BARR W/FLNGE BUILT-IN CONVX	\$ -
A4375	OST POUCH DRNABLE W/FCEPLAT PLST EA	\$ -
A4376	OST POUCH DRNABLE W/FCEPLAT RUBR EA	\$ -
A4377	OST POUCH DRNABLE FCEPLAT PLSTC EA	\$ -
A4378	OST POUCH DRAINABLE FCEPLAT RUBR EA	\$ -
A4379	OST POUCH URIN W/FCEPLAT PLSTC EA	\$ -
A4380	OST POUCH URIN W/FCEPLAT RUBR EA	\$ -
A4381	OST POUCH URIN USE FCEPLAT PLSTC EA	\$ -
A4382	OST POUCH URIN FCEPLAT HVY PLSTC EA	\$ -
A4383	OST POUCH URIN USE FCEPLAT RUBR EA	\$ -
A4384	OST FCEPLAT EQUVALNT SILCON RING EA	\$ -
A4385	OST SKN BARRIER 4X4 EXT W/O CONVXTY	\$ -
A4387	OST POUCH CLO W/BARR BUILT-IN CONVX	\$ -
A4388	OST POUCH DRNABL W/EXT WEAR BARR EA	\$ -
A4389	OST POUCH DRNBL BARR BUILT-IN CONVX	\$ -
A4390	OST POUCH DRNABLE EXT W/CONVXITY EA	\$ -
A4391	OST POUCH URIN W/EXT WEAR BARR EA	\$ -
A4392	OST POUCH URIN STD W/CONVXITY EA	\$ -
A4393	OST POUCH URIN EXT W/CONVXITY EA	\$ -
A4394	OST DEODORANT OST POUCH LQD-FL OZ	\$ -
A4395	OST DEODORANT OST POUCH SOLID-TAB	\$ -
A4396	PERISTOMAL HERNIA SUPPORT BELT	\$ -
A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH	\$ -
A4399	OST IRRIG SPL; CONE/CATH INCL BRUSH	\$ -
A4400	OSTOMY IRRIGATION SET	\$ -
A4402	LUBRICANT PER OUNCE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4404	OSTOMY RING EACH	\$ -
A4405	OST SKN BARRIER NON-PECTIN PASTE-OZ	\$ -
A4406	OST SKN BARRIER PECTIN PASTE-OZ	\$ -
A4407	OST SKN BARRIER W/CONVXITY 4X4 IN/<	\$ -
A4408	OST SKN BARRIER W/CONVXITY > 4X4 IN	\$ -
A4409	OST SKN BARR EXT W/O CONVX 4X4 IN/<	\$ -
A4410	OST SKN BARR EXT W/O CONVX >4X4 IN	\$ -
A4411	OST SKN BARR EXTND =4SQ	\$ -
A4412	OST POUCH DRAIN HIGH OUTPUT	\$ -
A4413	OST POUCH DRNABL BARRIER FLNGE/FLTR	\$ -
A4414	OST SKN BARRIER W/O CONVX 4X4 IN/<	\$ -
A4415	OST SKN BARRIER W/O CONVX >4X4 IN	\$ -
A4416	Ost pch clsd w barrier/filtr	\$ -
A4417	Ost pch w bar/bltinconv/fltr	\$ -
A4418	Ost pch clsd w/o bar w filtr	\$ -
A4419	Ost pch for bar w flange/flt	\$ -
A4420	Ost pch clsd for bar w lk fl	\$ -
A4421	OSTOMY SUPPLY; MISCELLANEOUS	\$ -
A4422	OST ABSORB MATL THICKN LQD STOML OP	\$ -
A4423	Ost pch for bar w lk fl/fltr	\$ -
A4424	Ost pch drain w bar & filter	\$ -
A4425	Ost pch drain for barrier fl	\$ -
A4426	Ost pch drain 2 piece system	\$ -
A4427	Ost pch drain/barr lk flng/f	\$ -
A4428	Urine ost pouch w faucet/tap	\$ -
A4429	Urine ost pouch w bltinconv	\$ -
A4430	Ost urine pch w b/bltin conv	\$ -
A4431	Ost pch urine w barrier/tapv	\$ -
A4432	Os pch urine w bar/fange/tap	\$ -
A4433	Urine ost pch bar w lock fln	\$ -
A4434	Ost pch urine w lock flng/ft	\$ -
A4435	OST POUCH DRN HI OP EXT WR BARR EA	\$ -
A4436	Irr supply sleev reus per mo	\$ -
A4437	Irr supply sleev disp per mo	\$ -
A4450	TAPE NON-WATERPROOF-18 SQUARE IN	\$ -
A4452	TAPE WATERPROOF PER 18 SQUARE IN	\$ -
A4453	Rec cath man pump enema repl	\$ -
A4455	ADHESIVE REMOVER/SOLVENT PER OUNCE	\$ -
A4456	ADHESIVE REMOVER WIPES ANY TYPE EA	\$ -
A4458	ENEMA BAG WITH TUBING- REUSABLE	\$ -
A4459	MAN PUMP-OP ENEMA SYS REUSE ANY TYP	\$ -
A4461	SURGICL DRESS HOLD NON-REUSE	\$ -
A4463	SURGICAL DRESS HOLDER REUSE	\$ -
A4465	NONELASTIC BINDER FOR EXTREMITY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4467	BELT STRAP SLV GARMENT/COV ANY TYPE	\$ -
A4470	GRAVLEE JET WASHER	\$ -
A4480	VABRA ASPIRATOR	\$ -
A4481	TRACHEOSTOMA FLTR TYPE SZ EA	\$ -
A4483	MOISTR EXCHGR DISPBL W/INVASV VENT	\$ -
A4490	SURGICAL STK ABOVE KNEE LENGTH EA	\$ -
A4495	SURGICAL STOCKING THIGH LENGTH EACH	\$ -
A4500	SURGICAL STK BELOW KNEE LENGTH EA	\$ -
A4510	SURGICAL STOCKING FULL-LENGTH EACH	\$ -
A4520	INCONTINENCE GARMENT ANY TYPE EACH	\$ -
A4550	STERILE TRAY	\$ -
A4553	NON-DISPOSABLE UNDERPADS ALL SIZES	\$ -
A4554	DISPOSABLE UNDERPADS ALL SIZES	\$ -
A4555	E/TRANSDUCR E-STIM U CA TX RPL ONLY	\$ -
A4556	ELECTRODES PER PAIR	\$ -
A4557	LEAD WIRES PER PAIR	\$ -
A4558	CONDUCTIVE PASTE OR GEL	\$ -
A4559	COUPLING GEL OR PASTE	\$ -
A4561	PESSARY RUBBER ANY TYPE	\$ -
A4562	PESSARY NON RUBBER ANY TYPE	\$ -
A4563	Vag inser rectal control sys	\$ -
A4565	SLING	\$ -
A4566	SHOULDR SLING/VEST ABD RSTRN PREFAB	\$ -
A4570	SPLINT CLAVICLE	\$ -
A4570	SPLINT COLLES	\$ -
A4570	SPLINT FINGER	\$ -
A4570	SPLINT-FOREARM	\$ -
A4570	SPLINT-SHOULDER/HAND	\$ -
A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	\$ -
A4580	CAST SUPPLIES (E.G. PLASTER)	\$ -
A4590	SPECIAL CAST MAT (E.G. FIBERGLASS)	\$ -
A4595	ELEC STIM SUPPLIES 2 LEAD PER MONTH	\$ -
A4600	SLEEVE- INTER LIMB COMP DEV	\$ -
A4601	LITH ION BATT- NON-PROS USE	\$ -
A4602	REPL BA EXT IP OWND PT LI 1.5 V EA	\$ -
A4604	TUBING WITH HEATING ELEMENT	\$ -
A4605	TRACHEAL SUCTION CATH CLOS SYS EA	\$ -
A4606	O2 PROBE W/OXIMETER DEVICE REPLCMT	\$ -
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH	\$ -
A4611	BATTERY HEVY DUTY; REPL PT-OWND VENT	\$ -
A4612	BATTERY CABLES; REPL PT-OWNED VENT	\$ -
A4613	BATTERY CHARGER; REPL PT-OWNED VENT	\$ -
A4614	PEAK FLOW METER	\$ -
A4615	CANNULA NASAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4616	TUBING PER FOOT	\$ -
A4617	MOUTHPIECE	\$ -
A4618	BREATHING CIRCUITS	\$ -
A4619	FACE TENT	\$ -
A4620	VARIABLE CONCENTRATION MASK	\$ -
A4623	TRACHEOSTOMY INNER CANNULA	\$ -
A4624	TRACHEAL SUCTN CATH NOT CLOS SYS EA	\$ -
A4625	TRACHEOST CARE KIT NEW TRACHEOST	\$ -
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	\$ -
A4627	AEROCHAMBER	\$ -
A4628	OROPHARYNGEAL SUCTION CATHETER EACH	\$ -
A4629	TRACHEOST CARE KIT EST TRACHEOST	\$ -
A4630	REPL BATTERY TRNSQ NRV STIM OWND PT	\$ -
A4633	REPLCMT BULB/LAMP UV LGHT TX SYS EA	\$ -
A4634	REPLCMT BULB TX LGHT BOX TABOP MDL	\$ -
A4635	UNDERARM PAD CRUTCH REPLACEMENT EA	\$ -
A4636	REPL HANDGRIP CANE CRTCH/WALKER EA	\$ -
A4637	REPL TIP CANE CRUTCH WALKER EA	\$ -
A4638	Repl batt pulse gen sys	\$ -
A4639	REPL PAD INFRARD HEATING PAD SYS EA	\$ -
A4640	REPL PAD W/ALTRNAT PRSS PAD OWND PT	\$ -
A4641	SPL RADOPHRM DX IMAG AGT NOT CLASS	\$ -
A4642	SPL SATUMOMAB PENDETIDE IMAG AGT	\$ -
A4648	IMPLANTABLE TISSUE MARKER	\$ -
A4649	SURGICAL SUPPLY; MISCELLANEOUS	\$ -
A4650	Supp esrd centrifuge	\$ -
A4651	CALIBRATED MICROCAPILLARY TUBE EACH	\$ -
A4652	MICROCAPILLARY TUBE SEALANT	\$ -
A4653	PERITON DIALYSIS CATH ANCHR BELT EA	\$ -
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH	\$ -
A4660	SPHYGMOMANOMETER/BP W/CUFF	\$ -
A4663	BLOOD PRESSURE CUFF ONLY	\$ -
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	\$ -
A4671	Disposable cycler set	\$ -
A4672	Drainage ext line- dialysis	\$ -
A4673	Ext line w easy lock connect	\$ -
A4674	Chem/antisept solution- 8oz	\$ -
A4680	ACTIVATED CARBON FILTER HEMODIAL EA	\$ -
A4690	DIALYZER ALL TYPES SZS HEMODIAL EA	\$ -
A4706	BICARBONATE CONC SOL HEMODIAL-GAL	\$ -
A4707	BICARBONAT CONC PWDR HEMODIAL-PCKET	\$ -
A4708	ACTAT CONC SOL HEMODIAL-GALLON	\$ -
A4709	ACID CONC SOL HEMODIAL-GALLON	\$ -
A4714	TREATED H2O PERITON DIALYSIS-GALLON	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A4719	Y SET TUBING PERITONEAL DIALYSIS	\$ -
A4720	DIALYSATE FL>249</=999 CC DIALYSIS	\$ -
A4721	DIALYSATE FL>999</=1999CC DIALYSIS	\$ -
A4722	DIALYSATE FL>1999</=2999CC DIALYSIS	\$ -
A4723	DIALYSATE FL>2999</=3999CC DIALYSIS	\$ -
A4724	DIALYSATE FL>3999</=4999CC DIALYSIS	\$ -
A4725	DIALYSATE FL>4999</=5999CC DIALYSIS	\$ -
A4726	DIALYSATE DEXTROSE FLUID >5999 CC	\$ -
A4728	Dialysate solution- non-dex	\$ -
A4730	FIST CANNULAT SET HEMODIALYSIS EA	\$ -
A4736	TOPICAL ANESTHETIC DIALYSIS PER GM	\$ -
A4737	INJ ANESTHETIC DIALYSIS PER 10 ML	\$ -
A4740	SHUNT ACCESS HEMODIAL ANY TYPE EACH	\$ -
A4750	BLD TUBING ART/VENOUS HEMODIAL EA	\$ -
A4755	BLD TUBING ART	\$ -
A4760	DIALYSATE SOL TST KIT PERITON EA	\$ -
A4765	DIALYSATE POWDER PERITON DIALYSIS	\$ -
A4766	DIALYSATE SOL PERITON DIALYSIS-10ML	\$ -
A4770	BLD COLLECTION TUBE VAC DIALYSIS-50	\$ -
A4771	SERUM CLOT TIME TUBE DIALYSIS-50	\$ -
A4772	BLD GLU TEST STRIPS DIALYSIS PER 50	\$ -
A4773	OCCULT BLD TEST STRIPS DIALYSIS-50	\$ -
A4774	AMMONIA TEST STRIPS DIALYSIS PER 50	\$ -
A4802	SHUNT ACCESS HEMODIAL ANY TYPE EACH	\$ -
A4860	DISPBL CATH TIP PERITON DIALYSIS-10	\$ -
A4870	PLUMB	\$ -
A4890	CONTRACTS REPR	\$ -
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	\$ -
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	\$ -
A4918	VENOUS PRESSURE CLAMP HEMODIAL EA	\$ -
A4927	GLOVES NON-STERILE PER 100	\$ -
A4928	SURGICAL MASK PER 20	\$ -
A4929	TOURNIQUET FOR DIALYSIS- EACH	\$ -
A4930	GLOVES STERILE PER PAIR	\$ -
A4931	ORL THERMOMETER REUSBL ANY TYPE EA	\$ -
A4932	RECTAL THERMOMETER REUSBL TYPE EA	\$ -
A5051	OST POUCH CLOS; W/BARRIER ATTCH EA	\$ -
A5052	OST POUCH CLOS; W/O BARR ATTACH EA	\$ -
A5053	OSTOMY POUCH CLOS; USE FACEPLATE EA	\$ -
A5054	OST POUCH CLOS; BARRIER W/FLNGE EA	\$ -
A5055	STOMA CAP	\$ -
A5056	OST POUCH DRAIN EXT BARRIER FLTR EA	\$ -
A5057	OST POUCH DRAIN BARR CONVX FLTR EA	\$ -
A5061	OST POUCH DRNABLE; W/BARR ATTCH EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A5062	OST POUCH DRNABL; W/O BARR ATTCH EA	\$ -
A5063	OST POUCH DRNABLE; BARR W/FLNGE EA	\$ -
A5071	OST POUCH URIN; W/BARRIER ATTCH EA	\$ -
A5072	OST POUCH URIN; W/O BARR ATTCH EA	\$ -
A5073	OST POUCH URIN; BARRIER W/FLNGE EA	\$ -
A5081	CONTINENT DEVC;PLUG CONTINENT STOMA	\$ -
A5082	CONTINENT DEVC;CATH CONTINENT STOMA	\$ -
A5083	STOMA ABSORPTIVE COVER	\$ -
A5093	OSTOMY ACCESSORY; CONVEX INSERT	\$ -
A5102	BEDSIDE DRN BOTTLE W/WO TUBING EA	\$ -
A5105	URINARY SUSP; W/LEG BAG W/WO TUBE	\$ -
A5112	URINARY LEG BAG; LATEX	\$ -
A5113	LEG STRAP; LATEX REPLCMT ONLY-SET	\$ -
A5114	LEG STRAP; FOAM/FABRIC REPL-SET	\$ -
A5120	SKIN BARRIER- WIPE OR SWAB	\$ -
A5121	SKN BARRIER; SOLID 6X6/EQUVALNT EA	\$ -
A5122	SKN BARRIER; SOLID 8X8/EQUVALNT EA	\$ -
A5126	ADHES/NON-ADHES; DISK/FOAM PAD	\$ -
A5131	APPLINC CLNR INCONT	\$ -
A5200	PERQ CATH/TUBE ANCHR DEVC ADHES SKN	\$ -
A5500	DM ONLY CSTM PREP SHOE MX DNS INSRT	\$ -
A5501	DM ONLY CSTM PREP SHOE MOLD PTS FT	\$ -
A5503	DM ONLY MOD SHOE/CSTM ROLLER/ROCKER	\$ -
A5504	DM ONLY MOD SHOE/CSTM W/WEDGE SHOE	\$ -
A5505	DM ONLY MOD SHOE/CSTM W/MT BAR SHOE	\$ -
A5506	DM ONLY MOD SHOE/CSTM OFF SET HEEL	\$ -
A5507	DM ONLY NOS MOD SHOE/CSTM MOLD SHOE	\$ -
A5508	DM ONLY DELUX FEATUR SHOE/CSTM MOLD	\$ -
A5510	DIAB ONLY DIR FORM COMPRS MOLD FT	\$ -
A5512	MULTI DEN INSERT DIRECT FORM	\$ -
A5513	MULTI DEN INSERT CUSTOM MOLD	\$ -
A5514	Multi den insert dir carv/cam	\$ -
A6000	NON-CNTC WND WARMING COVR W/DEVC	\$ -
A6010	COLL BASED WND FIL DRY FORM-GM COLL	\$ -
A6011	COLL BASED WND FIL GEL/PASTE-GM	\$ -
A6021	COLL DRESS PAD SIZE 16 SQ/LESS EA	\$ -
A6022	COLL DRESS PAD >16 BUT <= 48 SQ EA	\$ -
A6023	COLL DRESSING PAD SIZE > 48 SQ EA	\$ -
A6024	COLL DRESSING WOUND FILLER PER 6 IN	\$ -
A6025	RADPHRM TX NAI I-131CAP INIT 1-5MCI	\$ -
A6154	WOUND POUCH EACH	\$ -
A6196	ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	\$ -
A6197	ALGINAT/OTH FIBR GELL >16<=48 SQEA	\$ -
A6198	ALGINAT/OTH FIBR GELL PAD >48 SQ EA	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A6199	ALGINAT/OTH FIBR GELL DRESS FIL-6IN	\$ -
A6203	COMPOS DRESS 16 SQ/< W/ADHES BORDR	\$ -
A6204	COMPOS DRESS >16 </=48 SQ W/ADHES	\$ -
A6205	COMPOS DRESS >48SQ W/ADHES BORDR EA	\$ -
A6206	CNTC LAYER 16 SQ/LESS EA DRESSING	\$ -
A6207	CNTC LAYER > 16 SQ BUT </= 48 SQ EA	\$ -
A6208	CONTACT LAYER > 48 SQ EACH DRESSING	\$ -
A6209	FOAM DRESS 16 SQ/< W/O ADHES EA	\$ -
A6210	FOAM DRESS >16 </=48SQ W/O ADHES EA	\$ -
A6211	FOAM DRESS > 48 SQ W/O ADHES EA	\$ -
A6212	FOAM DRESS 16 SQ/< W/ADHES BORDR EA	\$ -
A6213	FOAM DRESS >16 </= 48 SQ W/ADHES EA	\$ -
A6214	FOAM DRESS > 48 SQ W/ADHES BORDR EA	\$ -
A6215	FOAM DRESSING WOUND FILLER PER GRAM	\$ -
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/<	\$ -
A6217	GAUZE NON-IMPREG NONSTRL >16</=48SQ	\$ -
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ	\$ -
A6219	GAUZE NON-IMPREG 16 SQ/LESS W/ADHES	\$ -
A6220	GAUZE NON-IMPREG >16 </=48 SQ ADHES	\$ -
A6221	GAUZE NON-IMPREG > 48 SQ W/ADHES	\$ -
A6222	GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	\$ -
A6223	GAUZ IMPREG NOT H2O/HYDRGL >16</=48	\$ -
A6224	GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	\$ -
A6228	GAUZ IMPREG WATR/NL SALINE > 16 SQ	\$ -
A6229	GAUZ IMPREG WATR/SALINE >16</=48 SQ	\$ -
A6230	GAUZ IMPREG WATR/SALINE > 48 SQ	\$ -
A6231	GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	\$ -
A6232	GAUZ IMPREG HYDRGEL DIR >16 </= 48	\$ -
A6233	GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	\$ -
A6234	HYDROCOLLOID DRESS 16 SQ/< W/O ADHES	\$ -
A6235	HYDROCOLLOID DRESS >16</=48 NO ADHES	\$ -
A6236	HYDROCOLLOID DRESS >48 SQ W/O ADHES	\$ -
A6237	HYDROCOLLOID DRESS 16 SQ/< W/ADHES	\$ -
A6238	HYDROCOLLOID DRESS >16</= 48 W/ADHES	\$ -
A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES	\$ -
A6240	HYDROCOLLOID DRESS FIL PASTE-FL OZ	\$ -
A6241	HYDROCOLLOID DRESS FIL DRY FORM-GM	\$ -
A6242	HYDROGEL DRESS 16 SQ/< W/O ADHES EA	\$ -
A6243	HYDROGEL DRESS >16 </=48SQ NO ADHES	\$ -
A6244	HYDROGEL DRESS > 48 SQ W/O ADHES EA	\$ -
A6245	HYDROGEL DRESS 16 SQ/< W/ADHES EA	\$ -
A6246	HYDROGEL DRESS >16 </=48 SQ W/ADHES	\$ -
A6247	HYDROGEL DRESS > 48 SQ W/ADHES EA	\$ -
A6248	HYDROGEL DRESS WOUND FIL GEL-FL OZ	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A6250	Silver Sulfadiazine 1% cream	\$ 0.26
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
A6251	SPCLTY ABSORB DRESS 16SQ/< NO ADHES	\$ -
A6252	SPCL ABSORB DRESS >16</=48 NO ADHES	\$ -
A6253	SPCLTY ABSORB DRESS >48 SQ NO ADHES	\$ -
A6254	SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	\$ -
A6255	SPCL ABSORB DRESS >16</= 48 W/ADHES	\$ -
A6256	SPCLTY ABSORB DRESS > 48 SQ W/ADHES	\$ -
A6257	TRNSPRT FILM 16 SQ/LESS EA DRESSING	\$ -
A6258	TRNSPRT FILM >16 SQ BUT </=48 SQ EA	\$ -
A6259	TRNSPRT FILM > 48 SQ EA DRESSING	\$ -
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE	\$ -
A6261	WOUND FILLER GEL/PASTE-FL OUNCE NEC	\$ -
A6262	WOUND FILLER DRY FORM PER GRAM NEC	\$ -
A6266	GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	\$ -
A6402	GAUZ NON-IMPREG STERL 16 SQ/< NO AD	\$ -
A6403	GAUZ NON-IMPREG STERL >16 </= 48 SQ	\$ -
A6404	GAUZ NON-IMPREG STRL >48SQ NO ADHES	\$ -
A6407	Packing strips- non-impreg	\$ -
A6410	EYE PAD STERILE EACH	\$ -
A6411	EYE PAD NON-STERILE EACH	\$ -
A6412	EYE PATCH OCCLUSIVE EACH	\$ -
A6413	ADHESIVE BANDAGE- FIRST-AID	\$ -
A6441	Pad band w>=3 <5/yd	\$ -
A6442	Conform band n/s w<3/yd	\$ -
A6443	Conform band n/s w>=3<5/yd	\$ -
A6444	Conform band n/s w>=5/yd	\$ -
A6445	Conform band s w <3/yd	\$ -
A6446	Conform band s w>=3 <5/yd	\$ -
A6447	Conform band s w >=5/yd	\$ -
A6448	Lt compres band <3/yd	\$ -
A6449	Lt compres band >=3 <5/yd	\$ -
A6450	Lt compres band >=5/yd	\$ -
A6451	Mod compres band w>=3<5/yd	\$ -
A6452	High compres band w>=3<5/yd	\$ -
A6453	Self-adher band w <3/yd	\$ -
A6454	Self-adher band w>=3 <5/yd	\$ -
A6455	Self-adher band >=5/yd	\$ -
A6456	Zinc paste band w >=3<5/yd	\$ -
A6457	TUBULAR DRESSING	\$ -
A6460	Synthetic drsg <= 16 sq in	\$ -
A6461	Synthetic drsg >16<=48 sq in	\$ -
A6501	COMPRS BURN GARMNT BDYSUIT CSTM FAB	\$ -
A6502	COMPRS BRN GARMNT CHIN STRAP CSTM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A6503	COMPRS BRN GARMNT FCE HOOD CSTM FAB	\$ -
A6504	COMPRS BRN GARMNT GLOV WRST CSTM	\$ -
A6505	COMPRS BRN GARMNT GLOV ELB CSTM FAB	\$ -
A6506	COMPRS BURN GARMNT GLOV AX CSTM FAB	\$ -
A6507	COMPRS BRN GARMNT FT KNEE LEN CSTM	\$ -
A6508	COMPRS BRN GARMNT FT THI LEN CSTM	\$ -
A6509	COMPRS BRN GARMNT TRNK WAIST CSTM	\$ -
A6510	COMPRS BRN GARMNT TRNK ARM LEG OPN	\$ -
A6511	COMPRS BRN GARMNT LW TRNK LEG OPN	\$ -
A6512	COMPRESSION BURN GARMENT NOC	\$ -
A6513	COMPRESS BURN MASK FACE/NECK	\$ -
A6530	COMPRESSION STOCKING BK18-30	\$ -
A6531	COMPRESSION STOCKING BK30-40	\$ -
A6532	COMPRESSION STOCKING BK40-50	\$ -
A6533	GC STOCKING THIGHLNGTH 18-30	\$ -
A6534	GC STOCKING THIGHLNGTH 30-40	\$ -
A6535	GC STOCKING THIGHLNGTH 40-50	\$ -
A6536	GC STOCKING FULL LNGTH 18-30	\$ -
A6537	GC STOCKING FULL LNGTH 30-40	\$ -
A6538	GC STOCKING FULL LNGTH 40-50	\$ -
A6539	GC STOCKING WAISTLNGTH 18-30	\$ -
A6540	GC STOCKING WAISTLNGTH 30-40	\$ -
A6541	GC STOCKING WAISTLNGTH 40-50	\$ -
A6544	GC STOCKING GARTER BELT	\$ -
A6545	GRD CMPRS WRP NONELST BK 30-50 MMHG	\$ -
A6549	G COMPRESSION STOCKING	\$ -
A6550	Neg pres wound ther drsg set	\$ -
A7000	CANISTER DISPBL USED W/SUCTN PUMP	\$ -
A7001	CANISTR NONDISPBL USED W/SUCTN PUMP	\$ -
A7002	TUBING USED WITH SUCTION PUMP EACH	\$ -
A7003	ADMN SET SM VOL NONFILTR NEB DISPBL	\$ -
A7004	NEBULIZER SET UP	\$ -
A7005	ADMN SET SM VOL NONFLTR NEB NONDISP	\$ -
A7006	ADMN SET W/SM VOL FILTR NEBULIZR	\$ -
A7007	LG VOL NEBULIZR DISPBL UNFIL COMPRS	\$ -
A7008	LG VOL NEBULIZR DISPBL PRFIL COMPRS	\$ -
A7009	RESRVOR BOTTLE LG VOL US NEBULIZR	\$ -
A7010	CORUG TUBE DISPBL LG VOL NEB 100 FT	\$ -
A7012	SPL RADOPHRM DX TC 99M APCITIDE VL	\$ -
A7013	RADPHRM DX THALLUS CHLORD TL-201MCI	\$ -
A7014	FLTR NON-DISPBL AROSL COMPRS/US GEN	\$ -
A7015	RADPHRM DX IOBGN SULFAT I-131 .5MCI	\$ -
A7016	DOME	\$ -
A7017	SPL RADPHRM DX TC 99M DEPREOTID MCI	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A7018	SPL RAOPHRM DX STRONTIUM-89 MCI	\$ -
A7020	STERL WATR/SALINE 1000 ML W/LG NEB	\$ -
A7025	HI FREQ CHST WALL OSCILAT VEST REPL	\$ -
A7026	HI FREQ CHST WALL OSCILAT HOSE REPL	\$ -
A7027	COMBINATION ORAL/NASAL MASK	\$ -
A7028	REPL ORAL CUSHION COMBO MASK	\$ -
A7029	REPL NASAL PILLOW COMB MASK	\$ -
A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	\$ -
A7031	FCE MASK INTERFCE REPL FULL MASK EA	\$ -
A7032	REPLCMT CUSHN NASL APPLIC DEVICE EA	\$ -
A7033	REPL PILLWS NASL APPLIC DEVC PAIR	\$ -
A7034	NASL INTERFCE POS ARWAY PRSS DEVC	\$ -
A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	\$ -
A7036	CHINSTRAP USE W/POS ARWAY PRSS DEVC	\$ -
A7037	TUBING USED W/POS ARWAY PRESS DEVC	\$ -
A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	\$ -
A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	\$ -
A7040	ONE WAY CHEST DRAIN VALVE	\$ -
A7041	WATER SEAL DRNAGE CONTAINER&TUBING	\$ -
A7044	ORL INTERFCE W/POS ARWAY PRSS DEVC	\$ -
A7045	EXHALATION PORT REPLACEMENT ONLY	\$ -
A7046	Repl water chamber- PAP dev	\$ -
A7047	ORAL INTF USED RESP SUCTION PUMP EA	\$ -
A7048	VACUUM DRN CLCT U & TUBING KIT EA	\$ -
A7501	TRACHEOSTOMA VALV INCL DIAPHRAGM EA	\$ -
A7502	REPL DIAPH/FCEPLAT TRACHESTOMA VALV	\$ -
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	\$ -
A7504	FLTR USE TRACHEOSTOMA EXCHG SYS EA	\$ -
A7505	HOUS REUSABL W/O ADHES EXCHG SYS	\$ -
A7506	ADHES DISC EXCHG SYS	\$ -
A7507	FLTR HLDR	\$ -
A7508	HOUS	\$ -
A7509	FLTR HLDR	\$ -
A7520	Trach/laryn tube non-cuffed	\$ -
A7521	Trach/laryn tube cuffed	\$ -
A7522	Trach/laryn tube stainless	\$ -
A7523	Tracheostomy shower protect	\$ -
A7524	Tracheostoma stent/stud/bttn	\$ -
A7525	Tracheostomy mask	\$ -
A7526	Tracheostomy tube collar	\$ -
A7527	TRACHEOST/LRYNGCT TUBE PLUG/STOP EA	\$ -
A8000	SOFT PROTECT HELMET PREFAB	\$ -
A8001	HARD PROTECT HELMET PREFAB	\$ -
A8002	SOFT PROTECT HELMET CUSTOM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A8003	HARD PROTECT HELMET CUSTOM	\$ -
A8004	REPL SOFT INTERFACE- HELMET	\$ -
A9150	NONPRESCRIPTION DRUG	\$ -
A9152	1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	\$ -
A9153	MULTIPLE VITAMINS ORAL PER DOSE NOS	\$ -
A9155	ARTIFICIAL SALIVA	\$ -
A9180	PEDICULOSIS TX TOP ADMN PT/CARETAKR	\$ -
A9270	NONCOVERED ITEM OR SERVICE	\$ -
A9272	MECH WND SUCTN DISPBL DRSG ACESS EA	\$ -
A9273	HOT WATER BOTTLE ICE CAP/COLLAR ANY	\$ -
A9274	EXT AMB INSULIN DELIVERY SYS	\$ -
A9275	DISP HOME GLUCOSE MONITOR	\$ -
A9276	DISPOSABLE SENSOR- CGM SYS	\$ -
A9277	EXTERNAL TRANSMITTER- CGM	\$ -
A9278	EXTERNAL RECEIVER- CGM SYS	\$ -
A9279	MONITORING FEATURE/DEVICENOC	\$ -
A9280	Alert device- noc	\$ -
A9281	REACHING/GRABBING DEVICE	\$ -
A9282	WIG ANY TYPE	\$ -
A9283	FOOT PRESS OFF LOAD SUPP DEV	\$ -
A9284	SPIROMETER NONELECTRONC INCL ACCESS	\$ -
A9285	INVERSION/EVERSION CORRECTION DEVC	\$ -
A9286	HYG I/DVC DISPBL/NON-DISPBL ANY T E	\$ -
A9300	EXERCISE EQUIPMENT	\$ -
A9500	RADOPHRM TECHTUM TC 99M SESTAMIBI	\$ -
A9501	TECHNETIUM TC-99M TEBOROXIME	\$ -
A9502	RADOPHRM TECHTUM TC 99M TETROFOSMIN	\$ -
A9503	RADPHRM DX TC 99M MEDRONAT TO 30MCI	\$ -
A9504	SPL RADOPHRM DX TC 99M APCITIDE VL	\$ -
A9505	RADPHRM DX THALLUS CHLORD TL-201MCI	\$ -
A9507	RADOPHRM INDIUM 111 CAPROMB PENDTDE	\$ -
A9508	RADPHRM DX IOBGN SULFAT I-131 .5MCI	\$ -
A9509	IODINE I-123 SOD IODIDE MIL	\$ -
A9510	RADOPHRM TECHTUM TC 99M DISOFENIN	\$ -
A9512	RADOPHRM DX TC-99M PERTECHNETAT-MCI	\$ -
A9513	RADOPHRM DX TC-99M MEBROFENIN-MCI	\$ -
A9515	RADOPHRM DX TC-99M PENTETATE-MCI	\$ -
A9516	RADPHRM DX I-123 SODIM IOD-100 UCI	\$ -
A9517	RADPHRM TX I-131 SODIM IOD CAP-MCI	\$ -
A9520	RADPHRM DX TC-99M SULFR COLLOID-MCI	\$ -
A9521	RADPHRM DX TC-99M EXETAZINE-DOSE	\$ -
A9524	RADOPHRM DX I-131 SERUM ALB 5 UCI	\$ -
A9526	Ammonia N-13- per dose	\$ -
A9527	IODINE I-125 SODIUM IODIDE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A9528	Dx I131 so iodide cap millic	\$ -
A9529	Dx I131 so iodide sol millic	\$ -
A9530	Th I131 so iodide sol millic	\$ -
A9531	Dx I131 so iodide microcurie	\$ -
A9532	I-125 serum albumin micro	\$ -
A9536	TC99M DEPREOTIDE	\$ -
A9537	TC99M MEBROFENIN	\$ -
A9538	TC99M PYROPHOSPHATE	\$ -
A9539	TC99M PENTETATE	\$ -
A9540	TC99M MAA	\$ -
A9541	TC99M SULFUR COLLOID	\$ -
A9542	IN111 IBRITUMOMAB- DX	\$ -
A9543	Y90 IBRITUMOMAB- RX	\$ -
A9546	CO57/58	\$ -
A9547	IN111 OXYQUINOLINE	\$ -
A9548	IN111 PENTETATE	\$ -
A9550	TC99M GLUCEPTATE	\$ -
A9551	TC99M SUCCIMER	\$ -
A9552	F18 FDG	\$ -
A9553	CR51 CHROMATE	\$ -
A9554	I125 IOTHALAMATE- DX	\$ -
A9555	RB82 RUBIDIUM	\$ -
A9556	GA67 GALLIUM	\$ -
A9557	TC99M BICISATE	\$ -
A9558	XE133 XENON 10MCI	\$ -
A9559	CO57 CYANO	\$ -
A9560	TC99M LABELED RBC	\$ -
A9561	TC99M OXIDRONATE	\$ -
A9562	TC99M MERTIATIDE	\$ -
A9563	P32 NA PHOSPHATE	\$ -
A9564	P32 CHROMIC PHOSPHATE	\$ -
A9566	TC99M FANOLESOMAB	\$ -
A9567	TECHNETIUM TC-99M AEROSOL	\$ -
A9568	TECHNETIUM TC99M ARCITUMOMAB	\$ -
A9569	TECHNETIUM TC-99M AUTO WBC	\$ -
A9570	INDIUM IN-111 AUTO WBC	\$ -
A9571	INDIUM IN-111 AUTO PLATELET	\$ -
A9572	INDIUM IN-111 PENTETREOTIDE	\$ -
A9575	INJ GADOTERATE MEGLUMINE 0.1 ML	\$ -
A9576	INJ PROHANCE MULTIPACK	\$ -
A9577	INJ MULTIHANCE	\$ -
A9578	INJ MULTIHANCE MULTIPACK	\$ -
A9579	GAD-BASE MR CONTRAST NOS-1ML	\$ -
A9580	NAF F-18 DX STUDY DOSE TO 30 MCI	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
A9581	INJ GADOXETATE DISODIUM 1 ML	\$ -
A9582	I-123 IOBENGUANE DX DOSE TO 15 MCI	\$ -
A9583	INJ GADOFOSVESET TRISODIUM 1 ML	\$ -
A9584	IODINE I-123 IOFLUPAN DX UP 5 MCI	\$ -
A9585	INJECTION GADOBUTROL 0.1 ML	\$ -
A9586	FLORBETAPR F18 DX-STDY DS TO 10 MCI	\$ -
A9587	GALLIUM GA-68 DOTATATE DX 0.1 MCI	\$ -
A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI	\$ -
A9589	Insti hexaminolevulinate hcl	\$ -
A9590	Iodine i-131 iobenguane 1mci	\$ -
A9591	Fluoroestradiol f 18	\$ -
A9592	Copper cu 64 dotatate diag	\$ -
A9593	Gallium ga-68 psma-11 ucsf	\$ -
A9594	Gallium ga-68 psma-11- ucla	\$ -
A9595	Piflu f-18- dia 1 millicurie	\$ -
A9597	PET RADIOPHARMA DX TUMOR ID NOC	\$ -
A9598	PET RADIOPHARM DX NON-TUMOR ID NOC	\$ -
A9600	SPL RAOPHRM DX STRONTIUM-89 MCI	\$ -
A9604	SM-153 LEXIDRONAM TX TO 150 MCI	\$ -
A9606	RADIUM RA-223 DICHLORIDE TX PER UCI	\$ -
A9698	NON-RAD CONTRAST MATERIALNOC	\$ -
A9699	SPL RADOPHRM TX IMAG AGT NOC	\$ -
A9700	RADPHRM TX NAI I-131 CAP EA ADD MCI	\$ -
A9900	RADPHRM DX NAI I-131 SOL EA ADD MCI	\$ -
A9901	DME DEL SET	\$ -
A9999	DME supply or accessory- nos	\$ -
B4034	SYRINGE	\$ -
B4035	ENTERAL FD SUPPLY KIT; PUMP FED-DAY	\$ -
B4036	ENTERAL FD SPL KIT; GRVITY FED-DAY	\$ -
B4081	NASOGASTRIC TUBING WITH STYLET	\$ -
B4082	NASOGASTRIC TUBING WITHOUT STYLET	\$ -
B4083	STOMACH TUBE - LEVINE TYPE	\$ -
B4087	GASTRO/JEJUNO TUBE- STD	\$ -
B4088	GASTRO/JEJUNO TUBE- LOW-PRO	\$ -
B4100	FOOD THICKENER ADMINED ORALLY-OUNCE	\$ -
B4102	ENTRAL F ADLT REPL FL&LYTES 500 ML	\$ -
B4103	ENTRAL F PED REPL FL&LYTES 500 ML	\$ -
B4104	ADDITIVE FOR ENTERAL FORMULA	\$ -
B4105	Enzyme cartridge enteral nut	\$ -
B4149	ENTRAL F BLENDERIZD NATURAL FOODS	\$ -
B4150	ENTRAL FORMUL; CATGY I; SEMI-SYNTH	\$ -
B4152	ENTRAL FORMUL; CATGY II:INTACT PROT	\$ -
B4153	ENTRAL FORMUL; CATGY III: HYDROLIZD	\$ -
B4154	ENTRAL FORMUL; CATGY IV:DEFIND FORM	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
B4155	ENTRAL FORMUL; CATGY V:MODULR CMPNT	\$ -
B4157	ENTRAL F CMPL INHERITED DZ METAB	\$ -
B4158	ENTRAL F PED NUTRITION COMPLETE	\$ -
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD	\$ -
B4160	ENTRAL F PED NUTRITN CMPL CAL DENSE	\$ -
B4161	ENTRAL F PED HYDROLYZED/AA PROTEINS	\$ -
B4162	ENTRAL F PED INHERITED DZ METAB	\$ -
B4164	PARNTRAL NUT SOL; CARBS 50%/< HOM	\$ -
B4168	PARNTRAL NUT SOL; AMINO ACID 3.5%	\$ -
B4172	PARNTRAL NUT SOL; AMINO ACID 5.5-7%	\$ -
B4176	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	\$ -
B4178	PARNTRAL NUT SOL; AMINO ACID > 8.5%	\$ -
B4180	PARNTRAL NUT SOL; CARBS > 50% HOM	\$ -
B4185	PARENTERAL SOL 10 GM LIPIDS	\$ -
B4187	Omegaven- 10 grams lipids	\$ -
B4189	PARNTRAL NUT;AMINOACID	\$ -
B4193	PARNTRAL NUT;AMINOACID	\$ -
B4197	PARNTRL NUT;AMINOACID	\$ -
B4199	PARNTRAL NUT;AMINO ACID	\$ -
B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	\$ -
B4220	PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	\$ -
B4222	PARNTRAL NUT SPL KIT; HOM MIX-DAY	\$ -
B4224	PARNTRAL NUTRITION ADMIN KIT-DAY	\$ -
B5000	PARNTRAL NUT; AMINO ACID	\$ -
B5100	PARNTRAL NUT; AMINO ACID	\$ -
B5200	PARNTRAL NUT; AMINO ACID	\$ -
B9002	ENTERAL NUTRIT INFUS PUMP - W/ALARM	\$ -
B9004	PARNTRAL NUTRIT INFUS PUMP PRTBLE	\$ -
B9006	PARNTRAL NUTRIT INFUS PUMP STATION	\$ -
B9998	NOC FOR ENTERAL SUPPLIES	\$ -
B9999	NOC FOR PARENTERAL SUPPLIES	\$ -
C1052	Hemostatic agent- gi- topic	\$ -
C1062	Intravertebral fx aug impl	\$ -
C1713	Anchor/screw bn/bn-tis/bn	\$ -
C1714	Cath- trans atherectomy- dir	\$ -
C1715	Brachytherapy needle	\$ -
C1716	Brachytx source- Gold 198	\$ -
C1717	Brachytx seed- HDR Ir-192	\$ -
C1719	Brachytx sour-Non-HDR Ir-192	\$ -
C1721	AICD- dual chamber	\$ -
C1722	AICD- single chamber	\$ -
C1724	Cath- trans atherec-rotation	\$ -
C1725	Cath- translumin non-laser	\$ -
C1726	Cath- bal dil- non-vascular	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
C1727	Cath- bal tis dis- non-vas	\$ -
C1728	Cath- brachytx seed adm	\$ -
C1729	Cath- drainage	\$ -
C1730	Cath- EP- 19 or few elect	\$ -
C1731	Cath- EP- 20 or more elec	\$ -
C1732	Cath- EP- diag/abl- 3D/vect	\$ -
C1733	Cath- EP- othr than cool-tip	\$ -
C1734	Orth/devic/drug bn/bn-tis/bn	\$ -
C1748	Endoscope- single- ugi	\$ -
C1749	ENDO RETRO IMAG/ILLUM COLONOSCOPE	\$ -
C1750	Cath- hemodialysis-long-term	\$ -
C1751	Cath- inf- per/cent/midline	\$ -
C1752	Cath-hemodialysis-short-term	\$ -
C1753	Cath- intravas ultrasound	\$ -
C1754	Catheter- intradiscal	\$ -
C1755	Catheter- intraspinal	\$ -
C1756	Cath- pacing- transesoph	\$ -
C1757	Cath- thrombectomy/embolect	\$ -
C1758	Catheter- ureteral	\$ -
C1759	Cath- intra echocardiography	\$ -
C1760	Closure dev- vasc	\$ -
C1761	Cath- trans intra litho/coro	\$ -
C1762	Conn tiss- human(inc fascia)	\$ -
C1763	Conn tiss- non-human	\$ -
C1764	Event recorder- cardiac	\$ -
C1765	ADHESION BARRIER	\$ -
C1766	Intro/sheath-strble-non-peel	\$ -
C1767	Generator- neurostim- imp	\$ -
C1768	Graft- vascular	\$ -
C1769	Guide wire	\$ -
C1770	Imaging coil- MR- insertable	\$ -
C1771	Rep dev- urinary- w/sling	\$ -
C1772	Infusion pump- programmable	\$ -
C1773	Ret dev- insertable	\$ -
C1776	Joint device (implantable)	\$ -
C1777	Lead- AICD- endo single coil	\$ -
C1778	Lead- neurostimulator	\$ -
C1779	Lead- pmkr- transvenous VDD	\$ -
C1780	Lens- intraocular (new tech)	\$ -
C1781	Mesh (implantable)	\$ -
C1782	Morcellator	\$ -
C1783	OCULAR IMPL AQUEOUS DRAIN ASST DEVC	\$ -
C1784	Ocular dev- intraop- det ret	\$ -
C1785	Pmkr- dual- rate-resp	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
C1786	Pmkr- single- rate-resp	\$ -
C1787	Patient progr- neurostim	\$ -
C1788	Port- indwelling- imp	\$ -
C1789	Prosthesis- breast- imp	\$ -
C1813	Prosthesis- penile- inflatab	\$ -
C1814	Retinal tamp- silicone oil	\$ -
C1815	Pros- urinary sph- imp	\$ -
C1816	Receiver/transmitter- neuro	\$ -
C1817	Septal defect imp sys	\$ -
C1818	Integrated keratoprosthesis	\$ -
C1819	Tissue localization-excision	\$ -
C1820	GENERATOR NEURO RECHG BAT SY	\$ -
C1821	INTERSPINOUS IMPLANT	\$ -
C1822	GEN NEUROSTIM HI FREQ RECHARG BATT	\$ -
C1823	Gen- neuro- trans sen/stim	\$ -
C1824	Generator- ccm- implant	\$ -
C1825	Gen- neuro- carot sinus baro	\$ -
C1830	POWERED BONE MARROW BIOPSY NEEDLE	\$ -
C1831	Personalized interbody cage	\$ -
C1832	Auto cell process sys	\$ -
C1833	Cardiac monitor sys	\$ -
C1839	Iris prosthesis	\$ -
C1840	LENS INTRAOCULAR TELESCOPIC	\$ -
C1841	RETINAL PROSTH INCL INTRL&EXT CMPNT	\$ -
C1842	RET PROS ALL I&EX CMPNT;AO TO C1841	\$ -
C1849	Skin substitute- synthetic	\$ -
C1874	Stent- coated/cov w/del sys	\$ -
C1875	Stent- coated/cov w/o del sy	\$ -
C1876	Stent- non-coa/non-cov w/del	\$ -
C1877	Stent- non-coat/cov w/o del	\$ -
C1878	Matrl for vocal cord	\$ -
C1880	Vena cava filter	\$ -
C1881	Dialysis access system	\$ -
C1882	AICD- other than sing/dual	\$ -
C1883	Adapt/ext- pacing/neuro lead	\$ -
C1884	Embolization Protect syst	\$ -
C1885	Cath- translumin angio laser	\$ -
C1886	CATH EXTRAVASCULAR TISS ABLAT MODAL	\$ -
C1887	Catheter- guiding	\$ -
C1888	CATH ABLATION NON-CARDIAC ENDOVASC	\$ -
C1889	IMPLANTBL/INSERTBL DVC INT PROC NOC	\$ -
C1890	No device w/dev-intensive px	\$ -
C1891	Infusion pump-non-prog- perm	\$ -
C1892	Intro/sheath-fixed-peel-away	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
C1893	Intro/sheath- fixed-non-peel	\$ -
C1894	Intro/sheath- non-laser	\$ -
C1895	Lead- AICD- endo dual coil	\$ -
C1896	Lead- AICD- non sing/dual	\$ -
C1897	Lead- neurostim test kit	\$ -
C1898	Lead- pmkr- other than trans	\$ -
C1899	Lead- pmkr/AICD combination	\$ -
C1900	LEAD LT VENTRICULAR CORON VENUS SYS	\$ -
C1982	Cath- pressure-valve-occlu	\$ -
C2596	Probe- robotic- water-jet	\$ -
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYST	\$ -
C2614	PROBE PERCUT LUMBAR DISCECTOMY	\$ -
C2615	Sealant- pulmonary- liquid	\$ -
C2616	Brachytx source- Yttrium-90	\$ -
C2617	Stent- non-cor- tem w/o del	\$ -
C2618	PROBE- CRYOABLATION	\$ -
C2619	Pmkr- dual- non rate-resp	\$ -
C2620	Pmkr- single- non rate-resp	\$ -
C2621	Pmkr- other than sing/dual	\$ -
C2622	Prosthesis- penile- non-inf	\$ -
C2623	CATHETER TA DRUG-COATED NON-LASER	\$ -
C2624	IMPL WL PULM ART PRSS SNSR DEL CATH	\$ -
C2625	Stent- non-cor- tem w/del sy	\$ -
C2626	Infusion pump- non-prog-temp	\$ -
C2627	Cath- suprapubic/cystoscopic	\$ -
C2628	Catheter- occlusion	\$ -
C2629	Intro/sheath- laser	\$ -
C2630	Cath- EP- cool-tip	\$ -
C2631	Rep dev- urinary- w/o sling	\$ -
C2634	BRACHYTX SOURCE HA I-125	\$ -
C2635	BBRACHYTX SOURCE HA P-103	\$ -
C2636	BRACHYTX LINEAR SOURCE P-10	\$ -
C2637	BRACHYTX- YTTERBIUM-169	\$ -
C2638	BRACHYTX- STRANDED- I-125	\$ -
C2639	BRACHYTX- NON-STRANDED-I-125	\$ -
C2640	BRACHYTX- STRANDED- P-103	\$ -
C2641	BRACHYTX- NON-STRANDED-P-103	\$ -
C2642	BRACHYTX- STRANDED- C-131	\$ -
C2643	BRACHYTX- NON-STRANDED-C-131	\$ -
C2644	BT SRC CESIUM-131 CHLOR SOL PER MCI	\$ -
C2645	BRT PLANAR SOURCE PD-103 PER SQ ML	\$ -
C2698	BRACHYTX- STRANDED- NOS	\$ -
C2699	BRACHYTX- NON-STRANDED- NOS	\$ -
C5271	APPL SG T- A- L 100 CM;1ST 25 CM/<	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
C5272	APPL SG T-A-L A 100 CM;EA ADD 25 CM	\$ -
C5273	APPL SG T-A- L>=100 CM;1ST 100 CM	\$ -
C5274	APP SG T-A-L>=100 CM;EA ADD 100 CM	\$ -
C5275	APP SG F-N-HF-G 100 CM;1ST 25 CM/<	\$ -
C5276	APP SG F-S-N-HF-G 100 CM;EA A 25 CM	\$ -
C5277	APP SG F/N/HF/G>=100;1ST 100/1% CH	\$ -
C5278	APP SG F/N/HF/G>=100;ADD 100/1% CH	\$ -
C8900	MR ANGIOGRAPHY W/CONTRAST ABDOMEN	\$ -
C8901	MR ANGIOGRAPHY WITHOUT CONTRST ABD	\$ -
C8902	MR ANGIO W/O CONTRST W/CONTRST ABD	\$ -
C8903	MR IMAGING W/CONTRST BREAST; UNILAT	\$ -
C8905	MR NO CONTRST FLW W/CNTRST BRST;UNI	\$ -
C8906	MR IMAGING W/CONTRST BREAST; BIL	\$ -
C8908	MR NO CONTRST FLW W/CNTRST BRST; BI	\$ -
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	\$ -
C8910	MR ANGIO WITHOUT CONTRST CHEST	\$ -
C8911	MR ANGIO NO CONTRST FLW CNTRST CHST	\$ -
C8912	MR ANGIO W/CONTRST LOWER EXTREMITY	\$ -
C8913	MR ANGIO WITHOUT CONTRST LOW EXTREM	\$ -
C8914	MR ANGIO NO CNTRST FLW CON LW EXTRM	\$ -
C8918	MRA w/cont- pelvis	\$ -
C8919	MRA w/o cont- pelvis	\$ -
C8920	MRA w/o fol w/cont- pelvis	\$ -
C8921	COMP TRANSTHO ECHO W/CONTR	\$ -
C8922	LIMIT TRANSTHO ECHO W/CONTR	\$ -
C8923	2D COM TRANSTHO ECHO W/CONTR	\$ -
C8924	2D LIM TRANSTHO ECHO W/CONTR	\$ -
C8925	2D TEE W/CONTRAST- INT/REPT	\$ -
C8926	CONG TEE W/CONTR- INT/REPT	\$ -
C8927	TEE W/CONTRAST; MONITOR	\$ -
C8928	2D TRANSTHO W/CONTR; STRESS	\$ -
C8929	TTE CMPL SPC & COLR FLOW DPPLR ECHO	\$ -
C8930	TTE CMPL DUR REST&CVST I&R PHYS SUP	\$ -
C8931	MRA W/CONTRST SPINAL CANAL CONTENTS	\$ -
C8932	MRA W/O CONTRST SP CANAL CONTENTS	\$ -
C8933	MRA NO CONTRST CONTRST SP CANAL CNT	\$ -
C8934	MRA WITH CONTRAST UPPER EXTREMITY	\$ -
C8935	MRA WITHOUT CONTRST UPPER EXTREMITY	\$ -
C8936	MRA NO CONTRST FLW W/CONTRST UP EXT	\$ -
C8937	Cad breast mri	\$ -
C8957	PROLONGED IV INF- REQ PUMP	\$ -
C9046	Cocaine hcl nasal solution	\$ -
C9047	Injection- caplacizumab-yhdp	\$ -
C9067	Gallium ga-68 dotatoc	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
C9084	Loncastuximab-lpyl- 0.1 mg	\$ -
C9085	Inj avalglucosid alfa-ngpt	\$ -
C9086	Inj- anifrolumab-fnia	\$ -
C9087	Inj cyclophosphamd auromedic	\$ -
C9088	Instill- bupivac and meloxic	\$ -
C9089	Bupivacaine implant- 1 mg	\$ -
C9113	INJECTION PANTOPRAZOLE SODIUM-VIAL	\$ -
C9248	NJECTION CLEVIDIPINE BUTYRATE 1 MG	\$ -
C9250	HUMAN PLASMA FIBRIN SEALANT 2ML	\$ -
C9254	INJECTION LACOSAMIDE 1 MG	\$ -
C9257	INJECTION BEVACIZUMAB 0.25 MG	\$ -
C9285	LIDO 70 MG/TETRACAINE 70 MG PATCH	\$ -
C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG	\$ -
C9293	INJECTION GLUCARPIDASE 10 UNITS	\$ -
C9352	NEURAGEN NERVE GUIDE- PER CM	\$ -
C9353	NEURAWRAP NERVE PROTECTOR-CM	\$ -
C9354	ACCELLULR PERICARDIAL TISS NH SQ CM	\$ -
C9355	COLLAGEN NERVE CUFF 0.5 CM LENGTH	\$ -
C9356	TENDON MATRIX COLLAGEN & GAG SQ CM	\$ -
C9358	DERM NON-DENATURED COLL 0.5 SQ CM	\$ -
C9359	PORUS PURIFD COL MTRX B FLLR-0.5CC	\$ -
C9360	DERM SUB NEONAT BOVN ORIG 0.5 SQ CM	\$ -
C9361	COLL MATRIX NRV WRAP PER 0.5 CM LEN	\$ -
C9362	POROUS COLL BN FILLER STRIP 0.5 CC	\$ -
C9363	SKIN SUB INTEGRA BILAYER PER SQ CM	\$ -
C9364	PORCINE IMPLANT PERMACOL PER SQ CM	\$ -
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	\$ -
C9460	INJECTION CANGRELOR 1 MG	\$ -
C9462	Injection- delafloxacin	\$ -
C9482	INJECTION SOTALOL HYDROCHLORID 1 MG	\$ -
C9488	Conivaptan hcl	\$ -
C9600	PERQ TRANSCATH PLCMT; 1 MAJ CA/BR	\$ -
C9601	PC TRNSCATH PLCMT; EA ADD BR MAJ CA	\$ -
C9602	PERQ TL CORONARY ATHERECT; 1 MCA/BR	\$ -
C9603	PERQ TL COR ATHERECT;EA ADD BR MCA	\$ -
C9604	PERQ TL REVISION OF/THRU CABG;1 VES	\$ -
C9605	PERQ TL REV OF/THRU CABG;EA ADD BR	\$ -
C9606	PC TL REV AC TOT/SUBTOT OCCL 1 VES	\$ -
C9607	PERQ TL REV CHRN TOT OCCL; 1 VESSEL	\$ -
C9608	PC TL REV CHRN TOT OCCL; EA ADD BR	\$ -
C9725	PLACE ENDORECTAL APP	\$ -
C9726	RXT BREAST APPL PLACE/REMOV	\$ -
C9727	INSERT PALATE IMPLANTS	\$ -
C9728	PLACE DEVICE/MARKER- NON PRO	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
C9733	NONOPHTHALMIC FLUOR VASCULAR ANGIO	\$ -
C9734	FOCUSED U/S ABL/TX INT OTH THAN UL	\$ -
C9738	Blue light cysto imag agent	\$ -
C9739	CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3	\$ -
C9740	CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/>	\$ -
C9751	Microwave bronch- 3d- ebus	\$ -
C9756	Fluorescence lymph map w/icg	\$ -
C9757	Spine/lumbar disk surgery	\$ -
C9758	Interatrial shunt ide	\$ -
C9759	Transcath intraop microinf	\$ -
C9760	Non-blind interatrial shunt	\$ -
C9761	Cysto- litho- vacuum kidney	\$ -
C9762	Cardiac mri seg dys strain	\$ -
C9763	Cardiac mri seg dys stress	\$ -
C9764	Revasc intravasc lithotripsy	\$ -
C9765	Revasc intra lithotrip-stent	\$ -
C9766	Revasc intra lithotrip-ather	\$ -
C9767	Revasc lithotrip-stent-ather	\$ -
C9768	Endo us-guide hep porto grad	\$ -
C9769	Cysto w/temp pros implant	\$ -
C9770	Vitrec/mech pars- subret inj	\$ -
C9771	Nsl/sins cryo post nasal tis	\$ -
C9772	Revasc lithotrip tibi/perone	\$ -
C9773	Revasc lithotr-stent tib/per	\$ -
C9774	Revasc lithotr-ather tib/per	\$ -
C9775	Revasc lith-sten-ath tib/per	\$ -
C9776	Fluo bile duct imaging w/icg	\$ -
C9777	Esophag muc integ w/eso egd	\$ -
C9778	Colpopexy- min/inv- ex-perit	\$ -
C9779	Esd endoscopy or colonoscopy	\$ -
C9780	Insert cv cath inf & sup app	\$ -
C9803	Hopd covid-19 spec collect	\$ -
C9898	RADIOLABELED PROD PROV HOS IP STAY	\$ -
C9899	IMPL PROS DEVC PAYBL IP NO IP COV	\$ -
D0120	PERIODIC ORAL EXAMINATION	\$ 44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$ 43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$ 41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 52.00
D0160	DTL	\$ -
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$ -
D0171	RE-EVALUATION-POST-OP OFFICE VISIT	\$ -
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$ -
D0190	Screening of Patient	\$ 41.00
D0191	ASSESSMENT OF A PATIENT	\$ 44.00



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D0210	INTRAORL - CMPL SERIES CODE 70320	\$ 83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$ 25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$ 20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$ 15.00
D0250	EXTRAORAL - FIRST FILM	\$ -
D0251	EXTRA-ORAL POSTERIOR DENTAL X-RAY	\$ -
D0270	BITEWING - SINGLE FILM	\$ 12.00
D0272	BITEWINGS - TWO FILMS	\$ 28.00
D0273	BITEWINGS - THREE FILMS	\$ 41.00
D0274	BITEWINGS - FOUR FILMS	\$ 45.00
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$ -
D0290	POST-ANT/LAT SKUL	\$ -
D0310	SIALOGRAPHY. SEE ALSO CODE 70390.	\$ -
D0320	TMJ ARTHROGM INCL INJ CODE 70332	\$ -
D0321	OTH TMJ FILMS RPT SEE CODE 76499	\$ -
D0322	TOMOGRAPHIC SURVEY. SEE ALSO CPT.	\$ -
D0330	PANORAMIC FILM SEE ALSO CODE 70320	\$ -
D0340	CEPHALOMETRIC FILM SEE CODE 70350	\$ -
D0350	ORAL/FACIAL IMAGES	\$ -
D0351	3D PHOTOGRAPHIC IMAGE	\$ -
D0364	CONE BM CT CAP&INT LTD FD VW<1 W JW	\$ -
D0365	CONE BEAM CT 1 FULL DENT ARCH-MAND	\$ -
D0366	CONE BEAM CT 1 FULL DENT ARCH-MAX	\$ -
D0367	CONE BEAM CT CAP&INT FD VW BOTH JWS	\$ -
D0368	CONE BM CT CAP&INT TMJ SER2/>EXPOS	\$ -
D0369	MAXILLOFACIAL MRI CAP & INTERPRET	\$ -
D0370	MAXILLOFACIAL U/S CAP & INTERPRET	\$ -
D0371	SIALOENDOSCOPY CAP & INTERPRETATION	\$ -
D0380	CONE BEAM CT IMAG LTD FD VW<1 W JAW	\$ -
D0381	CONE BEAM CT 1 FULL DENT ARCH-MAND	\$ -
D0382	CONE BEAM CT 1 FULL DENT ARCH-MAX	\$ -
D0383	CONE BEAM CT CAP FD VIEW BOTH JAWS	\$ -
D0384	CONE BM CT IMAG CAP TMJ SER2/>EXPOS	\$ -
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	\$ -
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAP	\$ -
D0391	INT DX IMAG P NOT ASSO CAP IMAG RPT	\$ -
D0393	TX SIMULATION 3D IMAGE VOLUME	\$ -
D0394	DIGTL SUBTR 2/> IMAGES/VOL SAME MOD	\$ -
D0395	FUSION 2/> 3D IMAG VOL 1/> MODAL	\$ -
D0415	BACTERIOLOGIC STDY DETERM PATH AGTS	\$ -
D0416	VIRAL CULTURE	\$ -
D0417	CLCT & PREP SALIV SAMP LAB DX TEST	\$ -
D0418	ANALYSIS OF SALIVA SAMPLE	\$ -
D0422	CLCT & PREP GENETIC SAMPLE MATERIAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D0423	GENETIC TEST SUSCEPT DZ-DPEC ANALY	\$ -
D0425	CARIES SUSCEPTIBILITY TESTS	\$ -
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$ -
D0460	PULP VITALITY TESTS	\$ -
D0470	DIAGNOSTIC CASTS	\$ -
D0472	ACCESS TISSUE GR EXAM PREP/REPRT	\$ -
D0473	ACSS TISSUE GR	\$ -
D0474	ACSS TISS GR	\$ -
D0475	DECALCIFICATION PROCEDURE	\$ -
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$ -
D0477	SPECIAL STAINS NOT MICROORGANISMS	\$ -
D0478	IMMUNOHISTOCHEMICAL STAINS	\$ -
D0479	TISS INSITU HYBRIDIZATION W/INTEPR	\$ -
D0480	PRC	\$ -
D0481	ELECTRON MICROSCOPY DIAGNOSTIC	\$ -
D0482	DIRECT IMMUNOFLUORESCENCE	\$ -
D0483	INDIRECT IMMUNOFLUORESCENCE	\$ -
D0484	CONSULTATION SLIDES PREPARED ELSW	\$ -
D0485	CNSLT W/PREP SLIDES BX SPL REF SRC	\$ -
D0486	ACCESSION OF BRUSH BIOPSY	\$ -
D0502	OTHER ORAL PATHOLOGY PROC REPORT	\$ -
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$ 5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$ 5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$ 5.00
D0999	UNSPEC DIAGNOSTIC PROCEDURE REPORT	\$ -
D1110	PROPHYLAXIS - ADULT	\$ 75.00
D1120	PROPHYLAXIS - CHILD	\$ 75.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 53.00
D1310	NUTRIT CNSL CONTROL DENTAL DISEASE	\$ -
D1320	TOBACCO CNSL CNTRL	\$ -
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 1.00
D1351	Dental Sealant - per tooth	\$ 37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$ 11.00
D1353	SEALANT REPAIR - PER TOOTH	\$ 25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$ 13.00
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	\$ -
D1515	SPACE MAINTAINER - FIXED-BILATERAL	\$ -
D1520	SPACE MAINTAINER - REMOVABLE-UNI	\$ -
D1525	SPACE MAINTAINER - REMOVABLE-BIL	\$ -
D1550	RECEMENTATION OF SPACE MAINTAINER	\$ -
D1555	REMOVE FIX SPACE MAINTAINER	\$ -
D1999	UNS PREVENTIVE PROCEDURE BY REPORT	\$ -
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	\$ -
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D2160	AMALGAM-3 SURFACES PRIMARY/PERM	\$ -
D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	\$ -
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$ 116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$ 132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$ 169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$ 211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 273.00
D2410	GOLD FOIL - ONE SURFACE	\$ -
D2420	GOLD FOIL - TWO SURFACES	\$ -
D2430	GOLD FOIL - THREE SURFACES	\$ -
D2510	INLAY - METALLIC - ONE SURFACE	\$ -
D2520	INLAY - METALLIC - TWO SURFACES	\$ -
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$ -
D2542	ONLAY - METALLIC - TWO SURFACES	\$ -
D2543	ONLAY METALLIC THREE SURFACES	\$ -
D2544	ONLAY METALLIC FOUR OR MORE SURF	\$ -
D2610	INLAY - PORCELN/CERAMIC - 1 SURFACE	\$ -
D2620	INLAY - PORCELN/CERAMIC - 2 SURF	\$ -
D2630	INLAY - PORCELN/CERAM - 3/MORE SURF	\$ -
D2642	ONLAY - PORCELN/CERAMIC - 2 SURF	\$ -
D2643	ONLAY - PORCELN/CERAMIC - 3 SURF	\$ -
D2644	ONLAY - PORCELN/CERAM - 4/MORE SURF	\$ -
D2650	INLAY-RSN COMPOS COMPOS/RSN-1 SURF	\$ -
D2651	INLAY-RSN COMPOS COMPOS/RSN-2 SURF	\$ -
D2652	INLAY-RSN COMPOS COMPOS/RSN-3/>SURF	\$ -
D2662	ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	\$ -
D2663	ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	\$ -
D2664	ONLAY-RSN COMPOS COMPOS/RSN-4/>	\$ -
D2710	CROWN - RESIN	\$ -
D2712	CROWN 3/4 RESNBASD COMPOS INDIRECT	\$ -
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$ -
D2721	CROWN - RESIN W/PREDOM BASE METAL	\$ -
D2722	CROWN - RESIN WITH NOBLE METAL	\$ -
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 769.00
D2750	CROWN - PORCELN FUSED HI NOBLE METL	\$ -
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ 755.00
D2752	CROWN - PORCELAIN FUSED NOBLE METAL	\$ -
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$ -
D2781	CROWN - 3/4 CAST PREDOM BASE METL	\$ -
D2782	CROWN - 3/4 CAST NOBLE METAL	\$ -
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D2791	CROWN - FULL CAST PREDOM BASE METL	\$ 328.00
D2794	CROWNTITANIUM	\$ -
D2910	RECEMENT INLAY	\$ -
D2915	RECEMENT CAST/PREFAB POST & CORE	\$ -
D2920	RECEMENT CROWN	\$ -
D2921	REATTCH TOOTH FRAG INCISL EDGE/CUSP	\$ -
D2929	PREFAB PORC/CERAMC CROWN-PRIM TOOTH	\$ -
D2930	PRFABR STAINLESS STEEL CROWN-PRIM	\$ -
D2931	PRFABR STAINLESS STEEL CROWN-PERM	\$ -
D2932	PREFABRICATED RESIN CROWN	\$ -
D2933	PRFABR STNLSS STEEL CROWN RSN WNDOW	\$ -
D2934	PREFB ESTHET COAT STNLSS STEEL CRWN	\$ -
D2940	SEDATIVE FILLING	\$ -
D2941	INTRIM TX RESTORATION-PRIM DENTITN	\$ -
D2949	RESTORATIV FOUNDATN INDIR RESTORATN	\$ -
D2950	CORE BUILDUP INCLUDING ANY PINS	\$ -
D2951	PIN RETN - PER TOOTH ADDITION REST	\$ -
D2952	CAST POST	\$ -
D2953	EA ADD CAST POST - SAME TOOTH	\$ -
D2954	PREFABR POST	\$ -
D2955	POST REMOVAL	\$ -
D2957	EA ADD PREFABR POST - SAME TOOTH	\$ -
D2960	LABIAL VENEER - CHAIRSIDE	\$ -
D2961	LABIAL VENEER - LABORATORY	\$ -
D2962	LABIAL VENEER - LABORATORY	\$ -
D2971	ADD PROC NEW CROWN XST PART DENTURE	\$ -
D2975	COPING	\$ -
D2980	CROWN REPAIR BY REPORT	\$ -
D2981	INLAY REPR NEC RESTORATV MATL FAIL	\$ -
D2982	ONLAY REPR NEC RESTORATV MATL FAIL	\$ -
D2983	VENEER REPR NEC RESTORATV MATL FAIL	\$ -
D2990	RESIN INFIL INCIPIENT SMTH SURF LES	\$ -
D2999	UNSPEC RESTORATIVE PROCEDURE REPORT	\$ -
D3110	PULP CAP - DIRECT	\$ 53.00
D3120	PULP CAP - INDIRECT	\$ 56.00
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$ 138.00
D3221	PULPAL DEBRID PRIMARY	\$ -
D3222	PART PULPOTMY APEXOGNEIS PERM TOOTH	\$ -
D3230	PULPAL THERAPY - ANT PRIMARY TOOTH	\$ -
D3240	PULPAL THERAPY - POST PRIMARY TOOTH	\$ -
D3310	ANTERIOR	\$ -
D3320	BICUSPID	\$ -
D3330	MOLAR	\$ -
D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D3332	INCPL ENDO THERAPY; INOP/FX TOOTH	\$ -
D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$ -
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$ -
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$ -
D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$ -
D3351	APEXIFICAT/RECALCIFICAT - INIT VST	\$ -
D3352	APEXIFICAT/RECALCIFICAT-INTERIM	\$ -
D3353	APEXIFICAT/RECALCIFICAT - FINAL VST	\$ -
D3355	PULPAL REGENERATION - INITIAL VISIT	\$ -
D3356	PULPAL REGENERATION - MED REPLACMNT	\$ -
D3357	PULPAL REGENERATION - COMPLETION TX	\$ -
D3410	APICOECT/PERIRADICULAR SURG - ANT	\$ -
D3421	APICOECT/PERIRADICULR SURG-BICUSPID	\$ -
D3425	APICOECT/PERIRADICULAR SURG - MOLAR	\$ -
D3426	APICOECTOMY/PERIRADICULAR SURGERY	\$ -
D3427	PERIRADICULAR SURG W/O APICOECTOMY	\$ -
D3428	BONE GRAFT PERIRADICULR SURG 1 SITE	\$ -
D3429	BONE GRAFT PERIRADICULR SURG EA ADD	\$ -
D3430	RETROGRADE FILLING - PER ROOT	\$ -
D3431	BIOL MATL TSS REGEN PERIRADICLR SRG	\$ -
D3432	GUIDE TISS REGEN PERIRADICULAR SURG	\$ -
D3450	ROOT AMPUTATION - PER ROOT	\$ -
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$ -
D3470	INTENTIONAL REIMPLANTATION	\$ -
D3910	SURG PROC ISOLAT TOOTH W/RUBR DAM	\$ -
D3920	HEMISECTION NOT INCL RC THERAPY	\$ -
D3950	CANAL PREP&FIT PREFORMED DOWEL/POST	\$ -
D3999	UNSPEC ENDODONTIC PROCEDURE REPORT	\$ -
D4210	Gingivectomy/plasty per quad	\$ -
D4211	Gingivectomy/plasty per toot	\$ -
D4212	GING/GINGIVOPLASTY RES PROC-TOOTH	\$ -
D4230	ANA CROWN EXP 4 OR> PER QUAD	\$ -
D4231	ANA CROWN EXP 1-3 PER QUAD	\$ -
D4240	Gingival flap proc w/ planin	\$ -
D4241	GINGL FLP ROOT PLAN 1-3 TEETH-QUAD	\$ -
D4245	APICALLY POSITIONED FLAP	\$ -
D4249	CLIN CROWN LEN - HARD TISSUE	\$ -
D4260	Osseous surgery per quadrant	\$ -
D4261	OSSEOUS SURG 1-3 TEETH PER QUAD	\$ -
D4263	BONE REPLCMT GRAFT - 1 SITE QUAD	\$ -
D4264	BN REPLCMT GRAFT - EA ADD SITE QUAD	\$ -
D4265	BIO MATL AID SFT&OSSEOUS TISS REGEN	\$ -
D4266	GUID TISS REGEN-RESORB BARRIER-SITE	\$ -
D4267	GUID TISS REGEN-NONRESORB BARRIER	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D4268	SURGICAL REVISION PROC PER TOOTH	\$ -
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$ -
D4273	Subepithelial tissue graft	\$ -
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$ -
D4275	SOFT TISSUE ALLOGRAFT	\$ -
D4276	COMB CNCTV TISSUE&DBL PEDICLE GRAFT	\$ -
D4277	FREE SFT TSS GFT 1ST T/EDNTULOUS T	\$ -
D4278	FREE ST GFT EA CNTG T/EDNT T SAME S	\$ -
D4283	AUTOGEN CONNECTIVE TISS GRAFT PROC	\$ -
D4285	NON-AUTOGEN CNCT TISSUE GRAFT PROC	\$ -
D4320	PRVSAL SPLINTING - INTRACORONAL	\$ -
D4341	Periodontal scaling & root	\$ 155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$ 130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$ 277.00
D4355	Full mouth debridement	\$ 112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$ 105.00
D4910	Periodontal maint procedures	\$ 103.00
D4920	UNSCHEDULED DRESSING CHANGE	\$ -
D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$ -
D4999	UNSPEC PERIODONTAL PROCEDURE REPORT	\$ -
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$ 1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$ 1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$ 1,175.00
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$ -
D5226	MANDIBULAR PART DENTURE FLEX BASE	\$ -
D5281	REMV UNI PART DENTUR-1 PC CAST METL	\$ -
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$ 41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ -
D5520	REPL MISS/BROKEN TEETH-CMPL DENTUR	\$ -
D5610	REPAIR RESIN DENTURE BASE	\$ -
D5620	REPAIR CAST FRAMEWORK	\$ -
D5630	REPAIR OR REPLACE BROKEN CLASP	\$ -
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$ -
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 165.00
D5660	ADD CLASP EXISTING PARTIAL DENTURE	\$ -
D5670	REPL ALL TEETH&ACRYLC FRMEWRK MAX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D5671	REPL ALL TEETH&ACRYLC FRMEWRK MAND	\$ -
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$ -
D5711	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	\$ -
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$ -
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$ -
D5730	RELIN COMPLETE MAXILLARY DENTURE	\$ -
D5731	RELIN COMPLETE MANDIBULAR DENTURE	\$ -
D5740	RELIN MAXILLARY PARTIAL DENTURE	\$ -
D5741	RELIN MANDIBULAR PARTIAL DENTURE	\$ -
D5750	RELIN COMPLETE MAXILLARY DENTURE	\$ 266.00
D5751	RELIN COMPLETE MANDIBULAR DENTURE	\$ 266.00
D5760	RELIN MAXILLARY PARTIAL DENTURE	\$ -
D5761	RELIN MANDIBULAR PARTIAL DENTURE	\$ -
D5810	INTERIM COMPLETE DENTURE	\$ -
D5811	INTERIM COMPLETE DENTURE	\$ -
D5820	INTERIM PARTIAL DENTURE	\$ 205.00
D5821	INTERIM PARTIAL DENTURE	\$ 205.00
D5850	TISSUE CONDITIONING MAXILLARY	\$ -
D5851	TISSUE CONDITIONING MANDIBULAR	\$ -
D5862	PRECISION ATTACHMENT BY REPORT	\$ -
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$ -
D5864	OVERDENTURE - PARTIAL MAXILLARY	\$ -
D5865	OVERDENTURE - COMPLETE MANDIBULAR	\$ -
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$ -
D5867	REPL PART SEMI-PRCISN/PRCISN ATTCH	\$ -
D5875	MOD REMV PROSTH FOLLOW IMPL SURG	\$ -
D5899	UNS REMV PROSTHODONTIC PROC RPT	\$ -
D5911	FACIAL MOULAGE	\$ -
D5912	FACIAL MOULAGE	\$ -
D5913	NASL PROSTHESIS SEE ALSO CODE 21087	\$ -
D5914	AURICULAR PROSTH SEE CODE 21086	\$ -
D5915	ORB PROSTHESIS SEE ALSO CODE L8611	\$ -
D5916	OCULR PROSTH CODE V2623 V2629&CPT	\$ -
D5919	FCE PROSTHESIS SEE ALSO CODE 21088	\$ -
D5922	NASL SEPTAL PROSTH SEE CODE 30220	\$ -
D5923	OCULR PROSTH INTERIM SEE CODE 92330	\$ -
D5924	CRANIAL PROSTH SEE ALSO CODE 62143	\$ -
D5925	FCE AUG IMPL PROSTH SEE CODE 21208	\$ -
D5926	NASL PROSTH REPLCMT SEE CODE 21087	\$ -
D5927	AURICULAR PROSTH REPLCMT CODE 21086	\$ -
D5928	ORB PROSTH REPLCMT SEE CODE 67550	\$ -
D5929	FCE PROSTH REPLCMT SEE CODE 21088	\$ -
D5931	OBTUR PROSTH SURG SEE CODE 21079	\$ -
D5932	OBTUR PROSTH DEFINITV CODE 21080	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D5933	OBTUR PROSTH MOD SEE CODE 21080	\$ -
D5934	MAND PROSTH W/GUID FLNGE CODE 21081	\$ -
D5935	MAND PROSTH NO GUID FLNG CODE 21081	\$ -
D5936	OBTUR/PROSTH INTERIM SEE CODE 21079	\$ -
D5937	TRISMUS APPLIANCE NOT TMD TX	\$ -
D5951	FEEDING AID	\$ -
D5952	SPCH AID PROSTH PED SEE CODE 21084	\$ -
D5953	SPCH AID PROSTH ADLT SEE CODE 21084	\$ -
D5954	PALATL AUG PROSTH SEE CODE 21082	\$ -
D5955	PALATL LIFT PROSTH DFNTV CODE 21083	\$ -
D5958	PALATL LIFT PROSTH INTRM CODE 21083	\$ -
D5959	PALATL LIFT PROSTH MOD CODE 21083	\$ -
D5960	SPCH AID PROSTH MOD SEE CODE 21084	\$ -
D5982	SURGICAL STENT SEE ALSO CODE 21085	\$ -
D5983	RADIATION CARRIER	\$ -
D5984	RADIATION SHIELD	\$ -
D5985	RADIATION CONE LOCATOR	\$ -
D5986	FLUORIDE GEL CARRIER	\$ -
D5987	COMMISSURE SPLINT	\$ -
D5988	SURGICAL SPLINT. SEE ALSO CPT.	\$ -
D5991	TOPICAL MEDICAMENT CARRIER	\$ -
D5992	ADJ MAXILLOFACIAL PROSTH APPL BR	\$ -
D5993	MAINT CLEAN MFP OTH THAN REQ ADJ	\$ -
D5994	PERIODONTAL MED CARRIER LAB PROCESS	\$ -
D5999	UNS MAXILLOFCE PROSTH RPT SEE CPT	\$ -
D6010	SURG PLCMT BDY:ENDOSTEAL IMPL 21248	\$ -
D6011	SECOND STAGE IMPLANT SURGERY	\$ -
D6012	ENDOSTEAL IMPLANT	\$ -
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$ -
D6040	SURG PLCMT: EPOSTEAL IMPL 21245	\$ -
D6050	SURG PLCMT: TRANSOSTEAL IMPL 21244	\$ -
D6051	INTERIM ABUTMENT	\$ -
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	\$ -
D6055	DENTAL IMPLANT SUPP CONNECTING BAR	\$ -
D6056	PREFABRICATED ABUTMENT	\$ -
D6057	CUSTOM ABUTMENT	\$ -
D6058	ABUT SUPP PORCELN/CERAMIC CROWN	\$ -
D6059	ABUT PORCLN TO MTL CRWN HI NOBL MTL	\$ -
D6060	ABUT PORCLN TO METL CROWN BASE METL	\$ -
D6061	ABUT PORCLN TO MTL CROWN NOBLE MTL	\$ -
D6062	ABUT SUPP CAST MTL CRWN HI NOBL MTL	\$ -
D6063	ABUT SUPP CAST METL CROWN BASE METL	\$ -
D6064	ABUT SUPP CAST METL CROWN NOBL METL	\$ -
D6065	IMPLANT SUPP PORCELN/CERAMIC CROWN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D6066	IMPL SUPP PORCELN FUSED METAL CROWN	\$ -
D6067	IMPLANT SUPPORTED METAL CROWN	\$ -
D6068	ABUT SUPP RETAIN PORCELN/CERAM FPD	\$ -
D6069	ABUT RETN PORCLN MTL FPD HI NOBL MT	\$ -
D6070	ABUT RETN PORCLN METL FPD BASE METL	\$ -
D6071	ABUT SUPP RETN PORCLN FUSD METL FPD	\$ -
D6072	ABUT SUPP RETAIN CAST METAL FPD	\$ -
D6073	ABUT RETN CAST METL FPD BASE METL	\$ -
D6074	ABUT RETN CAST METL FPD NOBL METL	\$ -
D6075	IMPLANT SUPP RETAIN CERAMIC FPD	\$ -
D6076	IMPL SUPP RETN PORCLN FUSD METL FPD	\$ -
D6077	IMPLANT SUPP RETAIN CAST METAL FPD	\$ -
D6080	IMPL MAINT PROC REMV CLEANS PROSTH	\$ -
D6090	REP IMPL SUPP PROSTH RPT CODE 21299	\$ -
D6091	REPL SEMI/PRECISION ATTACH	\$ -
D6092	RECEMENT SUPP CROWN	\$ -
D6093	RECEMENT SUPP PART DENTURE	\$ -
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	\$ -
D6095	REPR IMPL ABUT RPT SEE CODE 21299	\$ -
D6100	IMPLANT REMOVAL RPT SEE CODE 21299	\$ -
D6101	DEBR PRIIMPL DEF CLN EXPSD IMPL FLP	\$ -
D6102	DEBR&OSS CNTR PRIIMPL DEF;CLN SURF	\$ -
D6103	BN GFT PERIIMPL D-NO BR MB/BIOL MTL	\$ -
D6104	BONE GRAFT TIME IMPLANT PLACEMENT	\$ -
D6110	IMPL/ABUT SUPP RMV D EDENT ARCH-MAX	\$ -
D6111	IMPL/ABUT SUPP RMV D EDENT ARCH-MND	\$ -
D6112	IMPL/ABUT SUP RMV D PR EDNT ARCH-MX	\$ -
D6113	IMPL/ABUT SP RMV D PR EDNT ARCH-MND	\$ -
D6114	IMPL/ABUT SP FIXED D EDENT ARCH-MAX	\$ -
D6115	IMPL/ABUT SUP FIXD D EDENT ARCH-MND	\$ -
D6116	IMPL/ABUT SUP F D PR EDENT ARCH-MAX	\$ -
D6117	IMPL/ABUT SP FIXD D PR EDENT ARCH-M	\$ -
D6190	RADIOGRAPHIC/SURG IMPLANT INDX RPT	\$ -
D6194	ABUTMENT SUPP RETAINR CROWN FOR FPD	\$ -
D6199	UNSPEC IMPL PROC RPT SEE CODE 21299	\$ -
D6205	PONTIC INDIRECT RESIN BASED COMPOS	\$ -
D6210	PONTIC - CAST HIGH NOBLE METAL	\$ -
D6211	PONTIC - CAST PREDOM BASE METAL	\$ -
D6212	PONTIC - CAST NOBLE METAL	\$ -
D6214	PONTIC TITANIUM	\$ -
D6240	PONTIC-PORCELN FUSED HI NOBLE METL	\$ -
D6241	PONTIC-PORCLN FUSD PREDOM BASE METL	\$ -
D6242	PONTIC - PORCELN FUSED NOBLE METAL	\$ -
D6245	PONTIC - PORCELAIN/CERAMIC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D6250	PONTIC - RESIN W/HIGH NOBLE METAL	\$ -
D6251	PONTIC - RSN W/PREDOM BASE METAL	\$ -
D6252	PONTIC - RESIN WITH NOBLE METAL	\$ -
D6253	PROVISIONAL PONTIC	\$ -
D6545	RETN-CAST METL RSN BOND FIX PROSTH	\$ -
D6548	RETN-PORCELN/CERAM RSN BOND PROSTH	\$ -
D6549	RESIN RET-RESIN BONDED FIXED PROS	\$ -
D6600	INLAY-PORCELAIN/CERAMIC 2 SURFACES	\$ -
D6601	INLAY - PORCELN/CERAMIC 3/MORE SURF	\$ -
D6602	INLAY - CAST HI NOBLE METAL 2 SURF	\$ -
D6603	INLAY-CAST HI NOBLE METL 3/> SURF	\$ -
D6604	INLAY-CAST PREDOM BASE METL 2 SURF	\$ -
D6605	INLAY-CAST PREDOM BASE METL 3/>SURF	\$ -
D6606	INLAY - CAST NOBLE METAL 2 SURFACES	\$ -
D6607	INLAY - CAST NOBLE METL 3/MORE SURF	\$ -
D6608	ONLAY - PORCELN/CERAMIC 2 SURFACES	\$ -
D6609	ONLAY - PORCELN/CERAMIC 3/MORE SURF	\$ -
D6610	ONLAY - CAST HI NOBLE METAL 2 SURF	\$ -
D6611	ONLAY-CAST HI NOBLE METL 3/> SURF	\$ -
D6612	ONLAY-CAST PREDOM BASE METL 2 SURF	\$ -
D6613	ONLAY-CAST PREDOM BASE METL 3/>SURF	\$ -
D6614	ONLAY - CAST NOBLE METAL 2 SURFACES	\$ -
D6615	ONLAY - CAST NOBLE METL 3/MORE SURF	\$ -
D6624	INLAY TITANIUM	\$ -
D6634	ONLAY TITANIUM	\$ -
D6710	CROWN INDIRECT RESIN BASED COMPOS	\$ -
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	\$ -
D6721	CROWN RESIN PREDOM BASE METL-DENTUR	\$ -
D6722	CROWN - RESIN WITH NOBLE METAL	\$ -
D6740	CROWN - PORCELAIN/CERAMIC	\$ -
D6750	CRWN PORCLN FUSD HI NOBL MTL-DENTUR	\$ -
D6751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ -
D6752	CROWN - PORCELAIN FUSED NOBLE METAL	\$ -
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$ -
D6781	CROWN-3/4 CAST PREDOM BASED METL	\$ -
D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE	\$ -
D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	\$ -
D6790	CROWN FULL CAST HI NOBL METL-DENTUR	\$ -
D6791	CROWN FULL CAST BASE METAL-DENTURE	\$ -
D6792	CROWN FULL CAST NOBLE METAL-DENTURE	\$ -
D6793	PROVISIONAL RETAINER CROWN	\$ -
D6794	CROWN TITANIUM	\$ -
D6920	CONNECTOR BAR	\$ -
D6930	RECEMENT FIXED PARTIAL DENTURE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D6940	STRESS BREAKER	\$ -
D6950	PRECISION ATTACHMENT	\$ -
D6980	FIXED PARTIAL DENTURE REPAIR REPORT	\$ -
D6985	PEDIATRIC PARTIAL DENTURE- FIXED	\$ -
D6999	UNSPEC FIX PROSTHODONTIC PROC RPT	\$ -
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	\$ -
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$ 201.00
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$ -
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$ -
D7240	REMOVAL IMPACTED TOOTH - CMPL BONY	\$ -
D7241	REMV IMP TOOTH-CMPL BNY W/SURG COMP	\$ -
D7250	SURG REMOVAL RESIDUAL TOOTH ROOTS	\$ -
D7251	CORONECTOMY PARTIAL TOOTH REMOVAL	\$ -
D7260	OROLANTRAL FISTULA CLOSURE	\$ -
D7261	PRIMARY CLOSURE SINUS PERFORATION	\$ -
D7270	Tooth reimplantation	\$ -
D7272	TOOTH TRANSPLANTATION	\$ -
D7280	Exposure impact tooth orthod	\$ -
D7282	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	\$ -
D7283	PLCMT DEVC FACL ERUPT IMPACT TOOTH	\$ -
D7285	BX ORL TISS HARD 20220-25 20240-45	\$ -
D7286	BX ORL TISSUE - SOFT SEE CODE 40808	\$ -
D7287	CYTOLOGY SAMPLE COLLECTION	\$ -
D7288	BRUSH BX TRANSEPITH SAMPLE CLCTION	\$ -
D7290	SURGICAL REPOSITIONING OF TEETH	\$ -
D7291	Transseptal fiberotomy	\$ -
D7292	SCREW RETAINED PLATE	\$ -
D7293	TEMP ANCHORAGE DEV W FLAP	\$ -
D7294	TEMP ANCHORAGE DEV W/O FLAP	\$ -
D7295	HARVEST BONE USE AUTOGEN GRAFT PROC	\$ -
D7310	ALVEOLPLSTY W/XTRAC QUAD CODE 41874	\$ -
D7311	ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH	\$ -
D7320	ALVEOLPLSTY NO XTRAC-QUAD CODE41870	\$ -
D7321	ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH	\$ -
D7340	VESTBULPLSTY-RIDGE EXT CODE40840-44	\$ -
D7350	VESTIBULPLSTY-RIDGE EXT CODE 40845	\$ -
D7410	Rad exc lesion up to 1.25 cm	\$ -
D7411	EXCISION OF BENIGN LESION > 1.25 CM	\$ -
D7412	EXCISION BENIGN LESION COMPLICATED	\$ -
D7413	EXCISION MALIG LESION UP 1.25 CM	\$ -
D7414	EXCISION MALIGNANT LESION > 1.25 CM	\$ -
D7415	EXCISION MALIG LESION COMPLICATED	\$ -
D7440	EXC MALIG TUMR - UP 1.25 CM SEE CPT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D7441	EXC MALIG TUMR - > 1.25 CM SEE CPT	\$ -
D7450	Rem odontogen cyst to 1.25cm	\$ -
D7451	Rem odontogen cyst > 1.25 cm	\$ -
D7460	Rem nonodonto cyst to 1.25cm	\$ -
D7461	Rem nonodonto cyst > 1.25 cm	\$ -
D7465	DESTRUC LES PHYS/CHEM METH 41850	\$ -
D7471	Rem exostosis any site	\$ -
D7472	REMOVAL OF TORUS PALATINUS	\$ -
D7473	REMOVAL OF TORUS MANDIBULARIS	\$ -
D7485	SURGICAL RDUC OSSEOUS TUBEROSITY	\$ -
D7490	RADL RES MAND W/BN GFT CODE 21095	\$ -
D7510	I&D ABSC-INTRAORAL SFT TISS 41800	\$ -
D7511	I & D ABSC INTRAORAL SOFT TISS COMP	\$ -
D7520	I&D ABSC-XTRAORAL SFT TISS 40800	\$ -
D7521	I & D ABSC XTRAORAL SOFT TISS COMP	\$ -
D7530	Removal fb skin/areolar tiss	\$ -
D7540	REMOV REACT-PRODUC FB MUSCLOSKELE SYS	\$ -
D7550	Removal of sloughed off bone	\$ -
D7560	MAX SINUSOT REMV TOOTH FRG/FB 31020	\$ -
D7610	MAXILLA - OPEN RDUC SEE ALSO CPT	\$ -
D7620	MAXILLA - CLOS RDUC SEE ALSO CPT	\$ -
D7630	MAND - OPEN REDUCTION SEE ALSO CPT	\$ -
D7640	MAND - CLOS REDUCTION SEE ALSO CPT	\$ -
D7650	MALAR&/ZYGO ARCH OPN RDUC SEE CPT	\$ -
D7660	MALAR&/ZYGO ARCH CLOS RDUC SEE CPT	\$ -
D7670	Closd rductn splint alveolus	\$ -
D7671	ALVEOL - OPN RDUC MAY W/STBL TEETH	\$ -
D7680	FCE BNS-COMP RDUC FIX&MX APPRCH	\$ -
D7710	MAXILLA - OPEN RDUC SEE CODE 21346	\$ -
D7720	MAXILLA - CLOS RDUC SEE CODE 21345	\$ -
D7730	MAND - OPN RDUC CODES 21461 21462	\$ -
D7740	MAND - CLOS RDUC SEE CODE 21455	\$ -
D7750	MALR&/ZYGO ARCH-OPN RDUC 21360-65	\$ -
D7760	MALAR&/ZYGO ARCH CLOS RDUC SEE 2135	\$ -
D7770	Open reduc compd alveolus fx	\$ -
D7771	ALVEOL CLOS RDUC STBL TEETH	\$ -
D7780	FCE BNS-COMP RDUC FIX&MX APPRCHES	\$ -
D7810	OPEN RDUC DISLOC SEE CODE 21490	\$ -
D7820	CLOS RDUC DISLOC SEE CODE 21480	\$ -
D7830	MANIP UNDER ANES-SEE CODE 00190	\$ -
D7840	CONDYLECTOMY. SEE ALSO CODE 21050.	\$ -
D7850	SURG DISSECT W/ W/O IMPL CODE 21060	\$ -
D7852	DISC REPAIR. SEE ALSO CODE 21299.	\$ -
D7854	SYNOVECTOMY. SEE ALSO CODE 21299.	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D7856	MYOTOMY. SEE ALSO CODE 21299.	\$ -
D7858	JOINT RECNRSTR SEE CODES 21242 21243	\$ -
D7860	ARTHROTOMY	\$ -
D7865	ARTHROPLASTY. SEE ALSO CODE 21240.	\$ -
D7870	ARTHROCENTESIS SEE ALSO CODE 21060	\$ -
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$ -
D7872	SCOPE - DX W/WO BX SEE CODE 29800	\$ -
D7873	SCOPE-SURG:LAVAGE&LYSIS ADHES 29804	\$ -
D7874	SCOPE-SURG: DISC REPSTN&STBL 29804	\$ -
D7875	SCOPE - SURG: SYNOVECT CODE 29804	\$ -
D7876	SCOPE - SURG: DISCECT CODE 29804	\$ -
D7877	SCOPE - SURG: DEBRID SEE CODE 29804	\$ -
D7880	OCCLUSAL ORTHOT DEVC RPT CODE 21499	\$ -
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$ -
D7899	UNSPEC TMD TX RPT SEE CODE 21499	\$ -
D7910	SUT RECENT SM WND5 UP 5 CM 12011-13	\$ -
D7911	COMP SUT-UP 5 CM CODES 12051 12052	\$ -
D7912	COMP SUT - > 5 CM SEE CODE 13132	\$ -
D7920	SKIN GRAFT SEE ALSO CPT	\$ -
D7921	COLLECT&APPLIC AUTO BLOOD CONC PROD	\$ -
D7940	OSTEOPLASTY - ORTHOGNATHIC DEFORM	\$ -
D7941	OSTEOT-MAND RAMI 21193 21195 21196	\$ -
D7943	OSTEOT-MAND RAMI BN GFT; OBTAIN GFT	\$ -
D7944	OSTEOT-SEG/SUBAPICAL-SEXTANT/QUAD	\$ -
D7945	OSTEOT-BDY MAND CODES 21193-21196	\$ -
D7946	LEFORT I SEE ALSO CODE 21147	\$ -
D7947	LEFORT I SEE ALSO CODES 21145 21146	\$ -
D7948	LEFORT II/III-W/O BN GFT CODE 21150	\$ -
D7949	LEFORT II/LEFORT III - W/BN GFT CPT	\$ -
D7950	OSSEOUS PERIOSTEL/CART GFT MAND/FCE	\$ -
D7951	SINUS AUG W BONE/BONE SUP	\$ -
D7952	SINUS AUGMENTATION VERTICAL APPR	\$ -
D7953	BONE REPLCMT GRAFT RIDGE PRES -SITE	\$ -
D7955	REP MAXLOFCE SFT&HARD TISS DEFEC	\$ -
D7960	FRENULECT-SEP PROC40819 41010 41115	\$ -
D7963	FRENULOPLASTY	\$ -
D7970	EXC HYPERPLSTC TISS --ARCH SEE CPT	\$ -
D7971	EXC PERICORONAL GING SEE CODE 41821	\$ -
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$ -
D7980	SIALOLITH CODES 42330 42335 42340	\$ -
D7981	EXC SALIV GLAND RPT SEE CODE 42408	\$ -
D7982	SIALODOCHOPLASTY SEE CODE 42500	\$ -
D7983	CLOS SALIV FIST SEE ALSO CODE 42600	\$ -
D7990	EMERG TRACHEOT CODES 31603 31605	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D7991	CORONOIDECTOMY SEE ALSO CODE 21070	\$ -
D7995	SYNTH GFT-MAND/FCE BNS BY RPT 21299	\$ -
D7996	IMPL-MAND AUG PRPSS RPT CODE 21299	\$ -
D7997	APPLINC REMOVL INCL REMOVL ARCHBAR	\$ -
D7998	INTRAORAL PLACE OF FIX DEV	\$ -
D7999	UNS ORL SURG PROC RPT CODE 21299	\$ -
D8010	LTD ORTHODONT TX PRIMARY DENTITION	\$ -
D8020	LTD ORTHODONT TX TRNSITIONL DENTITN	\$ -
D8030	LTD ORTHODONTIC TX ADOLES DENTITION	\$ -
D8040	LTD ORTHODONTIC TX ADULT DENTITION	\$ -
D8050	INTRCPTV ORTHODONT TX PRIM DENTITN	\$ -
D8060	INTRCPTV ORTHODONT TX TRNSITNL DENT	\$ -
D8070	COMP ORTHODONT TX TRNSITNL DENTITN	\$ -
D8080	COMP ORTHODONT TX ADOLES DENTITION	\$ -
D8090	COMP ORTHODONTIC TX ADULT DENTITION	\$ -
D8210	REMOVABLE APPLIANCE THERAPY	\$ -
D8220	FIXED APPLIANCE THERAPY	\$ -
D8660	PRE-ORTHODONTIC TREATMENT VISIT	\$ -
D8670	PERIODIC ORTHODONTIC TX VISIT	\$ -
D8680	ORTHODONTIC RETENTION	\$ -
D8681	REMOVABLE ORTHODONTIC RETAINER ADJ	\$ -
D8690	ORTHODONTIC TREATMENT	\$ -
D8691	REPAIR OF ORTHODONTIC APPLIANCE	\$ -
D8692	REPLACEMENT LOST OR BROKEN RETAINER	\$ -
D8693	REBOND/CEMENT/REPAIR RETAIN	\$ -
D8694	REPAIR FIX RETAINERS INCL REATTACH	\$ -
D8999	UNSP ORTHODONTIC PROCEDURE REPORT	\$ -
D9110	PALLIATVE TX DENTAL PAIN-MINOR PROC	\$ -
D9120	FIX PARTIAL DENTURE SECTION	\$ -
D9210	LOC ANES-NOT CONJUNC W/OP/SURG PROC	\$ -
D9211	RGN BLK SEE ALSO CODE 01995	\$ -
D9212	TRIGEMINAL DIV BLK ANES-CODE 64400	\$ -
D9215	LOCAL ANES-SEE ALSO CODE 90784	\$ -
D9219	EVAL DEEP SEDATION/GEN ANESTHESIA	\$ -
D9223	DEEP SEDATION/GENERL ANES-EA 15 MIN	\$ -
D9230	ANALG ANXIOLYSIS INHAL NITROUS OXID	\$ -
D9243	IV MOD SEDATION/ANALGESIA-EA 15 MIN	\$ -
D9248	NON-INTRAVERNOUS CONSCIOUS SEDATION	\$ -
D9310	CONSULTATION SEE ALSO CPT	\$ -
D9311	Consultation with a Medical Health Care Professional	\$ 95.00
D9410	HOUSE/EXTREND CARE FACL CALL CPT	\$ -
D9420	HOSPITAL CALL SEE ALSO CPT	\$ -
D9430	Office Visit for Observation (during regularly scheduled hours)	\$ 69.00
D9440	OV-AFTER REGLY SCHEDD HR CODE 99050	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D9450	CASE PRSATION DTL&EXT TX PLANNING	\$ -
D9610	TX RX INJ RPT SEE CODES 90784 90788	\$ -
D9612	THERA PAR DRUGS 2 OR > ADMIN	\$ -
D9630	OTHER DRUGS &OR MEDICAMENTS REPORT	\$ -
D9910	APPLICATION DESENZT MEDICAMENT	\$ -
D9911	APPLIC DESENZT RSN CERV&/ROOT-TOOTH	\$ -
D9920	BEHAVIOR MANAGEMENT BY REPORT	\$ -
D9930	TX COMPS - UNUSUL CIRCUMSTANCES RPT	\$ -
D9932	CLEAN&INSPECT REMV CMPL DENTUR MAXIL	\$ -
D9933	CLEAN&INSPECT REMV CMPL DENTUR MAND	\$ -
D9934	CLEAN&INSPECT REMV PRT DENTUR MAXIL	\$ -
D9935	CLEAN&INSPECT REMV PART DENTUR MAND	\$ -
D9940	OCCLUSAL GUARD BY REPORT	\$ -
D9941	FABR ATHLETIC MOUTHGUARD CODE 21089	\$ -
D9942	REPAIR &/ RELINE OF OCCLUSAL GUARD	\$ -
D9943	OCCLUSAL GUARD ADJUSTMENT	\$ -
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	\$ -
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$ -
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$ -
D9970	ENAMEL MICROABRASION	\$ -
D9971	ODONTPLSTY 1-2 TEETH;REMV ENAML PRJ	\$ -
D9972	EXTERNAL BLEACHING - PER ARCH	\$ -
D9973	EXTERNAL BLEACHING - PER TOOTH	\$ -
D9974	INTERNAL BLEACHING - PER TOOTH	\$ -
D9975	EXT BLEACH HOM APP-ARCH;MATL&TRAYS	\$ -
D9985	SALES TAX	\$ -
D9986	MISSED APPOINTMENT	\$ -
D9987	CANCELLED APPOINTMENT	\$ -
D9991	Dental Case Management - Addressing appointment compliance barriers	\$ 15.00
D9992	Dental Case Management - Care Coordination	\$ 31.00
D9993	Dental Case Management - Motivational Interviewing	\$ 15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$ 15.00
D9999	UNS ADJUNCTIVE PROCEDURE REPORT	\$ -
E0100	CANE ALL MATL ADJUSTBL/FIX W/TIP	\$ -
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS	\$ -
E0110	CRTCHES FORARM VARIOUS MATL PAIR	\$ -
E0111	CRTCH FORARM VARIOUS MATL EA	\$ -
E0112	CRTCHS UNDARM WOOD PAIR ADJUSTBL/FIX	\$ -
E0113	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	\$ -
E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	\$ -
E0116	CRTCH UNDARM OTH THAN WOOD EA	\$ -
E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	\$ -
E0118	Crutch substitute	\$ -
E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	\$ -
E0140	Walker w trunk support	\$ -
E0141	RIGID WALKER WHEELED WITHOUT SEAT	\$ -
E0143	FOLDING WALKER WHEELED WITHOUT SEAT	\$ -
E0144	ENCLOS FRMED FOLD WALK WHLED SEAT	\$ -
E0147	HEVY DUTY MX BREAK VARIBL WHL WALK	\$ -
E0148	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	\$ -
E0149	WALK HEVY DUTY WHLED RIGD/FOLD EA	\$ -
E0153	PLATFORM ATTCH FOREARM CRUTCH EA	\$ -
E0154	PLATFORM ATTACHMENT WALKER EACH	\$ -
E0155	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	\$ -
E0156	SEAT ATTACHMENT WALKER	\$ -
E0157	CRUTCH ATTACHMENT WALKER EACH	\$ -
E0158	LEG EXTENSIONS WALKER PER SET FOUR	\$ -
E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA	\$ -
E0160	SITZ TYPE BATH/EQP PRTBLE USED	\$ -
E0161	SITZ BATH/EQP PRTBLE USED W/FAUCET	\$ -
E0162	SITZ BATH CHAIR	\$ -
E0163	COMMODE CHAIR STATIONARY W/FIX ARMS	\$ -
E0165	COMMODE CHAIR STATION W/DTACHBL ARM	\$ -
E0167	PAIL OR PAN USE WITH COMMODE CHAIR	\$ -
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	\$ -
E0170	COMMODE CHAIR ELECTRIC	\$ -
E0171	COMMODE CHAIR NON-ELECTRIC	\$ -
E0172	SEAT LIFT MECHANISM TOILET	\$ -
E0175	FOOT REST USE W/COMMODE CHAIR EACH	\$ -
E0181	PRESS PAD ALTRNAT W/PUMP HEAVY DUTY	\$ -
E0182	PUMP FOR ALTERNATING PRESSURE PAD	\$ -
E0184	DRY PRESSURE MATTRESS	\$ -
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	\$ -
E0186	AIR PRESSURE MATTRESS	\$ -
E0187	WATER PRESSURE MATTRESS	\$ -
E0188	SYNTHETIC SHEEPSKIN PAD	\$ -
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	\$ -
E0190	Positioning cushion	\$ -
E0191	HEEL OR ELBOW PROTECTOR EACH	\$ -
E0193	POWERED AIR FLOTATION BED	\$ -
E0194	AIR FLUIDIZED BED	\$ -
E0196	GEL PRESSURE MATTRESS	\$ -
E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	\$ -
E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH	\$ -
E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH	\$ -
E0200	HEAT LAMP W/O STAND W/INFRARD ELEM	\$ -
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0203	TX LTBOX MINI 10-000 LUX TABLE TOP	\$ -
E0205	HEAT LAMP W/STAND W/INFRARD ELEM	\$ -
E0210	ELECTRIC HEAT PAD STANDARD	\$ -
E0215	ELECTRIC HEAT PAD MOIST	\$ -
E0217	WATER CIRCULATING HEAT PAD W/PUMP	\$ -
E0218	WATER CIRCULATING COLD PAD W/PUMP	\$ -
E0221	INFRARED HEATING PAD SYSTEM	\$ -
E0225	HYDROCOLLATOR UNIT INCLUDES PADS	\$ -
E0231	NON-CNTC WND WARM DEVC W/CARD&COVR	\$ -
E0232	WOUND WARMING WOUND COVER	\$ -
E0235	PARAFFIN BATH UNIT PORTABLE	\$ -
E0236	PUMP FOR WATER CIRCULATING PAD	\$ -
E0239	HYDROCOLLATOR UNIT PORTABLE	\$ -
E0240	Bath/shower chair	\$ -
E0241	BATHTUB WALL RAIL EACH	\$ -
E0242	BATHTUB RAIL FLOOR BASE	\$ -
E0243	TOILET RAIL EACH	\$ -
E0244	RAISED TOILET SEAT	\$ -
E0245	TUB STOOL OR BENCH	\$ -
E0246	TRANSFER TUB RAIL ATTACHMENT	\$ -
E0247	Trans bench w/wo comm open	\$ -
E0248	HDtrans bench w/wo comm open	\$ -
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	\$ -
E0250	HOS BED FIX HT W/RAIL W/MATTRSS	\$ -
E0251	HOS BED FIX HT W/RAIL W/O MATTRSS	\$ -
E0255	HOS BED VARIBL HT W/RAIL W/MATTRSS	\$ -
E0256	HOS BED VARIBL HT W/RAIL NO MATTRSS	\$ -
E0260	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	\$ -
E0261	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	\$ -
E0265	HOS BED TOT ELEC W/RAIL W/MATTRSS	\$ -
E0266	HOS BED TOT ELEC W/RAIL W/O MATTRSS	\$ -
E0270	HOSP BED INST TYPE: W/MATTRSS	\$ -
E0271	MATTRESS INNER SPRING	\$ -
E0272	MATTRESS FOAM RUBBER	\$ -
E0273	BED BOARD	\$ -
E0274	OVER-BED TABLE	\$ -
E0275	BED PAN STANDARD METAL OR PLASTIC	\$ -
E0276	BED PAN FRACTURE METAL OR PLASTIC	\$ -
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	\$ -
E0280	BED CRADLE ANY TYPE	\$ -
E0290	HOS BED FIX HT W/O RAIL W/MATTRSS	\$ -
E0291	HOS BED FIX HT W/O RAIL W/O MATTRSS	\$ -
E0292	HOS BED VARIBL HT NO RAIL W/MATTRSS	\$ -
E0293	HOS BED VARIBL HT W/O RAIL/MATTRSS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0294	HOS BED SEMI-ELEC NO RAIL W/MATTRSS	\$ -
E0295	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	\$ -
E0296	HOS BED TOT ELEC W/O RAIL W/MATTRSS	\$ -
E0297	HOS BED TOT ELEC W/O RAIL/MATTRSS	\$ -
E0300	Enclosed ped crib hosp grade	\$ -
E0301	HD hosp bed- 350-600 lbs	\$ -
E0302	Ex hd hosp bed > 600 lbs	\$ -
E0303	Hosp bed hvy dty xtra wide	\$ -
E0304	Hosp bed xtra hvy dty x wide	\$ -
E0305	BEDSIDE RAILS HALF-LENGTH	\$ -
E0310	BEDSIDE RAILS FULL-LENGTH	\$ -
E0315	BED ACSS: BD TABLE/SUPP DEVC TYPE	\$ -
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	\$ -
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL	\$ -
E0326	URINAL; FE JUG-TYPE ANY MATERIAL	\$ -
E0328	PED HOSPITAL BED- MANUAL	\$ -
E0329	PED HOSPITAL BED SEMI/ELECT	\$ -
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	\$ -
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	\$ -
E0370	AIR PRESSURE ELEVATOR FOR HEEL	\$ -
E0371	NONPWR PRSS RDUC OVRLAY MATTRSS STD	\$ -
E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	\$ -
E0373	NONPWR ADVD PRESS REDUCING MATTRSS	\$ -
E0424	STATION COMPRS GASOUS O2 SYS RENT;	\$ -
E0425	STATION COMPRS GAS SYS PURCHASE;	\$ -
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;	\$ -
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	\$ -
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	\$ -
E0434	PRTBLE LIQUID O2 SYS RENTAL;	\$ -
E0435	PRTBLE LIQUID O2 SYS PURCHASE;	\$ -
E0439	STATION LIQUID O2 SYS RENTAL;	\$ -
E0440	STATION LIQUID O2 SYS PURCHASE;	\$ -
E0441	Oxygen contents- gaseous	\$ -
E0442	Oxygen contents- liquid	\$ -
E0443	Portable O2 contents- gas	\$ -
E0444	Portable O2 contents- liquid	\$ -
E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	\$ -
E0446	TOPICAL OXYGEN DELIVERY SYSTEM NOS	\$ -
E0447	Port o2 cont- liq over 4 lpm	\$ -
E0455	O2 TENT EXCLD CROUP/PEDIATRIC TENTS	\$ -
E0457	CHEST SHELL	\$ -
E0459	CHEST WRAP	\$ -
E0462	ROCKING BED W/WO SIDE RAILS	\$ -
E0465	HOME VENT ANY TYPE USED INVASV INTF	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0466	HOME VENT TYPE USED NON-INVASV INTF	\$ -
E0467	Home vent multi-function	\$ -
E0470	RAD w/o backup non-inv intfc	\$ -
E0471	RAD w/backup non inv intrfc	\$ -
E0472	RAD w backup invasive intrfc	\$ -
E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	\$ -
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS	\$ -
E0482	COUGH STIM DEVC ALTRNAT POS&NEG	\$ -
E0483	HI FREQ CHST WALL AIR-PULSE GEN EA	\$ -
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	\$ -
E0485	ORAL DEVICE/APPLIANCE PREFAB	\$ -
E0486	ORAL DEVICE/APPLIANCE CUSFAB	\$ -
E0487	SPIROMETER ELECTRONIC INCL ACCESS	\$ -
E0500	IPPB MACH BUILT-IN NEBULZ;VALVS;PWR	\$ -
E0550	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	\$ -
E0555	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	\$ -
E0560	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	\$ -
E0561	Humidifier nonheated w PAP	\$ -
E0562	Humidifier heated used w PAP	\$ -
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	\$ -
E0570	NEBULIZER WITH COMPRESSOR	\$ -
E0572	AROSL COMPRS ADJSTBL PRSS INTERMIT	\$ -
E0574	Ultrasonic generator w svneb	\$ -
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	\$ -
E0580	NEBULIZR GLASS/AUTOCLVBL PLST BOTTL	\$ -
E0585	NEBULIZER W/COMPRESSOR AND HEATER	\$ -
E0600	RESP SUCTN PUMP HOME MODEL ELEC	\$ -
E0601	CONTINUOUS AIRWAY PRESSURE DEVICE	\$ -
E0602	BREAST PUMP- MANUAL- ANY TYPE	\$ -
E0603	BREAST PUMP- ELECTRIC - ANY TYPE	\$ -
E0604	BREAST PUMP HEVY DUTY HOSP GRADE	\$ -
E0605	VAPORIZER ROOM TYPE	\$ -
E0606	POSTURAL DRAINAGE BOARD	\$ -
E0607	HOME BLOOD GLUCOSE MONITOR	\$ -
E0610	PACEMKR MON CHCK BATTERY AUDBL&VISBL	\$ -
E0615	PACEMKR MON CHCK BATTERY DIGTL/VISBL	\$ -
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR	\$ -
E0617	EXT DEFIB W/INTEGRATED ECG ANALY	\$ -
E0618	APNEA MONITOR W/O RECORDING FEATURE	\$ -
E0619	APNEA MONITOR W/RECORDING FEATURE	\$ -
E0620	SKN PIERC DEVC CLCT CAPLRY BLD LASR	\$ -
E0621	SLING/SEAT PT LIFT CANVAS/NYLON	\$ -
E0625	PATIENT LIFT KARTOP BATHROOM/TOILET	\$ -
E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0629	SEP SEAT LIFT MECH PT FURN-NONELEC	\$ -
E0630	PATIENT LIFT HYDRAULIC W/SEAT/SLING	\$ -
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	\$ -
E0636	MX PSTN PT SUPP SYS LIFT PT CNTRL	\$ -
E0637	Sit-stand w seatlift	\$ -
E0638	Standing frame sys	\$ -
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL	\$ -
E0640	PT LIFT FIX SYS ALL CMPNTS/ACCESS	\$ -
E0641	MULTI-POSITION STND FRAM SYS	\$ -
E0642	DYNAMIC STANDING FRAME	\$ -
E0650	PNEUMAT COMPRS NONSEG HOME MODEL	\$ -
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	\$ -
E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	\$ -
E0655	NONSEG PNEUMAT APPLINC HALF ARM	\$ -
E0656	SEG PNEUMAT APPLINC W/COMPRS TRUNK	\$ -
E0657	SEG PNEUMAT APPLINC W/COMPRS CHEST	\$ -
E0660	NONSEG PNEUMAT APPLINC FULL LEG	\$ -
E0665	NONSEG PNEUMAT APPLINC FULL ARM	\$ -
E0666	NONSEG PNEUMAT APPLINC HALF LEG	\$ -
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG	\$ -
E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM	\$ -
E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG	\$ -
E0670	SEG PNEU APPL P C INT 2 F LEG TRNK	\$ -
E0671	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	\$ -
E0672	SEG GRAD PRSS PNUMAT APPLNC FUL ARM	\$ -
E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	\$ -
E0675	Pneumatic compression device	\$ -
E0676	INTER LIMB COMPRESS DEV NOS	\$ -
E0691	UV LT TX SYS PANL; TX 2 SQ FT/<	\$ -
E0692	UV LT TX SYS PANL W/LAMP 4 FT PANL	\$ -
E0693	UV LT TX SYS PANL W/LAMP 6 FT PANL	\$ -
E0694	UV MX DIR LT TX SYS 6 FT CABINET	\$ -
E0700	SAFETY EQUIPMENT	\$ -
E0705	TRANSFER BOARD OR DEVICE	\$ -
E0710	RESTRAINT ANY TYPE	\$ -
E0720	TENS TWO LEAD LOCALIZED STIMULATION	\$ -
E0730	Tens four lead	\$ -
E0731	FORM-FIT CONDUCTIV GARMNT TENS/NMES	\$ -
E0740	INCONT TX SYS PELV FLR STIM &/TRNER	\$ -
E0744	NEUROMUSCULAR STIMULATOR SCOLIOSIS	\$ -
E0745	NEUROMUSC STIM ELEC SHOCK UNIT	\$ -
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	\$ -
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	\$ -
E0748	OSTOGNS STIM NONINVASV SP APPLIC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0749	OSTOGNS STIM ELEC SURGICALLY IMPL	\$ -
E0755	ELEC SALIVARY REFLEX STIMULATOR	\$ -
E0760	OSTOGNS STIM LW INTENS US NONINVASV	\$ -
E0761	NON-THRML PULS RADIOWAVE ELECMAGNET	\$ -
E0762	TRANS ELEC JT STIM DEV SYS	\$ -
E0764	FUNCTIONAL NEUROMUSCULARSTIM	\$ -
E0765	FDA APPRVD NRV STIM TX NAUSA&VOMIT	\$ -
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	\$ -
E0769	ESTIM/ELECMAGNET WOUND TX DEVC NOC	\$ -
E0770	FES TRANSQ STIM NERV&/MUSC CMPL NOS	\$ -
E0776	IV POLE	\$ -
E0779	AMB INFUS PUMP MECH INFUS 8 HR/GT	\$ -
E0780	AMB INFUS PUMP MECH INFUS < 8 HR	\$ -
E0781	AMB INFUS PUMP OP ADMN EQP WORN PT	\$ -
E0782	Non-programble infusion pump	\$ -
E0783	INFUS PUMP SYSTEM IMPL PROGMMABLE	\$ -
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	\$ -
E0785	RADPHARM DX XENON XE 133 10 MCI	\$ -
E0786	RADPHRM DX TC 99M MERTIATIDE MCI	\$ -
E0787	Cgs dose adj insulin inf pmp	\$ -
E0791	RADPHRM DX TC 99M GLUCEPATATE 5 MCI	\$ -
E0830	RADPHRM DX SODUM PHOSPHATE P32 MCI	\$ -
E0840	RADPHRM DX INDM 111 IN PENTRTD 3MCI	\$ -
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	\$ -
E0850	RADPHARM DX TC 99M OXIDRONATE MCI	\$ -
E0855	SPL RADPHRM DX TC 99M LABLD RBC MCI	\$ -
E0856	CERVIC COLLAR W AIR BLADDER	\$ -
E0860	RADPHRM DX CHROMC PHOS P32 SUSP MCI	\$ -
E0870	ORL RADPHRM DX B12 CBLT CO57 .5MCI	\$ -
E0880	TRAC STAND FREESTANDING EXTREM TRAC	\$ -
E0890	TRAC FRAME ATTCH FOOTBD PELV TRAC	\$ -
E0900	TRAC STAND FREESTANDING PELV TRAC	\$ -
E0910	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	\$ -
E0911	HD TRAPEZE BAR ATTACH TO BED	\$ -
E0912	HD TRAPEZE BAR FREE STANDING	\$ -
E0920	FX FRAME ATTCH BED INCL WEIGHTS	\$ -
E0930	FX FRAME FREESTANDING INCL WEIGHTS	\$ -
E0935	PASSIVE MOTION EXERCISE DEVICE	\$ -
E0936	CPM DEVICE- OTHER THAN KNEE	\$ -
E0940	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	\$ -
E0941	GRAVITY ASSTD TRAC DEVICE ANY TYPE	\$ -
E0942	CERVICAL HEAD HARNESS/HALTER	\$ -
E0944	PELVIC BELT/HARNESS/BOOT	\$ -
E0945	EXTREMITY BELT/HARNESS	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E0946	FX FRAME DUL W/CROSS BARATTCH BED	\$ -
E0947	FX FRAME ATTCH CMPLX PELV TRAC	\$ -
E0948	FX FRAME ATTCH CMPLX CERV TRAC	\$ -
E0950	TRAY	\$ -
E0951	LOOP HEEL EACH	\$ -
E0952	LOOP TOE EACH	\$ -
E0953	PNEUMATIC TIRE EACH	\$ -
E0954	SEMI-PNEUMATIC CASTER EACH	\$ -
E0955	Cushioned headrest	\$ -
E0956	W/c lateral trunk/hip suppor	\$ -
E0957	W/c medial thigh support	\$ -
E0958	WHLCHAIR ATTCH CONVRT 1 ARM DRIVE	\$ -
E0959	AMPUTEE ADAPTER	\$ -
E0960	W/c shoulder harness/straps	\$ -
E0961	BRAKE EXTENSION FOR WHEELCHAIR	\$ -
E0966	HOOK ON HEADREST EXTENSION	\$ -
E0967	WHLCHAIR HND RIMS W/8 PROJ PAIR	\$ -
E0968	COMMODE SEAT WHEELCHAIR	\$ -
E0969	NARROWING DEVICE WHEELCHAIR	\$ -
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	\$ -
E0971	ANTI-TIPPING DEVICE WHEELCHAIR	\$ -
E0973	ADJUSTBL HT DTACHBLE ARMS WHLCHAIR	\$ -
E0974	GRADE-AID FOR WHEELCHAIR	\$ -
E0978	BELT SFTY W/AIRPLNE BUCKLE WHLCHAIR	\$ -
E0980	SAFETY VEST WHEELCHAIR	\$ -
E0981	Seat upholstery- replacement	\$ -
E0982	Back upholstery- replacement	\$ -
E0983	Add pwr joystick	\$ -
E0984	Add pwr tiller	\$ -
E0985	W/c seat lift mechanism	\$ -
E0986	Man w/c push-rim pow assist	\$ -
E0988	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	\$ -
E0990	ELEVATING LEG REST EACH	\$ -
E0992	SOLID SEAT INSERT	\$ -
E0994	ARMREST EACH	\$ -
E0995	CALF REST EACH	\$ -
E1002	Pwr seat tilt	\$ -
E1003	Pwr seat recline	\$ -
E1004	Pwr seat recline mech	\$ -
E1005	Pwr seat recline pwr	\$ -
E1006	Pwr seat combo w/o shear	\$ -
E1007	Pwr seat combo w/shear	\$ -
E1008	Pwr seat combo pwr shear	\$ -
E1009	Add mech leg elevation	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E1010	Add pwr leg elevation	\$ -
E1011	MOD PED WHLCHAIR WIDTH ADJ PKG	\$ -
E1012	INTGR SEATING SYS PLANAR PED WC	\$ -
E1014	RECLIN BACK ADD PEDIATRIC WHLCHAIR	\$ -
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	\$ -
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	\$ -
E1017	HEVY DUTY SHOCK ABSORBR MNL WC EA	\$ -
E1018	HEVY DUTY SHOCK ABSORBR PWR WC EA	\$ -
E1020	RESIDUL LIMB SUPPORT SYS WHLCHAIR	\$ -
E1028	W/c manual swingaway	\$ -
E1029	W/c vent tray fixed	\$ -
E1030	W/c vent tray gimbaled	\$ -
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	\$ -
E1035	MX-PSTN PT TRNSF SYS W/INTGR TD SEAT	\$ -
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS	\$ -
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	\$ -
E1038	TRANSPORT CHAIR ADULT SIZE	\$ -
E1039	TRNSPRT CHR ADLT HVY DUTY 250 LB/GT	\$ -
E1050	FULL RECLIN WHLCHAIR;FIX ARM LEGRST	\$ -
E1060	FULL RECLN WHLCHAR;DTACH ARM LEGRST	\$ -
E1070	FULL RECLN WHLCHR;DTACH ARM FOOTRST	\$ -
E1083	HEMI-WHLCHAIR; FIX ARM DTACH LEGRST	\$ -
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	\$ -
E1085	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	\$ -
E1086	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	\$ -
E1087	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	\$ -
E1088	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	\$ -
E1089	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	\$ -
E1090	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST	\$ -
E1092	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	\$ -
E1093	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	\$ -
E1100	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	\$ -
E1110	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	\$ -
E1130	STD WHLCHAIR; FIX ARM DTACH FOOTRST	\$ -
E1140	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	\$ -
E1150	WHLCHAIR; DTACHBLE ARMS LEGRESTS	\$ -
E1160	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	\$ -
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	\$ -
E1170	AMP WHLCHAIR; FIX ARM DTACH LEGREST	\$ -
E1171	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	\$ -
E1172	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	\$ -
E1180	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	\$ -
E1190	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	\$ -
E1195	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E1200	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	\$ -
E1220	WHLCHAIR; SPCLLY SIZED/CONSTRUCTED	\$ -
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	\$ -
E1222	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	\$ -
E1223	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	\$ -
E1224	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	\$ -
E1225	SEMI-RECLIN BACK CSTMIZED WHLCHAIR	\$ -
E1226	FULL RECLIN BACK CSTMIZED WHLCHAIR	\$ -
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	\$ -
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	\$ -
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	\$ -
E1230	POWER OP VEH SPEC BRAND NAME&MDL #	\$ -
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	\$ -
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	\$ -
E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	\$ -
E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	\$ -
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	\$ -
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	\$ -
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	\$ -
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	\$ -
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	\$ -
E1240	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	\$ -
E1250	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	\$ -
E1260	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	\$ -
E1270	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	\$ -
E1280	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	\$ -
E1285	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	\$ -
E1290	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	\$ -
E1295	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	\$ -
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	\$ -
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	\$ -
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	\$ -
E1300	WHIRLPOOL PORTABLE	\$ -
E1310	WHIRLPOOL NONPORTABLE	\$ -
E1352	OXYGEN ACC FLW REG CPBL POS INSP PR	\$ -
E1353	REGULATOR	\$ -
E1354	O2 ACCESS CART PRTBLE CYL/CONC REPL	\$ -
E1355	STAND/RACK	\$ -
E1356	O2 ACCESS BTRY PACK/CRTRDGE REPL	\$ -
E1357	O2 ACCESS BATTERY CHARGER REPL EA	\$ -
E1358	O2 ACCESS DC POWER ADAPTER REPL EA	\$ -
E1372	IMMERSION EXTERNAL HEATER NEBULIZER	\$ -
E1390	O2 CONC CAPABL 85%/> O2 @PRSC RATE	\$ -
E1391	Oxygen concentrator- dual	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E1392	PORTABLE OXYGEN CONCENTRATOR	\$ -
E1399	DME MISCELLANEOUS	\$ -
E1405	O2&WATR VAPR ENRICH SYS W/HEAT DEL	\$ -
E1406	O2&WATR VAPR ENRCH SYS NO HEAT DEL	\$ -
E1500	CENTRIFUGE- FOR DIALYSIS	\$ -
E1510	KIDNEY DIALYSAT DEL SYS KIDNEY MACH	\$ -
E1520	HEPARIN INFUSION PUMP HEMODIALYSIS	\$ -
E1530	AIR BUBBLE DETECTR HEMODIAL EA REPL	\$ -
E1540	PRESSURE ALARM HEMODIAL EA REPL	\$ -
E1550	BATH CONDUCTIVITY METER HEMODIAL EA	\$ -
E1560	BLD LEAK DETECTOR HEMODIAL EA REPL	\$ -
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	\$ -
E1575	TRNSDUCR PROTCTR/BARRIER HEMODIAL10	\$ -
E1580	UNIPUNCTURE CONTROL SYSTEM HEMODIAL	\$ -
E1590	HEMODIALYSIS MACHINE	\$ -
E1592	AUTO INTERMIT PERITON DIALYSIS SYS	\$ -
E1594	CYCLR DIALYSIS MACH PERITON DIALYS	\$ -
E1600	DEL &OR INSTL CHARGES HEMODIAL EQP	\$ -
E1610	RVRS OSMOSIS H2O PURIF SYS HEMODIAL	\$ -
E1615	DEIONIZER H2O PURIF SYS HEMODIAL	\$ -
E1620	BLOOD PUMP HEMODIALYSIS REPLACEMENT	\$ -
E1625	WATER SOFTENING SYSTEM HEMODIALYSIS	\$ -
E1629	Tablo for dialysis service	\$ -
E1630	RECIPROCAT PERITON DIALYSIS SYSTEM	\$ -
E1632	WEARABLE ARTIFICIAL KIDNEY- EACH	\$ -
E1634	Peritoneal dialysis clamp	\$ -
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	\$ -
E1636	SORBENT CARTRIDGES HEMODIAL PER 10	\$ -
E1637	Hemostats for dialysis- each	\$ -
E1639	Dialysis scale	\$ -
E1699	DIALYSIS EQUIPMENT NOS	\$ -
E1700	JAW MOTION REHABILITATION SYSTEM	\$ -
E1701	REPL CUSHNS JAW MOT REHAB SYS PKG 6	\$ -
E1702	REPL MSR SCLS JAW MOT REHAB SYS 200	\$ -
E1800	DYN ADJUSTABLE ELB EXT/FLX DEVC	\$ -
E1801	BI-DIR STAT PROGS STRETCH ELB DEVC	\$ -
E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	\$ -
E1805	DYN ADJUSTABLE WRIST EXT/FLX DEVC	\$ -
E1806	BI-DIR STAT PROGS STRTCH WRST DEVC	\$ -
E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	\$ -
E1811	BI-DIR STAT PROGS STRTCH KNEE DEVC	\$ -
E1812	KNEE EXT/FLEX W ACT RES CTRL	\$ -
E1815	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	\$ -
E1816	BI-DIR STAT PROGS STRETCH ANK DEVC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E1818	BI-DIR STAT PROGS STRETCH FORARM	\$ -
E1820	REPL SFT INTERFCE MATL DYN EXT/FLX	\$ -
E1821	REPL SFT INTERFCE MATL/CUFF BI-DIR	\$ -
E1825	DYN ADJUSTABLE FINGER EXT/FLX DEVC	\$ -
E1830	DYN ADJUSTABLE TOE EXT/FLX DEVC	\$ -
E1831	STATIC PROGRESSIVE STRETCH TOE DEVC	\$ -
E1840	SOFT INTERFACE MATERIAL	\$ -
E1841	MXDIR STAT STRTCH SHLDR DEVC W/CUFF	\$ -
E1902	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	\$ -
E2000	GASTR SUCTN PUMP HOME MODEL ELEC	\$ -
E2100	BLD GLU MON INTEGRT VOICE SYNTHESZR	\$ -
E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	\$ -
E2120	Pulse gen sys tx endolymph fl	\$ -
E2201	Man w/ch acc seat w>=20<24	\$ -
E2202	Seat width 24-27 in	\$ -
E2203	Frame depth less than 22 in	\$ -
E2204	Frame depth 22 to 25 in	\$ -
E2205	MNL WC ACSS HNDRIM W/O PROJ REPL EA	\$ -
E2206	MNL WC ACSS WHL LOCK ASSMBL CMPL EA	\$ -
E2207	CRUTCH AND CANE HOLDER	\$ -
E2208	CYLINDER TANK CARRIER	\$ -
E2209	ARM TROUGH EACH	\$ -
E2210	WHEELCHAIR BEARINGS	\$ -
E2211	PNEUMATIC PROPULSION TIRE	\$ -
E2212	PNEUMATIC PROP TIRE TUBE	\$ -
E2213	PNEUMATIC PROP TIRE INSERT	\$ -
E2214	PNEUMATIC CASTER TIRE EACH	\$ -
E2215	PNEUMATIC CASTER TIRE TUBE	\$ -
E2216	FOAM FILLED PROPULSION TIRE	\$ -
E2217	FOAM FILLED CASTER TIRE EACH	\$ -
E2218	FOAM PROPULSION TIRE EACH	\$ -
E2219	FOAM CASTER TIRE ANY SIZE EA	\$ -
E2220	SOLID PROPULSION TIRE EACH	\$ -
E2221	SOLID CASTER TIRE EACH	\$ -
E2222	SOLID CASTER INTEGRATED WHL	\$ -
E2224	PROPULSION WHL EXCLUDES TIRE	\$ -
E2225	CASTER WHEEL EXCLUDES TIRE	\$ -
E2226	CASTER FORK REPLACEMENT ONLY	\$ -
E2227	GEAR REDUCTION DRIVE WHEEL	\$ -
E2228	MWC ACC- WHEELCHAIR BRAKE	\$ -
E2230	MNL WHEELCHAIR ACCESS MNL STAND SYS	\$ -
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE	\$ -
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	\$ -
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E2293	BACK CONTRD PED WC ATTCH HARDWARE	\$ -
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	\$ -
E2295	MNL WC ACCESS PED SIZE WC SEAT FRME	\$ -
E2300	Pwr seat elevation sys	\$ -
E2301	Pwr standing	\$ -
E2310	Electro connect btw control	\$ -
E2311	Electro connect btw 2 sys	\$ -
E2312	MINI-PROP REMOTE JOYSTICK	\$ -
E2313	PWC HARNESS- EXPAND CONTROL	\$ -
E2321	Hand interface joystick	\$ -
E2322	Mult mech switches	\$ -
E2323	Special joystick handle	\$ -
E2324	Chin cup interface	\$ -
E2325	Sip and puff interface	\$ -
E2326	Breath tube kit	\$ -
E2327	Head control interface mech	\$ -
E2328	Head/extremity control inter	\$ -
E2329	Head control nonproportional	\$ -
E2330	Head control proximity switc	\$ -
E2331	Attendant control	\$ -
E2340	W/c wdth 20-23 in seat frame	\$ -
E2341	W/c wdth 24-27 in seat frame	\$ -
E2342	W/c dpth 20-21 in seat frame	\$ -
E2343	W/c dpth 22-25 in seat frame	\$ -
E2351	Electronic SGD interface	\$ -
E2358	PWR WC GRP 34 NONSEALED LA BATT EA	\$ -
E2359	PWR WC GRP 34 SEALED LA BATT EA	\$ -
E2360	22nf nonsealed leadacid	\$ -
E2361	22nf sealed leadacid battery	\$ -
E2362	Gr24 nonsealed leadacid	\$ -
E2363	Gr24 sealed leadacid battery	\$ -
E2364	U1nonsealed leadacid battery	\$ -
E2365	U1 sealed leadacid battery	\$ -
E2366	Battery charger- single mode	\$ -
E2367	Battery charger- dual mode	\$ -
E2368	PWR WC COMPONENT MOTOR REPL ONLY	\$ -
E2369	PWR WC COMPONENT GEAR BOX REPL ONLY	\$ -
E2370	PWR WC CMPNT COMBINATION REPL ONLY	\$ -
E2371	GR27 SEALED LEADACID BATTERY	\$ -
E2372	GR27 NON-SEALED LEADACID	\$ -
E2373	HAND/CHIN CTRL SPEC JOYSTICK	\$ -
E2374	HAND/CHIN CTRL STD JOYSTICK	\$ -
E2375	NON-EXPANDABLE CONTROLLER	\$ -
E2376	EXPANDABLE CONTROLLER- REPL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E2377	EXPANDABLE CONTROLLER- INITL	\$ -
E2378	POWER WC CMPNT ACTUATOR REPL ONLY	\$ -
E2381	PNEUM DRIVE WHEEL TIRE	\$ -
E2382	TUBE- PNEUM WHEEL DRIVE TIRE	\$ -
E2383	INSERT- PNEUM WHEEL DRIVE	\$ -
E2384	PNEUMATIC CASTER TIRE	\$ -
E2385	TUBE- PNEUMATIC CASTER TIRE	\$ -
E2386	FOAM FILLED DRIVE WHEEL TIRE	\$ -
E2387	FOAM FILLED CASTER TIRE	\$ -
E2388	FOAM DRIVE WHEEL TIRE	\$ -
E2389	FOAM CASTER TIRE	\$ -
E2390	SOLID DRIVE WHEEL TIRE	\$ -
E2391	SOLID CASTER TIRE	\$ -
E2392	SOLID CASTER TIRE- INTEGRATE	\$ -
E2394	DRIVE WHEEL EXCLUDES TIRE	\$ -
E2395	CASTER WHEEL EXCLUDES TIRE	\$ -
E2396	CASTER FORK	\$ -
E2397	PWC ACC- LITH-BASED BATTERY	\$ -
E2398	Wc dynamic pos back hardware	\$ -
E2402	Neg press wound therapy pump	\$ -
E2500	SGD digitized pre-rec <=8min	\$ -
E2502	SGD prerec msg >8min <=20min	\$ -
E2504	SGD prerec msg>20min <=40min	\$ -
E2506	SGD prerec msg > 40 min	\$ -
E2508	SGD spelling phys contact	\$ -
E2510	SGD w multi methods msg/accs	\$ -
E2511	SGD sftwre prgrm for PC/PDA	\$ -
E2512	SGD accessory- mounting sys	\$ -
E2599	SGD accessory noc	\$ -
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	\$ -
E2602	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	\$ -
E2603	SKN PROTCT WC SEAT WDTH<22IN DPTH	\$ -
E2604	SKN PROTECT WC SEAT WDTH 22 IN/GT	\$ -
E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	\$ -
E2606	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	\$ -
E2607	SKN PROTCT&PSTN WC SEAT WDTH <22IN	\$ -
E2608	SKN PROTCT&PSTN WC SEAT WDTH 22IN/>	\$ -
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	\$ -
E2610	WHEELCHAIR SEAT CUSHION POWERED	\$ -
E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	\$ -
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	\$ -
E2613	PSTN WC BACK CUSHN POST WDTH <22 IN	\$ -
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	\$ -
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	\$ -
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	\$ -
E2619	REPL COVER WC SEAT/BACK CUSHN EA	\$ -
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	\$ -
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	\$ -
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	\$ -
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	\$ -
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	\$ -
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	\$ -
E2626	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	\$ -
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	\$ -
E2628	WC SHLDR ELB MOBIL SUPP RECLINING	\$ -
E2629	WC SHLDR ELB M SUPP FRICTN ARM SUPP	\$ -
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	\$ -
E2631	WC ADD MOBIL ARM SUPP ELEV PROX ARM	\$ -
E2632	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	\$ -
E2633	WC ACSS ADD MOBIL ARM SUPP SUPINATR	\$ -
E8000	GAIT TRAINER PED SZ POST SUPP	\$ -
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	\$ -
E8002	GAIT TRAINER PED SZ ANT SUPP	\$ -
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 84.00
G0009	ADMN PNEUMCOV VAC NO FEE SCHED DAY	\$ -
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 90.00
G0027	Semen analysis	\$ -
G0028	Doc med rsn no scr tob	\$ -
G0029	No tob scr/cess int	\$ -
G0030	PET MYOCARD IMAG FLW PREV PET; 1	\$ -
G0031	PET MYOCARD IMAG FLW PREV PET; MX	\$ -
G0032	PET MYOCARD IMAG FLW REST SPECT; 1	\$ -
G0033	PET MYOCARD IMAG FLW REST SPECT; MX	\$ -
G0034	PET MYOCARD IMAG FLW STRSS SPECT; 1	\$ -
G0035	PET MYOCARD IMAG FLW STRSS SPECT;MX	\$ -
G0036	PET MYOCARD IMAG FLW COR ANGIO; 1	\$ -
G0037	PET MYOCARD IMAG FLW COR ANGIO; MX	\$ -
G0038	PET MYOCARD IMAG FLW STRSS MYOCD;1	\$ -
G0039	PET MYOCARD IMAG FLW STRSS MYCRD;MX	\$ -
G0040	PET MYOCARD IMAG FLW STRSS ECHO; 1	\$ -
G0041	PET MYOCARD IMAG FLW STRSS ECHO; MX	\$ -
G0042	PET MYOCARD IMAG FLW VENTRICGRM; 1	\$ -
G0043	PET MYOCARD IMAG FLW VENTRICGRM; MX	\$ -
G0044	PET MYOCARD IMAG FLW REST ECG; 1	\$ -
G0045	PET MYOCARD IMAG FLW REST ECG; MX	\$ -
G0046	PET MYOCARD IMAG FLW STRESS ECG; 1	\$ -
G0047	PET MYOCARD IMAG FLW STRESS ECG; MX	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0048	Pall serv during meas	\$ -
G0049	Main hemo in-cntr	\$ -
G0050	Residual urine by ultrasound	\$ -
G0051	Pt hospice mnth	\$ -
G0052	Pt peri dialysis dur mo	\$ -
G0053	Adv rheum pt care.mvp	\$ -
G0054	Strk cr prev pos outcme.mvp	\$ -
G0055	Adv care heart dx.mvp	\$ -
G0056	Opt chronic dx mang.mvp	\$ -
G0057	Best pct pt safety em.mvp	\$ -
G0058	Imprv care le jnt repr.mvp	\$ -
G0059	Pt sfty pos exp w aneth.mvp	\$ -
G0060	Allergy/immunology ss	\$ -
G0061	Anesthesiology ss	\$ -
G0062	Audiology ss	\$ -
G0063	Cardiology ss	\$ -
G0064	Cert nurse midwife ss	\$ -
G0065	Chiropractic ss	\$ -
G0066	Clinical social work ss	\$ -
G0067	Dentistry ss	\$ -
G0068	Adm of infusion drug in home	\$ -
G0069	Adm of immune drug in home	\$ -
G0070	Adm of chemo drug in home	\$ -
G0071	Comm svcs by rhc/fqhc 5 min	\$ 24.31
G0076	Care manag h vst new pt 20 m	\$ -
G0077	Care manag h vst new pt 30 m	\$ -
G0078	Care manag h vst new pt 45 m	\$ -
G0079	Care manag h vst new pt 60 m	\$ -
G0080	Care manag h vst new pt 75 m	\$ -
G0081	Care man h v ext pt 20 mi	\$ -
G0082	Care man h v ext pt 30 m	\$ -
G0083	Care man h v ext pt 45 m	\$ -
G0084	Care man h v ext pt 60 m	\$ -
G0085	Care man h v ext pt 75 m	\$ -
G0086	Care man home care plan 30 m	\$ -
G0087	Care man home care plan 60 m	\$ -
G0088	Adm iv drug 1st home visit	\$ -
G0089	Adm subq drug 1st home visit	\$ -
G0090	Adm iv chemo 1st home visit	\$ -
G0101	CA Screen/Breast Exam	\$ 58.00
G0101	CA Screen/Breast Exam	\$ -
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ -
G0104	COLOREC CANCER SCREENING; FLEXSIG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK	\$ -
G0106	COLOREC CANCR SCR; SIGMOIDSCOPY	\$ -
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00
G0117	GLAUC SCR HI RISK BY OPT/OPHTHLGIST	\$ -
G0118	GLAUC SCR HI RISK UND DIR SUP DR	\$ -
G0120	COLOREC CANCR SCR;COLNSCPY BA ENEMA	\$ -
G0121	COLOREC CNCR SCR;COLNSCPY NO HI RSK	\$ -
G0122	COLOREC CANCER SCREENING; BA ENEMA	\$ -
G0123	SCR CYTOPATH CERV CYTOTECH UND PHYS	\$ -
G0124	SCR CYTOPATH CERV RQR INTEPR PHYS	\$ -
G0127	TRIMMING DYSTROPHIC NAILS ANY #	\$ -
G0128	DIR SKLED SERV RN OP REHAB EA 10MIN	\$ -
G0129	OCCUP TX REQ QUAL TRPST PART HOS TX	\$ -
G0130	SEXA BN DNSITY STDY 1/>; APPNDICULR	\$ -
G0141	SCR CYTOPATH SMERS CERV INTEPR PHYS	\$ -
G0143	SCR CYTOPATH CERV MNL&RSCR CYTOTECH	\$ -
G0144	Scr c/v cyto-thinlayer-rescr	\$ -
G0145	Scr c/v cyto-thinlayer-rescr	\$ -
G0147	SCR CYTOPATH SMERS CERV UND PHYS	\$ -
G0148	SCR CYTOPATH SMERS CERV MNL RESCR	\$ -
G0151	SRVC PHYS TRPST HOM HLTH EA 15 MIN	\$ -
G0152	SRVC OCCUP TRPST HOM HLTH EA 15 MIN	\$ -
G0153	SRVC SPCH&LANGE PATH HOM HLTH EA 15	\$ -
G0155	SRVC CLIN SOCL WRKER HOM HLTH EA 15	\$ -
G0156	SRVC HOM HLTH AIDE HOM EA 15 MIN	\$ -
G0157	SRVC PT ASSIST HH/HOSPICE EA 15 MIN	\$ -
G0158	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	\$ -
G0159	Perc declot dialysis graft	\$ -
G0160	Cryo. ablation- prostate	\$ -
G0161	Echo guide for cryo probes	\$ -
G0162	SKILL SRVC RN M&E POC; EA 15 MIN	\$ -
G0166	EXT COUNTERPULSATION-TX SESSION	\$ -
G0168	WOUND CLOS UTIL TISSUE ADHES ONLY	\$ -
G0175	SCHED INTRDISCIPLN TEAM CONF PT PRS	\$ -
G0176	ACTV TX PTS DISABL MENTL HLTH-SESS	\$ -
G0177	TRN&ED PTS DISABL MENTL HLTH-SESS	\$ -
G0179	MD recertification HHA PT	\$ -
G0180	MD certification HHA patient	\$ -
G0181	PHYS SUPV PT RECV MCR-COVR HOM HLTH	\$ -
G0182	PHYS SUPV PT UND MCR-APPRVD HOSPICE	\$ -
G0186	DESTRUC LES CHOROID; PHOTOCOAG FEDR	\$ -
G0219	PET img wholbod melano nonco	\$ -
G0235	PET NOT OTHERWISE SPECIFIED	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0237	MUSCLES FACE FACE 1 ON 1 EA 15 MIN	\$ -
G0238	TX PROC IMPRV RESP NOT G0237 15 MIN	\$ -
G0239	Oth resp proc- group	\$ -
G0245	INIT PHYS E&M DIABETIC PT W/LOPS	\$ -
G0246	F/U EVAL DIABETIC PT W/LOPS	\$ -
G0247	ROUTINE FT CARE PHYS DIAB PT W/LOPS	\$ -
G0248	DEMONSTRATE USE HOME INR MONITOR	\$ -
G0249	PRVS TEST MATL&EQP HM INR MON;8 TST	\$ -
G0250	PHYS REV INTEPR HOME INR MON;8 TST	\$ -
G0252	PET IMAG DX BREST CA&/SURG PLAN	\$ -
G0255	CPT/SNCT PER LIMB ANY NERVE	\$ -
G0257	UNSCHD/EMRG DIALYS HOS OP NOT CERT	\$ -
G0259	INJECTION PROC SI JNT; ARTHROGRAPY	\$ -
G0260	INJ SI JNT; ANES &/TX AGT &ARTHROG	\$ -
G0268	REMV IMP CERUMN SAME DATE FUNCT TST	\$ -
G0269	PLCMT OCCL DEVC POST SURG/INTRVNAL	\$ -
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00
G0276	PILD/PLACEBO CONTROL CLIN TR	\$ -
G0277	HPO UND PRSS FULL B CHMBR PER 30 MN	\$ -
G0278	ILIAC ART ANGIO W/CARD CATH RAD S&I	\$ -
G0279	XTRACORP SHOCK WAVE;ELB EPICONDYLIT	\$ -
G0281	E-STIM 1/> CHRN STAGE III&IV ULCRS	\$ -
G0282	E-STIM 1/> AREAS WND CARE NOT G0281	\$ -
G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	\$ -
G0288	RECON CT ANGIO AORTA PLAN VASC SURG	\$ -
G0289	SCPE KNEE REMV FB TM SURG DIFF COMP	\$ -
G0293	NONCOVR SURG SEDAT ANES-MCR QUAL	\$ -
G0294	NONCOVR PROC NO ANES/LOC-MCR QUAL	\$ -
G0295	ELECTROMAGNET STIM 1/MORE AREAS	\$ -
G0296	PET imge restag thyrod cance	\$ -
G0299	Inser/repos single icd+leads	\$ -
G0300	Insert reposit lead dual+gen	\$ -
G0302	Pre-op service LVRS complete	\$ -
G0303	Pre-op service LVRS 10-15dos	\$ -
G0304	Pre-op service LVRS 1-9 dos	\$ -
G0305	Post op service LVRS min 6	\$ -
G0306	CBC/diffwbc w/o platelet	\$ -
G0307	CBC without platelet	\$ -
G0327	ESRD relate home/dy 20+yrs	\$ -
G0328	Fecal blood scrn immunoassay	\$ -
G0329	EM TX ULCERS NOT HEALING 30 DA CARE	\$ -
G0333	DISPENSE FEE INITIAL 30 DAY	\$ -
G0337	HOSPICE EVAL&CNSL SRVC PREELECTION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0339	Robot lin-radsurg com- first	\$ -
G0340	Robot linear steroradio max5	\$ -
G0341	PERQ ISLET CELL TPLNT PV CATH&INFUS	\$ -
G0342	LAP ISLET CELL TPLNT PV CATH&INFUS	\$ -
G0343	LAPROT ISLET CELL TPLNT PV CATH&INF	\$ -
G0344	Welcome to Medicare Exam	\$ 275.00
G0366	ECG w/ Welcome to Medicare exam	\$ 29.00
G0372	MD SERVICE REQUIRED FOR PMD	\$ -
G0378	HOSPITAL OBSERVATION PER HR	\$ -
G0379	DIRECT ADMIT HOSPITAL OBSERV	\$ -
G0380	LEV 1 HOSP TYPE B ED VISIT	\$ -
G0381	LEV 2 HOSP TYPE B ED VISIT	\$ -
G0382	LEV 3 HOSP TYPE B ED VISIT	\$ -
G0383	LEV 4 HOSP TYPE B ED VISIT	\$ -
G0384	LEV 5 HOSP TYPE B ED VISIT	\$ -
G0390	TRAUMA RESPONS W/HOSP CRITI	\$ -
G0396	ALCOHOL/SUBS INTERV 15-30MN	\$ -
G0397	ALCOHOL/SUBS INTERV >30 MIN	\$ -
G0398	HST W/TYPE II PRTBLE MON MIN 7 CH	\$ -
G0399	HST TYPE III PRTBLE MON MIN 4 CH	\$ -
G0400	HST TYPE IV PRTBLE MON MIN 3 CH	\$ -
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00
G0403	ECG RTN ECG 12 LEADS 1ST PREV PE	\$ -
G0404	ECG RTN ECG W/12 LEADS TRACING ONLY	\$ -
G0405	ECG RTN ECG W/12 LEADS I&R ONLY	\$ -
G0406	FU IP CNSLT LTD 15 MIN VIA TELEHLTH	\$ -
G0407	FU IP CNSLT INTRMD 25 MIN TELEHLTH	\$ -
G0408	FU IP CNSLT Cmplx 35 MIN/>TELEHLTH	\$ -
G0409	SW & PSYCH SRVC EA 15 MIN F/F IND	\$ -
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	\$ -
G0411	INTRACTV GRP PSYCH PAR HOS 45-50 MN	\$ -
G0412	OPN TX ILIAC SPINE/ILIAC WING FX	\$ -
G0413	PERQ SKEL FIX POST PELV BONE FX	\$ -
G0414	OPN TX ANT PELV BONE FX &/ DISLOC	\$ -
G0415	OPN TX POST PELV BONE FX &/ DISLOC	\$ -
G0416	SURG PATH PROS SAT BX 1-20 SPEC	\$ -
G0420	F/F EDU SRVC CKD; IND PER SESS 1 HR	\$ -
G0421	F/F EDU SRVC CKD; GRP PER SESS 1 HR	\$ -
G0422	INTENS CARD REHAB; W/WO ECG W/EXER	\$ -
G0423	INTENS CARD REHAB; W/WO ECG W/O EX	\$ -
G0425	INIT IP TELEHEALTH CONSULT 30 MIN	\$ -
G0426	INIT IP TELEHEALTH CONSULT 50 MIN	\$ -
G0427	INIT IP TELEHEALTH CONSULT 70 MIN/>	\$ -
G0428	INIT INPT CNSLT 80 MIN VIA TELEHLTH	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0429	INIT INPT CNSLT 110 MIN VIA TELHLTH	\$ -
G0432	INF AB EIA TECH HIV-1 &/OR HIV-2	\$ -
G0433	INF AB ELISA TECH HIV-1 &/OR HIV-2	\$ -
G0435	INF AGT AB RAPID TEST HIV-1&/HIV-2	\$ -
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$ 139.00
G0442	ANNUAL ALCOHOL MISUSE SCREEN 15 MIN	\$ -
G0443	BRF F/F BHVR CNSL ALC MISUSE 15 MIN	\$ -
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00
G0445	SA HI INTENS CNSL PREV STI IND EDU	\$ -
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$ 60.00
G0448	INS/RPL PRM CV-DFIB TV LEADS PACE E	\$ -
G0451	DVLPMT TEST I&R STANDRD INSTR FORM	\$ -
G0452	MOLECULAR PATH PROC;PHYS INTEPR REP	\$ -
G0453	C IO NEUROPHYS MON OUTSD OR EA 15 M	\$ -
G0454	PHYS DOC F2F DME DET PRF NP PA/CNS	\$ -
G0455	PREP IT FEC MICROBIOTA ASMT D SPEC	\$ -
G0458	LDR PROSTATE BT SERVICE COMPOS RATE	\$ -
G0459	INPATIENT TELEHEALTH PHARMACOL MGMT	\$ -
G0460	AUTOLOGOUS PLATELET-RICH PLASMA	\$ -
G0463	HOS OP CLIN VISIT ASSESS & MGMT PT	\$ -
G0465	Autolog prp diab wound ulcer	\$ -
G0466	FQHC VISIT NEW PATIENT	\$ 244.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00
G0468	FQHC VISIT IPPE/AWV	\$ 244.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00
G0471	COLL V BLD VP/URN SMP CATH IND SNF	\$ -
G0472	HEP C ABO SC IND HI RSK&OTH COV IND	\$ -
G0473	FTF BEHAV CNSL OBESITY GRP 30 MIN	\$ -
G0475	HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	\$ -
G0476	INF AGT DTCT DNA/RNA; HPV ADD PAP T	\$ -
G0480	DR TST DEFIN DR ID M P D 1-7 DR CL	\$ -
G0481	DR TST DEFIN DR ID M P D 8-14 DR CL	\$ -
G0482	DR TST DEFIN DR ID M P D 15-21 DR CL	\$ -
G0483	DR TST DEFIN DR ID M P D 22/M DR CL	\$ -
G0490	FTF HHN VST RHC/FQHC AREA SHTG HHA	\$ -
G0491	DIALYSIS MC ESRD AC KID INJ NO ESRD	\$ -
G0492	DIALY 1 EVL PHYS AC KID INJ NO ESRD	\$ -
G0493	SKD SRVC RN OBV&ASMT PT C EA 15 MIN	\$ -
G0494	SKD SRVC LPN OBS&ASMT PT C E 15 MIN	\$ -
G0495	SKD SRVC RN T&/E PT/F HH/HSPC E 15M	\$ -
G0496	SKD SVC LPN T&/E PT/F HH/HSPC E 15M	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0498	CTX IV INF T; INI INF OFC/CLIN SET	\$ -
G0499	HEPATITIS B SCR NON-PG HG RISK INDV	\$ -
G0500	MOD SED SVC PRV SM PHYS PER GI ENDO	\$ -
G0501	RES-INT SVC PT SPZ M-ASST TECH MN	\$ -
G0506	CMP ASMT & C PLN PT RQR CC MGMT SVC	\$ -
G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	\$ -
G0509	TH C CC SB PHYS 50 M CMNCT PT&PROV	\$ -
G0511	Ccm/bhi by rhc/fqhc 20min mo	\$ -
G0512	Cocm by rhc/fqhc 60 min mo	\$ -
G0513	Prolong prev svcs- first 30m	\$ -
G0514	Prolong prev svcs- addl 30m	\$ -
G0516	Insert drug del implant- >4	\$ -
G0517	Remove drug implant	\$ -
G0518	Remove w insert drug implant	\$ -
G0659	DRUG TST DEFIN DR ID M ANY # DR CLS	\$ -
G0913	IMPRV VF ACHV IN 90 DA FLW CAT SURG	\$ -
G0914	PT CARE SURVEY WAS NOT COMPLETED PT	\$ -
G0915	IMPRV VF NOT IN 90 DA FLW CAT SURG	\$ -
G0916	SATISFACTN CARE IN 90 D FLW CAT SRG	\$ -
G0917	PT SATISFACTION SURVEY NOT CMPL PT	\$ -
G0918	SATISFCTN CARE NOT 90 D FLW CAT SRG	\$ -
G1001	Cdsm evicore	\$ -
G1002	Cdsm medcurrent	\$ -
G1003	Cdsm medicalis	\$ -
G1004	Cdsm ndsc	\$ -
G1007	Cdsm aim	\$ -
G1008	Cdsm cranberry pk	\$ -
G1009	Cdsm sage health	\$ -
G1010	Cdsm stanson	\$ -
G1011	Cdsm qualified nos	\$ -
G1012	Cdsm agilemd	\$ -
G1013	Cdsm evidencecare	\$ -
G1014	Cdsm inveniga	\$ -
G1015	Cdsm reliant	\$ -
G1016	Cdsm speed of care	\$ -
G1017	Cdsm healthhelp	\$ -
G1018	Cdsm infinx	\$ -
G1019	Cdsm logicnets	\$ -
G1020	Cdsm curbside	\$ -
G1021	Cdsm ehealthline	\$ -
G1022	Cdsm intermountain	\$ -
G1023	Cdsm persivia	\$ -
G1024	Cdsm radrite	\$ -
G1025	Pt mnth 1 mcp prov	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G1026	Pt hemo > 3mo	\$ -
G1027	Pt hemo < 3mo	\$ -
G1028	Take home supply 8mg per 0.1	\$ -
G2000	Blinded conv. tx mdd clin tr	\$ -
G2001	Post d/c h vst new pt 20 m	\$ -
G2002	Post-d/c h vst new pt 30 m	\$ -
G2003	Post-d/c h vst new pt 45 m	\$ -
G2004	Post-d/c h vst new pt 60 m	\$ -
G2005	Post-d/c h vst new pt 75 m	\$ -
G2006	Post-d/c h vst ext pt 20 m	\$ -
G2007	Post-d/c h vst ext pt 30 m	\$ -
G2008	Post-d/c h vst ext pt 45 m	\$ -
G2009	Post-d/c h vst ext pt 60 m	\$ -
G2010	Remot image submit by pt	\$ 14.00
G2011	Alcohol/sub abuse assess	\$ -
G2012	Brief check in by md/qhp	\$ 16.00
G2013	Post-d/c h vst ext pt 75 m	\$ -
G2014	Post-d/c care plan overs 30m	\$ -
G2015	Post-d/c care plan overs 60m	\$ -
G2020	Hi inten serv for sip model	\$ -
G2021	Hea care pract tx in place	\$ -
G2022	Benef refuses service- mod	\$ -
G2023	Specimen collect covid-19	\$ -
G2024	Spec coll snf/lab covid-19	\$ -
G2025	Telehealth	\$ 92.03
G2066	Inter devc remote 30d	\$ -
G2067	Med assist tx meth wk	\$ -
G2068	Med assist tx bupre oral	\$ -
G2069	Med assist tx inject	\$ -
G2070	Med assist tx implant	\$ -
G2071	Med tx remove implant	\$ -
G2072	Med tx insert/remove imp	\$ -
G2073	Med tx naltrexone	\$ -
G2074	Med assist tx no drug	\$ -
G2075	Med tx meds nos	\$ -
G2076	Intake act w/med exam	\$ -
G2077	Periodic assessment	\$ -
G2078	Take-home meth	\$ -
G2079	Take-hom buprenorphine	\$ -
G2080	Add 30 mins counsel	\$ -
G2081	Pt 66+ snp or ltc pos > 90d	\$ -
G2082	Visit esketamine 56m or less	\$ -
G2083	Visit esketamine- > 56m	\$ -
G2086	Off base opioid tx 70min	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G2087	Off base opioid tx- 60 m	\$ -
G2088	Off base opioid tx- add30	\$ -
G2090	Pt 66+ frailty and med dem	\$ -
G2091	Pt 66+ frailty and adv ill	\$ -
G2092	Ace arb arni	\$ -
G2093	Med doc rsn no ace arn arni	\$ -
G2094	Pt rsn no ace arn arni	\$ -
G2095	Sys rsn no ace arn arni	\$ -
G2096	No rsn ace arb arni	\$ -
G2097	Child dx uri 3d of other dx	\$ -
G2098	Pt 66+ frailty and med dem	\$ -
G2099	Pt 66+ frailty and adv ill	\$ -
G2100	Pt 66+ frailty and med dem	\$ -
G2101	Pt 66+ frailty and adv ill	\$ -
G2105	Pt 66+ lt ints > 90	\$ -
G2106	Pt 66+ lt ints > 90	\$ -
G2107	Pt 66+ frailty and adv ill	\$ -
G2108	Pt 66+ lt ints > 90	\$ -
G2109	Pt 66+ frailty and med dem	\$ -
G2110	Pt 66+ frailty and adv ill	\$ -
G2112	Pred<=5 mg ra glu <6m	\$ -
G2113	Pred>5 mg >6m- no chg da	\$ -
G2115	Pt 66+ frailty and med dem	\$ -
G2116	Pt 66+ frailty and adv ill	\$ -
G2118	Pt 81+ frailty	\$ -
G2121	Psy dep anx ap and icd asse	\$ -
G2122	Psy/dep/anx/apandicd noasse	\$ -
G2125	Pt 81+ frailty	\$ -
G2126	Pt 66+ frailty adv ill	\$ -
G2127	Pt 66+ frailty med dem	\$ -
G2128	No aspirin med rsn	\$ -
G2129	No bp outpt	\$ -
G2136	Bk pain vas 6-20wk = 3	\$ -
G2137	Bk pain vas 6-20wk > 3	\$ -
G2138	Bk pain vas 9-15mo = 3	\$ -
G2139	Bk pain vas 9-20mo > 3	\$ -
G2140	Leg pain vas 6-20wk = 3	\$ -
G2141	Leg pain vas 6-20wk > 3	\$ -
G2142	Fs odi 9-15mo postop<= 22	\$ -
G2143	Fs odi 9-15mo > 22	\$ -
G2144	Fs odi 6-20wk postop > 22	\$ -
G2145	Fsodi 6-20wk >22 or chg 30pt	\$ -
G2146	Leg pain vas 9-15mo <= 3	\$ -
G2147	Leg pain vas 9-15mo > 3	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G2148	Mpm used	\$ -
G2149	No mpm med rsn	\$ -
G2150	No mpm	\$ -
G2151	Dx degen neuro	\$ -
G2152	Res change sc =0	\$ -
G2167	Res change sc < 0	\$ -
G2168	Svs by pt in home health	\$ -
G2169	Svs by ot in home health	\$ -
G2170	Avf by tissue w thermal e	\$ -
G2171	Avf use magnetic/art/ven	\$ -
G2172	Tx for opioid use demo proj	\$ -
G2173	Uri w comorb 12m oth dx	\$ -
G2174	Uri new rx antibiotic 30d	\$ -
G2175	Pt comorb dx 12m of epi	\$ -
G2176	Outpt ed obs w inpt admit	\$ -
G2177	Bronch w rx antibx 30d	\$ -
G2178	Pt not elig low neuro ex	\$ -
G2179	Med doc rsn no low ex	\$ -
G2180	Inelig footwr eval	\$ -
G2181	Bmi not doc medrsn ptref	\$ -
G2182	Pt 1st biolog antirheum	\$ -
G2183	Doc pt unable comm	\$ -
G2184	No caregiver	\$ -
G2185	Caregiver dem trained	\$ -
G2186	Pt ref app rsrcs	\$ -
G2187	Clin ind img hd trauma	\$ -
G2188	Pt 50 yrs w/clin ind hd	\$ -
G2189	Img hd abnml neuro exam	\$ -
G2190	Ind img hd rad neck	\$ -
G2191	Ind img hd pos hd ache	\$ -
G2192	>55 yrs temp hd ache	\$ -
G2193	<6yr new onset hd ache	\$ -
G2194	New hdache ped pt dis	\$ -
G2195	Occip hdache child	\$ -
G2196	Screen unhlthy etoh use	\$ -
G2197	Screen hlthy etoh use	\$ -
G2198	Med rsn no unhlthy etoh	\$ -
G2199	Not scrn etoh no rsn	\$ -
G2200	Unhlthy etoh rcvd couns	\$ -
G2201	Med rsn no brief couns	\$ -
G2202	No rsn no brief couns	\$ -
G2203	Med rsn no etoh couns	\$ -
G2204	Pt 50-85 w/ scope	\$ -
G2205	Preg drng adjv trtmt	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G2206	Adjv trtmt chemo her2	\$ -
G2207	Rsn no trtmt chem her2	\$ -
G2208	No trtmt chemo and her2	\$ -
G2209	Refused to participate	\$ -
G2210	No neck fs prom no rsn	\$ -
G2211	Complex e/m visit add on	\$ -
G2212	Prolong outpt/office vis	\$ -
G2213	Initiat med assist tx in er	\$ -
G2214	Init/sub psych care m 1st 30	\$ -
G2215	Home supply nasal naloxone	\$ -
G2216	Home supply inject naloxon	\$ -
G2250	Remot img sub by pt- non e/m	\$ -
G2251	Brief chkin- 5-10- non-e/m	\$ -
G2252	Brief chkin by md/qhp- 11-20	\$ -
G4000	Dermatology ss	\$ -
G4001	Diagnostic rad ss	\$ -
G4002	Ep cardio ss	\$ -
G4003	Emergency med ss	\$ -
G4004	Endocrinology ss	\$ -
G4005	Family medicine ss	\$ -
G4006	Gastroenterology ss	\$ -
G4007	General surgery ss	\$ -
G4008	Geriatrics ss	\$ -
G4009	Hospitalists ss	\$ -
G4010	Infectious disease ss	\$ -
G4011	Internal medicine ss	\$ -
G4012	Interventional rad ss	\$ -
G4013	Mentl/behav health ss	\$ -
G4014	Nephrology ss	\$ -
G4015	Neurology ss	\$ -
G4016	Neurosurgical ss	\$ -
G4017	Nutrition/dietician ss	\$ -
G4018	Ob/gyn ss	\$ -
G4019	Oncology/hema ss	\$ -
G4020	Ophthalmology ss	\$ -
G4021	Orthopedic surgery ss	\$ -
G4022	Otolaryngology ss	\$ -
G4023	Pathology ss	\$ -
G4024	Pediatric ss	\$ -
G4025	Physical medicine ss	\$ -
G4026	Phys/occ therapy ss	\$ -
G4027	Plastic surgery ss	\$ -
G4028	Podiatry ss	\$ -
G4029	Preventive medicine ss	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G4030	Pulmonology ss	\$ -
G4031	Radiation oncology ss	\$ -
G4032	Rheumatology ss	\$ -
G4033	Skilled nursing facility ss	\$ -
G4034	Speech language path ss	\$ -
G4035	Thoracic surgery ss	\$ -
G4036	Urgent care ss	\$ -
G4037	Urology ss	\$ -
G4038	Vascular surgery ss	\$ -
G6001	U/S GUID PLCMT RADIATION TX FIELDS	\$ -
G6002	STEREO X-R GUID LOC TRG VOL DEL RT	\$ -
G6003	RT D 2 TX AR PT/PL OPP PT:TO 5 MEV	\$ -
G6004	RT D 1 TX AR PT/PL OPP PT: 6-10 MEV	\$ -
G6005	RT D 1 TX AR PT/PL OPP PT:11-19 MEV	\$ -
G6006	RT D 1 TX AR PT/PL OPP PT:20 MEV/>	\$ -
G6007	RT DEL 2 SEP 3/>PT 1 TX AR:TO 5 MEV	\$ -
G6008	RT DEL 2 SEP AR 3/>PT 1 AR:6-10 MEV	\$ -
G6009	RT DEL 2 S AR 3/>PT 1 AR:11-19 MEV	\$ -
G6010	RT DEL 2 SEP AR 3/>PT 1 AR:20 MEV/>	\$ -
G6011	RT D 3/> S TX AR CSTM BLK;TO 5 MEV	\$ -
G6012	RT D 3/> S TX AR CSTM BLK;6-10 MEV	\$ -
G6013	RT D 3/> S TX AR CSTM BLK;11-19 MEV	\$ -
G6014	RT D 3/> S TX AR CSTM BLK;20 MEV/>	\$ -
G6015	INTENS MOD TX DEL 1/MX FLDS TX SESS	\$ -
G6016	CMP-B BM MD TX DEL I PLND TX P TX S	\$ -
G6017	INTRA-F LOC&TRCK TRGT/PT M EA F TX	\$ -
G8395	LVEF>=40% DOC NORMAL OR MILD	\$ -
G8396	LVEF NOT PERFORMED	\$ -
G8397	DIL MACULA/FUNDUS EXAM/W DOC	\$ -
G8399	PT W/DXA DOCUMENT OR ORDER	\$ -
G8400	PT W/DXA NO DOCUMENT OR ORDE	\$ -
G8404	LOW EXTEMITY NEUR EXAM DOCUM	\$ -
G8405	LOW EXTEMITY NEUR NOT PERFOR	\$ -
G8410	EVAL ON FOOT DOCUMENTED	\$ -
G8415	EVAL ON FOOT NOT PERFORMED	\$ -
G8416	PT INELIG FOOTWEAR EVALUATIO	\$ -
G8417	BMI >=30 CALCUATE W/FOLLOWUP	\$ -
G8418	BMI < 22 CALCUATE W/FOLLOWUP	\$ -
G8419	BMI>=30OR<22 CAL NO FOLLOWUP	\$ -
G8420	BMI<30 AND >=22 CALC & DOCU	\$ -
G8421	BMI NOT CALCULATED	\$ -
G8427	DOC MEDS VERIFIED W/PT OR RE	\$ -
G8428	MEDS DOCUMENT W/O VERIFICA	\$ -
G8430	PT INELIG MED CHECK	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G8431	CLIN DEPRESSION SCREEN DOC	\$ -
G8432	CLIN DEPRESSION SCREEN NOT D	\$ -
G8433	PT INELIG FOR DEPRESSION SCR	\$ -
G8450	BETA-BLOC RX PT W/ABN LVEF	\$ -
G8451	PT W/ABN LVEF INELIG B-BLOC	\$ -
G8452	PT W/ABN LVEF B-BLOC NO RX	\$ -
G8465	HIGH RISK RECURRENCE PRO CA	\$ -
G8473	ACE/ARB THXPY RX'D	\$ -
G8474	ACE/ARB NOT RX'D; DOC REAS	\$ -
G8475	ACE/ARB THXPY NOT RX'D	\$ -
G8476	BP SYS <130 AND DIAS <80	\$ -
G8477	BP SYS>=130 AND/OR DIAS >=80	\$ -
G8478	BP NOT PERFORMED/DOC	\$ -
G8482	FLU IMMUNIZE ORDER/ADMIN	\$ -
G8483	FLU IMM NO ORD/ADMIN DOC REA	\$ -
G8484	FLU IMMUNIZE NO ORDER/ADMIN	\$ -
G8506	PATIENT RECV ACE INHIBITOR/ARB TX	\$ -
G8510	NEG SCR D PT NOT ELIG F/U/PLN DOC	\$ -
G8511	SCR CLIN D F/U PLAN NOT DOC RNS	\$ -
G8535	NO DOC ELDER MALTX SCR PT NOT ELIG	\$ -
G8536	NO DOC OF AN ELDER MALTX SCREEN RNS	\$ -
G8539	DOC FUNC ASSESS&CARE PLAN ID DEFIC	\$ -
G8540	DOC PT NOT ELIG FUNC OUTCOME ASSESS	\$ -
G8541	NO DOC CURRNT FUNCTIONAL ASSESS RNS	\$ -
G8542	DOC ASSESS NO DOC PLAN PT NOT ELIG	\$ -
G8543	DOC CUR FUNC ASSESS NO DOC PLAN RNS	\$ -
G8559	PT REF TO PHYS FOR OTOLOGIC EVAL	\$ -
G8560	PT HX ACTIVE DRAIN EAR PREV 90 DAYS	\$ -
G8561	PT NOT ELIG REF OTO EVAL HX DRAIN	\$ -
G8562	PT NO HX DRAINGE EAR PREV 90 DAYS	\$ -
G8563	PT NOT REF OTO EVAL REAS NOT SPEC	\$ -
G8564	PT REF OTO EVAL REASON NOT SPEC	\$ -
G8565	VEIFICATION & DOC SUDDEN HEAR LOSS	\$ -
G8566	PT NOT ELIG REF OTO HEAR LOSS MSR	\$ -
G8567	PT NO VERIFICATION SUDDEN HEAR LOSS	\$ -
G8568	PT NOT REF OTO EVAL REASON NOT SPEC	\$ -
G8569	PROLONG INTUBATION >24 HRS REQUIRED	\$ -
G8570	PROLONG INTUBATION >24 HRS NOT RQRD	\$ -
G8575	DEV POSTOP RENAL INSUF/REQ DIALYSIS	\$ -
G8576	NO POSTOP RENL INSUF/DIALYS NOT REQ	\$ -
G8577	REOP BLEED/TAMP GFT OCCL OTH REASON	\$ -
G8578	REOP NOT REQ BLEED GFT OCC OTH REAS	\$ -
G8598	Aspirin 325mg (ASA)	\$ 0.02
G8599	ASPIRIN/OTH TX NOT USED REASN NOS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G8600	IV T-PA INIT W/IN 3 HRS LAST WELL	\$ -
G8601	IV T-PA NOT INIT 3 HRS WELL RSN DOC	\$ -
G8602	IV T-PA NOT INIT 3 HRS WELL RSN NS	\$ -
G8633	PHARM TX FOR OSTEOPOROSIS PRESCRIB	\$ -
G8635	PHAR TX OSTEOPOROS NOT PRSC RSN NOS	\$ -
G8647	RISK-ADJ FUNCT STATUS KNEE =/> 0	\$ -
G8648	RISK ADJ FUNCT STATUS KNEE SCORE <0	\$ -
G8650	RSK-ADJ FUNCT STATUS KNEE NOT MEAS	\$ -
G8651	RISK-ADJ FUNCT STATUS HIP =/> 0	\$ -
G8652	RISK-ADJ FUNCT STATUS HIP SCORE <0	\$ -
G8654	RSK-ADJ FUNCT STATUS HIP NOT MEAS	\$ -
G8655	RISK-ADJ FUN STAT LOW LEG FT =/> 0	\$ -
G8656	RISK-ADJ FUN STAT LOW LEG FT ANK <0	\$ -
G8658	RISK-ADJ FUN STAT LOW LEG NOT MEAS	\$ -
G8659	RISK-ADJ FUNCT STAT LUMB SPINE =/>0	\$ -
G8660	RISK-ADJ FUNCT STAT LUMB SPINE <0	\$ -
G8661	RSK-ADJ FUNCT STAT LUMB PT NOT ELIG	\$ -
G8662	RISK-ADJ FUNCT STAT LUMB NOT MEAS	\$ -
G8663	RISK-ADJ FUNCT STATUS SHOULDER =/>0	\$ -
G8664	RISK-ADJ FUNCT STATUS SHOULDER <0	\$ -
G8666	RISK-ADJ FUNCT STAT SHLDR NOT MEAS	\$ -
G8667	RISK-ADJ FUN STAT ELB HAND =/> 0	\$ -
G8668	RISK-ADJ FUN STAT ELB WRIST HAND <0	\$ -
G8670	RISK-ADJ FUN STAT ELB HAND NOT MEAS	\$ -
G8694	LEFT VENTRIUCULAR EJ FRACTION < 40%	\$ -
G8708	PT NOT PRESCRIBED/DISPENSED ABX	\$ -
G8709	PT PRESCRIB/DISPENS ABX DOC MED RSN	\$ -
G8710	PATIENT PRESCRIBED/DISPENSED ABX	\$ -
G8711	PRESCRIBED OR DISPENSED ANTIBIOTIC	\$ -
G8721	PT CAT PN CAT&HIST GR DOC PATH RPRT	\$ -
G8722	MED RSN DOC NO PT PN CAT&HG PATH R	\$ -
G8723	SITE IS OTH THAN ANAT LOC PRIM TUMR	\$ -
G8724	PT PN CAT&HG NOT DOC PATH RP NO RSN	\$ -
G8733	DOC ELDER MALTX SCR&DOC PLAN TM SCR	\$ -
G8734	ELDER MALTX SCR DOC NEG NO F/U RQR	\$ -
G8735	ELDER MALTX POS F/U NOT DOC NOT GVN	\$ -
G8749	ABSENCE SIGNS MEL/ABSENCE SX MEL	\$ -
G8752	MOST RECENT SYSTOLIC BP < 140MM HG	\$ -
G8753	MOST RECENT SYSTOLIC BP >= 140MM HG	\$ -
G8754	MOST RECENT DIASTOLIC BP < 90MM HG	\$ -
G8755	MOST RECENT DIASTOLIC BP >= 90MM HG	\$ -
G8756	NO DOC BP MSR REASON NOT GIVEN	\$ -
G8783	NORMAL BP READING DOC F/U NOT RQR	\$ -
G8785	BP READING NOT DOC REASON NOT GIVEN	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G8797	SPEC SITE OTH THAN ANAT LOC ESOPH	\$ -
G8798	SPECIMEN SITE OTH THN ANAT LOC PROS	\$ -
G8806	PERFORMANCE TRANSABD/TRANSVAG U/S	\$ -
G8807	TRANSABD/VAG U/S NOT PRF DOC CLIN	\$ -
G8808	PRF TRNSABD/VAG U/S NOT ORD NO RSN	\$ -
G8815	STATIN THERAPY NOT PRSC DOC REASONS	\$ -
G8816	STATIN MEDICATION PRESCRIBED AT D/C	\$ -
G8817	STATIN TX NOT PRSC D/C RSN NOT GVN	\$ -
G8818	PT D/C HOME NO LATR THN POSTOP DA 7	\$ -
G8825	PT NOT D/C TO HOME BY POSTOP DAY #7	\$ -
G8826	PT D/C HOM NO LATR PO DA 2 FLW EVAR	\$ -
G8833	PT NOT D/C HOM POSTOP D #2 FLW EVAR	\$ -
G8834	PT D/C HOM NO LATR PO DA #2 FLW CEA	\$ -
G8838	PT NOT D/C HOME BY PO DAY 2 FLW CEA	\$ -
G8839	SLEEP APNEA SX ASSESS SNOR DAY SSS	\$ -
G8840	DOC RSN NOT PRFRM ASSESS SLEEP SX	\$ -
G8841	SLP APNEA SX NOT ASSESS RSN NOT GVN	\$ -
G8842	AHI/RDI MEASURED AT TIME INITIAL DX	\$ -
G8843	DOC RSN NOT MSR AHI/RDI TM INIT DX	\$ -
G8844	AHI/RDI NOT MSR TIME DX RSN NOT GVN	\$ -
G8845	PAP THERAPY PRESCRIBED	\$ -
G8846	MOD/SEV OBSTRUCTIVE SLEEP APNEA	\$ -
G8849	DOC REASON NOT PRESCRIBED PAP TX	\$ -
G8850	PAP TX NOT PRSC REASON NOT GIVEN	\$ -
G8851	OBJECTIVE MEASURE ADHER PAP TX DOC	\$ -
G8852	PAP THERAPY PRESCRIBED	\$ -
G8854	DOC RSN NOT OBJ MSR ADHERENCE CPAP	\$ -
G8855	OBJ MSR ADH PAP TX NOT PERF NOT GVN	\$ -
G8856	REFER PHYS OTOLOGIC EVAL PERFORMED	\$ -
G8857	PT NOT ELIG REF OTOLOGIC EVAL MSR	\$ -
G8858	REF PHYS OTOLOG EVAL NOT PRF N GVN	\$ -
G8863	PTS NOT ASSESS RSK BL RSN NOT GVN	\$ -
G8864	PNEUMOCOCCAL VACC ADMIN/PREV RECEIVE	\$ -
G8865	DOC MED RSN NOT ADM/PREV REC PN VAC	\$ -
G8866	DOC PT RSN NOT ADM/PREV RECV PN VAC	\$ -
G8867	PCV NOT ADM/PREV RECV RSN NOT GIVEN	\$ -
G8869	PT DOC IMMUNO HEP B RECV 1ST ANTI-TNF	\$ -
G8875	CLIN DX BR CA PREOP MIN INV BX METH	\$ -
G8876	DOC NO BX DX BR CA PREOP BX OTH MD	\$ -
G8877	CLN NOT DX BR CA PRE BX RSN NOT GVN	\$ -
G8878	SENTINEL LYMPH NODE BX PROC PERFORM	\$ -
G8880	DOC REASN SENTINEL LN BX NOT PERFRM	\$ -
G8881	STAGE BREAST CA > T1N0M0/T2N0M0	\$ -
G8882	SENTINEL LN BX PROC NOT PERFORMED	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G8883	BX RSLT REV COMMUNICATED TRACKD&DOC	\$ -
G8884	CLIN DOC RSN PT BX RESLT NOT REVIEW	\$ -
G8885	BX RESULTS NOT REVIEWED TRACKED/DOC	\$ -
G8907	PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C	\$ -
G8908	PT DOC HAVE RECEIVED BRN PRIOR D/C	\$ -
G8909	PT DOC NOT HAVE REC BURN PRIOR D/C	\$ -
G8910	PT DOC HAVE EXPERIENCED FALL IN ASC	\$ -
G8911	PT DOC NOT EXPERIENCED FALL IN ASC	\$ -
G8912	PT DOC EXP WRG SITE S PT PRO/IMPL	\$ -
G8913	PT DOC NO EXP WRG SITE S PT P/IMPL	\$ -
G8914	PT DOC EXP HOSP TRNSF/ADM D/C ASC	\$ -
G8915	PT DOC NOT EXP HOSP TRF/ADM D/C ASC	\$ -
G8916	PT PREOP ORD IV ABP SSI ABX INIT TM	\$ -
G8917	PT PREOP ORD IV ABP SSI NOT INIT TM	\$ -
G8918	PT NO PREOP ORD IV ABX SSI PROPH	\$ -
G8923	LVEF<40%/DC M/SV DPRSD L VT SYS FCN	\$ -
G8924	SPIROM TRS DEM FEV1/FVC<60% COPD SX	\$ -
G8934	LVEF<40%/DOC MOD/SEV DEPRESSED LVSF	\$ -
G8935	CLINICIAN PRSC ACE INHIB/ARB TX	\$ -
G8936	CLN DOC PT NOT ELG C ACE INH/ARB TX	\$ -
G8937	CLN NOT PRSC ACE INH/ARB RSN NOT GV	\$ -
G8941	ELDER MALTX SCR DOC PT NOT ELIG F/U	\$ -
G8942	DOC FNC OUTCOME ASMT&PLAN PREV 30 D	\$ -
G8944	AJCC MELANOMA CANCER STGE 0-IIC MEL	\$ -
G8946	MIN INVSX BX METH ATMPNT NO DX BR CA	\$ -
G8950	PREHTN/HTN BP DOC INDCD F/U DOC	\$ -
G8952	P-HTN/HTN BP DOC F/U NOT RSN NOT GV	\$ -
G8955	MOST RE ASMT ADEQUACY VOLUME MGMT	\$ -
G8956	PT RCV MAINT HEMODIAL O/P DIALY FAC	\$ -
G8958	ASMT ADEQ VOL M NOT DOC RSN NOT GVN	\$ -
G8961	CRD SS IMAG L RSK PT PREOP 30 D SRG	\$ -
G8962	CARD STRESS IMAG TEST PERF ANY RSN	\$ -
G8963	CARD STRSS IMAG MON ASX PT PCI 2 YR	\$ -
G8964	CARD SS IMAG NOT MON ASX PCI 2 YRS	\$ -
G8965	CARD STRESS IMAG PRIM LW CHD RSK PT	\$ -
G8966	CARD STRESS IMAG SX/> LW CHD RSK PT	\$ -
G8967	WARFARIN/OTH ORL AC FDA APPRVD PRSC	\$ -
G8968	DOC MED RSN NOT PRSC WARFARIN/OTH	\$ -
G8969	DOC PT RSN NOT PRSC WARFARIN/OTH OA	\$ -
G8970	NO RISK FACTOR/1 MOD RISK FACTOR TE	\$ -
G9001	COORDINATED CARE FEE INITIAL RATE	\$ -
G9002	COORD CARE FEE MAINTENANCE RATE	\$ -
G9003	COORD CARE FEE RISK ADJUSTD HI INIT	\$ -
G9004	COORD CARE FEE RISK ADJUSTD LW INIT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9005	COORD CARE FEE RISK ADJUSTED MAINT	\$ -
G9006	COORD CARE FEE HOME MONITORING	\$ -
G9007	COORD CARE FEE SCHEDULE TEAM CONF	\$ -
G9008	COORD CARE FEE PHYS OVRSIGHT SRVC	\$ -
G9009	COORD CARE FEE RISK ADJ MAINT LVL 3	\$ -
G9010	COORD CARE FEE RISK ADJ MAINT LVL 4	\$ -
G9011	COORD CARE FEE RISK ADJ MAINT LVL 5	\$ -
G9012	COORD CARE FEE RISK ADJ MAINT OTH	\$ -
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	\$ -
G9014	ESRD DEMO EXPND BUNDLE W/VENUS ACSS	\$ -
G9016	SMOK CESSATN CNSL IND ABSNC/ADD E&M	\$ -
G9050	ONCOLOGY WORK-UP EVALUATION	\$ -
G9051	ONCOLOGY TX DECISION-MGMT	\$ -
G9052	ONC SURVEILLANCE FOR DISEASE	\$ -
G9053	ONC EXPECTANT MANAGEMENT PT	\$ -
G9054	ONC SUPERVISION PALLIATIVE	\$ -
G9055	ONC VISIT UNSPECIFIED NOS	\$ -
G9056	ONC PRAC MGMT ADHERES GUIDE	\$ -
G9057	ONC PRACT MGMT DIFFERS TRIAL	\$ -
G9058	ONC PRAC MGMT DISAGREE W/GUI	\$ -
G9059	ONC PRAC MGMT PT OPT ALTERNA	\$ -
G9060	ONC PRAC MGMT DIF PT COMORB	\$ -
G9061	ONC PRAC COND NOADD BY GUIDE	\$ -
G9062	ONC PRAC GUIDE DIFFERS NOS	\$ -
G9063	ONC DX NSCLC STGI NO PROGRES	\$ -
G9064	ONC DX NSCLC STG2 NO PROGRES	\$ -
G9065	ONC DX NSCLC STG3A NO PROGRE	\$ -
G9066	ONC DX NSCLC STG3B-4 METASTA	\$ -
G9067	ONC DX NSCLC DX UNKNOWN NOS	\$ -
G9068	ONC DX SCLC/NSCLC LIMITED	\$ -
G9069	ONC DX SCLC/NSCLC EXT AT DX	\$ -
G9070	ONC DX SCLC/NSCLC EXT UNKNWN	\$ -
G9071	ONC DX BRST STG1-2B HR-NOPRO	\$ -
G9072	ONC DX BRST STG1-2 NOPROGRES	\$ -
G9073	ONC DX BRST STG3-HR- NO PRO	\$ -
G9074	ONC DX BRST STG3-NOPROGRESS	\$ -
G9075	ONC DX BRST METASTIC/ RECUR	\$ -
G9077	ONC DX PROSTATE T1NO PROGRES	\$ -
G9078	ONC DX PROSTATE T2NO PROGRES	\$ -
G9079	ONC DX PROSTATE T3B-T4NOPROG	\$ -
G9080	ONC DX PROSTATE W/RISE PSA	\$ -
G9083	ONC DX PROSTATE UNKNWN NOS	\$ -
G9084	ONC DX COLON T1-3-N1-2-NO PR	\$ -
G9085	ONC DX COLON T4- NO W/O PROG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9086	ONC DX COLON T1-4 NO DX PROG	\$ -
G9087	ONC DX COLON METAS EVID DX	\$ -
G9088	ONC DX COLON METAS NOEVID DX	\$ -
G9089	ONC DX COLON EXTENT UNKNOWN	\$ -
G9090	ONC DX RECTAL T1-2 NO PROGR	\$ -
G9091	ONC DX RECTAL T3 NO NO PROG	\$ -
G9092	ONC DX RECTAL T1-3-N1-2NOPRG	\$ -
G9093	ONC DX RECTAL T4-N-M0 NO PRG	\$ -
G9094	ONC DX RECTAL M1 W/METS PROG	\$ -
G9095	ONC DX RECTAL EXTENT UNKNWN	\$ -
G9096	ONC DX ESOPHAG T1-T3 NOPROG	\$ -
G9097	ONC DX ESOPHAGEAL T4 NO PROG	\$ -
G9098	ONC DX ESOPHAGEAL METS RECUR	\$ -
G9099	ONC DX ESOPHAGEAL UNKNOWN	\$ -
G9100	ONC DX GASTRIC NO RECURRENCE	\$ -
G9101	ONC DX GASTRIC P R1-R2NOPROG	\$ -
G9102	ONC DX GASTRIC UNRESECTABLE	\$ -
G9103	ONC DX GASTRIC RECURRENT	\$ -
G9104	ONC DX GASTRIC UNKNOWN NOS	\$ -
G9105	ONC DX PANCREATC P R0 RES NO	\$ -
G9106	ONC DX PANCREATC P R1/R2 NO	\$ -
G9107	ONC DX PANCREATIC UNRESECTAB	\$ -
G9108	ONC DX PANCREATIC UNKNWN NOS	\$ -
G9109	ONC DX HEAD/NECK T1-T2NO PRG	\$ -
G9110	ONC DX HEAD/NECK T3-4 NOPROG	\$ -
G9111	ONC DX HEAD/NECK M1 METS REC	\$ -
G9112	ONC DX HEAD/NECK EXT UNKNOWN	\$ -
G9113	ONC DX OVARIAN STG1A-B NO PR	\$ -
G9114	ONC DX OVARIAN STG1A-B OR 2	\$ -
G9115	ONC DX OVARIAN STG3/4 NOPROG	\$ -
G9116	ONC DX OVARIAN RECURRENCE	\$ -
G9117	ONC DX OVARIAN UNKNOWN NOS	\$ -
G9123	ONC DX CML CHRONIC PHASE	\$ -
G9124	ONC DX CML ACCELER PHASE	\$ -
G9125	ONC DX CML BLAST PHASE	\$ -
G9126	ONC DX CML REMISSION	\$ -
G9128	ONC DX MULTI MYELOMA STAGE I	\$ -
G9129	ONC DX MULT MYELOMA STG2 HIG	\$ -
G9130	ONC DX MULTI MYELOMA UNKNOWN	\$ -
G9131	ONC DX BRST UNKNOWN NOS	\$ -
G9132	ONC DX PROSTATE METS NO CAST	\$ -
G9133	ONC DX PROSTATE CLINICAL MET	\$ -
G9134	ONC NHLSTG 1-2 NO RELAP NO	\$ -
G9135	ONC DX NHL STG 3-4 NOT RELAP	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9136	ONC DX NHL TRANS TO LG BCELL	\$ -
G9137	ONC DX NHL RELAPSE/REFRACTOR	\$ -
G9138	ONC DX NHL STG UNKNOWN	\$ -
G9139	ONC DX CML DX STATUS UNKNOWN	\$ -
G9140	FRONTIER EXTENDED STAY DEMO	\$ -
G9143	WARFARIN RSPN TEST GEN TECH ANY #	\$ -
G9147	OIVIT MSR: RQ; &/UUN; &/GLU; &/K+	\$ -
G9148	NAT COMMITTEE QA LEVEL 1 MED HOME	\$ -
G9149	NAT COMMITTEE QA LEVEL 2 MED HOME	\$ -
G9150	NAT COMMITTEE QA LEVEL 3 MED HOME	\$ -
G9151	MAPCP DEMO STATE PROVIDED SERVICES	\$ -
G9152	MAPCP DEMO COMMUNITY HEALTH TEAMS	\$ -
G9153	MAPCP DEMO PHYSICIAN INCENTIVE POOL	\$ -
G9156	EVAL WC REQ FACE-FACE VISIT W/PHYS	\$ -
G9157	TRANSESOPHAGEAL DOPPLER CARDIAC MON	\$ -
G9187	BPCI HOME VST PT ASMT QUAL HC PROF	\$ -
G9188	BETA-BLCKR TX NOT PRSC RSN NOT GIVN	\$ -
G9189	BETA-BLCKR TX PRSC/CURR BEING TAKEN	\$ -
G9190	DOC MED RSN NOT PRSC BETA-BLOCKR TX	\$ -
G9191	DOC PT RSN NOT PRSC BETA-BLOCKER TX	\$ -
G9192	DOC SYS RSN NOT PRSC BETA-BLOCKR TX	\$ -
G9196	DOC MED RSN NOT ORD 1ST/2ND CPH AMP	\$ -
G9197	DOC ORD FOR 1ST/2ND GEN CEPH AMP	\$ -
G9198	ORD 1ST/2ND CEPH NOT DOC R NOT GVN	\$ -
G9212	DSM-IVTM CRITERIA MDD DOC INIT EVAL	\$ -
G9213	DSM-IVTM CRIT MDD NOT DOC INIT EVAL	\$ -
G9223	PCP PRSC 3 MO CD4+ <500/CD4 % <15%	\$ -
G9225	FOOT EXAM WAS NOT PRFRM RSN NOT GVN	\$ -
G9226	FOOT EXAMINATION PERFORMED	\$ -
G9227	FNCT ASMT CARE PLN NOT DOC NOT ELIG	\$ -
G9228	CHLAMYDIA GON SYP SCR RESULTS DOC	\$ -
G9229	CHLAMYDIA GON SYP NOT SCR DOC RSN	\$ -
G9230	CHLAMYDIA GON SYP NOT SCR NO RSN	\$ -
G9231	DOC ESRD DIALYSIS RENAL TPLNT/PREG	\$ -
G9242	DOC VIRAL LOAD EQU/> 200 COPIES/ML	\$ -
G9243	DOC VIRAL LOAD < 200 COPIES/ML	\$ -
G9246	PT NOT 1 VST IN 24 MO MSR PERIOD	\$ -
G9247	PT HAD 1 VST IN 24 MO MSR PERIOD	\$ -
G9250	DOC PAIN TO CMFRT 48 HRS INIT ASMT	\$ -
G9251	DOC PAIN NOT CMFRT 48 HR INIT ASMT	\$ -
G9254	DOC D/C LATER PST-OP DAY 2 FLW CAS	\$ -
G9255	DOC D/C NO LTR PST OP DAY 2 FLW CAS	\$ -
G9273	BP SYSTOLIC < 140 DIASTOLIC < 90	\$ -
G9274	BP S=140 D=90/S<140 D=90/S=140 D<90	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9275	DOC PATIENT CURRNT NON-TOBACCO USER	\$ -
G9276	DOC PATIENT IS CURRENT TOBACCO USER	\$ -
G9277	DOC PT DAILY ASPIRIN/VALID CONTRA	\$ -
G9278	DOC PT NOT ON DAILY ASPIRIN REGIMEN	\$ -
G9279	PNC SCRN DOC VACC RECV PRORI D/C	\$ -
G9280	PNC V NOT ADM PRI D/C RSN NOT SPEC	\$ -
G9281	SCREEN PERF VACC NOT IND/PT REFUSAL	\$ -
G9282	DOC RSN NOT RPT HIST TYP/NSCLC-NOS	\$ -
G9283	NSCLC BX CYT RPT DOC H TYP/NOS	\$ -
G9284	NSCLC BX CYT RPT NOT DOC H TYP/NOS	\$ -
G9285	SPEC SITE OTH THAN LUNG/NOT NSCLC	\$ -
G9286	DOC ABX 7 DA DX/10 DA AFTR ONSET SX	\$ -
G9287	NO ABX 7 DA DX/10 DA AFTR ONSET SX	\$ -
G9288	DOC MED RSN NOT RPT H TYP/NSCLC-NOS	\$ -
G9289	NSCLC BX CY RPT DOC H TYP/NSCLC-NOS	\$ -
G9290	NSCLC BX CY RPT NOT DOC H TYP/NOS	\$ -
G9291	SP SITE NOT LNG NOT NSCLC/NSCLC-NOS	\$ -
G9292	DOC RSN NOT RPT PT CAT ULCER PT1 MR	\$ -
G9293	PATH RPT NOT PT CAT ULCER PT1 MR	\$ -
G9294	PATH RPT W/PT CAT THICK ULCR PT1 MR	\$ -
G9295	SPEC SITE OTH THAN ANATOMIC CUT LOC	\$ -
G9296	PT DOC SDM CONSERV TX PRIOR PROC	\$ -
G9297	SDM CONSERV TX PRIOR PROC NOT DOC	\$ -
G9298	PT EVAL VTE CV RSK 30 DA PRIOR PROC	\$ -
G9299	PT NOT EVAL VTE CV RSK 30 D PRI PRC	\$ -
G9305	INT LEAK ENDOLUM CNT ANASTM NOT REQ	\$ -
G9306	INT LEAK ENDOLUM CNT ANASTM REQ	\$ -
G9307	NO RTN OP ROOM PROC 30 DA PRIN PROC	\$ -
G9308	UNPLAN RTN OP ROOM 30 DAY PRIN PROC	\$ -
G9309	NO UNPLAN HOSP RDM 30 DAY PRIN PROC	\$ -
G9310	UNPLANNED HOSP RDM 30 DAY PRIN PROC	\$ -
G9311	NO SURGICAL SITE INFECTION	\$ -
G9312	SURGICAL SITE INFECTION	\$ -
G9313	AMOX NOT 1ST LINE ABX TM DX DOC RSN	\$ -
G9314	AMOX NOT 1ST LINE TM DX RSN NOT GVN	\$ -
G9315	DOC AMOX PRESC 1ST LINE ABX TIME DX	\$ -
G9316	DOC PT RSK ASSESS RSK CALC W/PT/FAM	\$ -
G9317	DOC PT RSK ASMT CALC PT/FM NOT CMPL	\$ -
G9318	IMAGING STUDY NAMED STANDARD NOMEN	\$ -
G9319	IMAG STDY NOT NOMEN RSN NOT GVN	\$ -
G9321	COUNT PREV CT CRD NM DOC 12-MO PRI	\$ -
G9322	CNT CT CRD NM NOT DOC 12-MO NO RSN	\$ -
G9341	SEARCH PRIOR CT EXT ENTITIES 12-MO	\$ -
G9342	SRCH PRI IMAG IMAG NOT CMPL NO RSN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9344	SRCH PRIOR DICOM NOT CMPL SYS RSN	\$ -
G9345	F/U INCIDENT PNS SZ PT RSK FACT DOC	\$ -
G9347	F/U INCIDENT PNS NOT DOC NO RSN GVN	\$ -
G9351	MORE 1 CT PARNSL SINUS 90 D AFTR DX	\$ -
G9352	MORE 1 CT PARNSL SS 90 D DX NO RSN	\$ -
G9353	MORE 1 CT PARNSL SS 90 D DX DOC RSN	\$ -
G9354	MORE 1 CT PARNSL SS NOT ORD 90 D DX	\$ -
G9355	ELEC DELIV/ERLY INDUCTION NOT PRFRM	\$ -
G9356	ELECTIV DEL/EARLY INDUCTION PERFORM	\$ -
G9357	POST-PARTUM SCREEN EVAL EDU PERFORM	\$ -
G9358	POST-PART SCREEN EVAL EDU NOT PERF	\$ -
G9359	DOC NEG/MANAG POS TB SCRIN NOT ACTIV	\$ -
G9360	NO DOC NEG/MANAGED POS TB SCREEN	\$ -
G9361	MEDICAL INDICATION FOR INDUCTION	\$ -
G9364	SINUSITIS CAUS/PRES CAUS BACT INF	\$ -
G9367	AT LEAST 2 DIFF HIGH-RISK MED ORDRD	\$ -
G9368	AT LEAST 2 DIFF H-R MED NOT ORDERED	\$ -
G9380	PT OFFRD ASST ROF ISSUE DUR MSR PRD	\$ -
G9382	PT NOT OFFRD ASST EOL ISSUE MSR PRD	\$ -
G9383	PT RECV SCR HCV INF W/I 12 MO PRD	\$ -
G9384	DOC MED RSN NOT RECV AN SCR HCV INF	\$ -
G9385	DOC PT RSN NOT RECV AN SCR HCV INF	\$ -
G9386	SCR HCV NOT REC 12 M P RSN NOT GVN	\$ -
G9393	PT I PHQ-9 SC>9 RM 12 MO PHQ-9 SC<5	\$ -
G9394	PT BPD/PD NH/HOSPCE/PALL DUR ASSESS	\$ -
G9395	PT INIT PHQ-9 SC >9 NO RM AT 12 MO	\$ -
G9396	PT I PHQ-9 SC >9 NO ASSESS RM 12 MO	\$ -
G9402	PT RCV F/U D D/C/WI/30 DA AFTR D/C	\$ -
G9403	CLN DOC RSN PT NO 30 D F/U INPT D/C	\$ -
G9404	PT NOT RCV F/U DT D/C/WI 30 DA D/C	\$ -
G9405	PT RECV F/U W/I 7 DAYS FROM D/C	\$ -
G9406	CLN DOC RSN PT NO 7 DA F/U INPT D/C	\$ -
G9407	PT NOT RECV F/U ON/WI 7 DA AFTR D/C	\$ -
G9408	PT CT &/PERICARDIOCENTESIS WI 30 DA	\$ -
G9409	PT WO CT &/PERICARDIOCENT WI 30 DA	\$ -
G9410	PT ADM WI 180 DAYS POST CIED W/INF	\$ -
G9411	PT NOT ADM WI 180 D PST CIED W/INF	\$ -
G9412	PT ADM WI 180 D P CIED INF DVC RMV	\$ -
G9413	PT NOT ADM WI 180 D POST CIED W/INF	\$ -
G9414	PT 1 DOS MC V ON/BTW PT 11 & 13 BD	\$ -
G9415	PT NO 1 DOS MC V ON/BTW PT 11&13 BD	\$ -
G9416	PT 1 TDAP/TD VAC ON/BTW 10 &13 BDAY	\$ -
G9417	PT NOT 1 TDAP/TD ON/BTW PT 10&13 BD	\$ -
G9418	P NSCLC BX&CY SPEC DOC CL NSCLC-NOS	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9419	DOC M RSN NO H T/NSCLC-NOS CL EXPLN	\$ -
G9420	SPEC S NOT LOC LUNG/NOT PRIM NSCLC	\$ -
G9421	P NSCLC BX&CY S NO DOC CL NSCLC-NOS	\$ -
G9422	NSCLC BX & CYTOLOGY SPEC RPRT	\$ -
G9423	DOC MED RSN NO RPRT H TYP/NSCLC-NOS	\$ -
G9424	SPEC SITE OTH THAN LOC L NOT NSCLC	\$ -
G9425	NSCLC BX & CY SPC NOT DOC NSCLC-NOS	\$ -
G9426	IMP MED TM ED AR-INIT P MED PRF ADM	\$ -
G9427	IMP MN TM ED AR-I P MED NOT PRF ADM	\$ -
G9428	PA RPRT PT CAT&STM THK&ULCER&PT1 MR	\$ -
G9429	DOC MED RSN NO R PT&STM THK PT1 MR	\$ -
G9430	SPECIMEN SITE OTH THAN ANAT CUT LOC	\$ -
G9431	PTH RPRT NO PT&STM THK&ULCR&PT1 MR	\$ -
G9432	ASA WC ACT C-ACT ACQ/ATAQ RSLT DOC	\$ -
G9434	ASA NOT WC CTR TL NOT U RSN NOT GVN	\$ -
G9451	PATIENT RECV ONE-TIME SCR HCV INF	\$ -
G9452	DOC MED RSN NOT RECV 1-TIME SCR HCV	\$ -
G9453	DOC PT RSN NOT RECV 1-T SCR HCV INF	\$ -
G9454	1-T SCR HCV NOT RECV 12 MO NO RSN	\$ -
G9455	PT ABD IMAG U/S CE CT/C MRI HCC	\$ -
G9456	DOC MED/PT RSN NO ORDR/PERF SCR HCC	\$ -
G9457	PT NO ABD IMAG & NO DOC RSN RPRT PR	\$ -
G9458	PT DOC TOB USER & RECV TOB CESS INT	\$ -
G9459	CURRENTLY A TOBACCO NON-USER	\$ -
G9460	TOB ASMT/CESS INT NOT PRFR NO RSN	\$ -
G9468	PT NOT REC CS>=10 MG/D PRD EQ 60 D	\$ -
G9470	PT NO CS >= 10 MG/D PDN EQ 60/> D	\$ -
G9471	WI PAST 2 YRS CTR DXA NOT ORDR/DOC	\$ -
G9473	SRVC PERF CHAPLN HOSPICE EA 15 MIN	\$ -
G9474	SRVC PRF DIET CNSLR HOSPICE EA 15 M	\$ -
G9475	SRVC PERF OTH COUNS HSPICE EA 15 MIN	\$ -
G9476	SRVC PRF VOLUNTEER HOSPICE EA15 MIN	\$ -
G9477	SRVC PRF CARE COORD HOSPICE EA 15 M	\$ -
G9478	SRVC PRF OTH QUAL TH HOSPICE EA 15 M	\$ -
G9479	SRVC PRF QUAL PHARM HOSPICE EA 15 M	\$ -
G9480	ADMISSION TO MCCM PROGRAM	\$ -
G9481	REMOTE IN-HOME VST E/M NEW PT 10 M	\$ -
G9482	REMOTE IN-HOME VST E/M NEW PT 20 M	\$ -
G9483	REMOTE IN-HOME VST E/M NEW PT 30 M	\$ -
G9484	REMOTE IN-HOME VST E/M NEW PT 45 M	\$ -
G9485	REMOTE IN-HOME VST E/M NEW PT 60 M	\$ -
G9486	REMOTE IN-HOME VST E/M EST PT 10 M	\$ -
G9487	REMOTE IN-HOME VST E/M EST PT 15 M	\$ -
G9488	REMOTE IN-HOME VST E/M EST PT 25 M	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9489	REMOTE IN-HOME VST E/M EST PT 40 M	\$ -
G9490	COMP CARE JT REPL MODEL HOME VISIT;	\$ -
G9497	SEEN PRE-OP ANES/PROXY PRI DAY SURG	\$ -
G9500	RADIATION EXPOSURE INDICES DOC	\$ -
G9501	RADIATION EXPOS INDICES RSN NOT GVN	\$ -
G9502	DOC MED RSN FOR NOT PERF FOOT EXAM	\$ -
G9504	D R NO ASSES HBV 1 Y P CRS ANTI-TNF	\$ -
G9505	ABX PRSC 10 D AFT ON SX DOC MED RSN	\$ -
G9506	BIOLOGIC IMMUNE RESPONSE MOD PRSC	\$ -
G9507	DOC PT ON STATN MED/DOC VALID CNTRA	\$ -
G9508	DOC PT IS NOT ON STATIN MEDICATION	\$ -
G9509	REMISS 12 M DEM 12 M PHQ-9 SCORE<5	\$ -
G9510	REM 12M NOT DEM BY 12M PHQ-9 SCR<5;	\$ -
G9511	INDX D PHQ-9 SCRE>9 DOC 12 M ID PER	\$ -
G9512	INDIVIDUAL HAD A PDC OF 0.8/GREATER	\$ -
G9513	INDIV DID NOT HAVE A PDC OF 0.8/>	\$ -
G9514	PT RQR RTN TO OR W/I 90 D OF SURG	\$ -
G9515	PT DID NOT RQR RTN OR W/I 90 D SURG	\$ -
G9516	PT ACHVD IMPRV VA PREOP LVL 90 D SX	\$ -
G9517	PT NO IMPRV VA PREOP LVL 90D S NO R	\$ -
G9518	DOCUMENTATION OF ACTIVE INJ DRUG US	\$ -
G9519	PT F REFR=-1.0 D PLN REFR 90 D SRG	\$ -
G9520	PT NO F REFR +/-1.0 D 90 D SRG NO R	\$ -
G9521	TOT # ED VSTS & IP HOSP>2 PAST 12 M	\$ -
G9522	TOT #ED VST&IP=/>2 12 M/NO SCR NO R	\$ -
G9529	PT MIN BLNT HD TRMA APPROP INDCT CT	\$ -
G9530	PT 24 HR MN BLNT HD TRMA CT ORD ECP	\$ -
G9531	PT VALD RSN HEAD CT RGRDLSS INDICAT	\$ -
G9533	PT MIN BLNT HD TRMA NO INDCAT HD CT	\$ -
G9537	DOC SYS RSN ORD ADV BRAIN IMAG STDY	\$ -
G9539	INTENT FOR PTNTL REMV TIME OF PLCMT	\$ -
G9540	PATIENT ALIVE 3 MOS POST PROCEDURE	\$ -
G9541	FILTER REMOVED W/I 3 MO OF PLACEMNT	\$ -
G9542	DOC RE-ASSESS APPROP FILTR RMVL 3 M	\$ -
G9543	DOC AT LEAST TWO ATTEMPTS REACH PT	\$ -
G9544	PT THAT DO NOT HAVE THE FILTER RMVD	\$ -
G9547	INCN CT:LVR LES=0.5CM KID LES<1.0CM	\$ -
G9548	F RPT ABD IMAG STDY F/U IMAG RECOM	\$ -
G9549	DOC MED RSN F/U IMAGING NOT INDIC	\$ -
G9550	FIN RPT ABD IMAG F/U IMAG NOT RECOM	\$ -
G9551	FINAL REPORTS FOR ABD IMAGING STDY	\$ -
G9552	INCIDENTL THYRD NODUL <1.0 CM IN RPT	\$ -
G9553	PRIOR THYROID DISEASE DIAGNOSIS	\$ -
G9554	F RPT CT/MRI CHST/NCK F/U IMAG RECM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9555	DOC MED RSN NO DOC F/U IMAG NO NEED	\$ -
G9556	F RPT CT/MRI CHEST/NECK F/U NOT RCM	\$ -
G9557	F RP CT/MRI CH/NCK NO THR NOD<1.0CM	\$ -
G9580	DOOR TO PUNCTURE TIME OF < 2 HOURS	\$ -
G9582	DOOR TO PUNCT TIME>2 HRS NO RSN GVN	\$ -
G9593	PED PT M BLNT HD TRMA LW RSK PECARN	\$ -
G9594	PATIENT W/I 24 HR MIN BLNT HD TRMA	\$ -
G9595	PT VAL RSN HD CT ORD RGDLS INDICAT	\$ -
G9596	PED PT HEAD INJ OCRD >24 HRS B4 ED	\$ -
G9597	PED PT MI HD TRMA NOT LW RSK PECARN	\$ -
G9598	AA 5.5-5.9 CM MX D CL CT/MI D AX CT	\$ -
G9599	AA 6.0 CM/>MX DIA CL CT/M DIA AX CT	\$ -
G9603	PT SURV SCRE IMPRV FROM BASE FLW TX	\$ -
G9604	PATIENT SURVEY RSLT NOT AVAILABLE	\$ -
G9605	PT SURV SCRE NO IMPRV BASE FLW TX	\$ -
G9606	IORT CYSTSCPYPY PERF EVAL LW TRCT INJ	\$ -
G9607	PT NOT ELIG E.G. PT DEATH DUR PROC	\$ -
G9608	IORT CYSTSCPYPY NOT P EVL LW TRCT INJ	\$ -
G9609	DOC ORD ANTI-PLAT AGT/P2Y12 ANTAGON	\$ -
G9610	DOC MED R NO ANTI-PLAT/P2Y12 ANTGN	\$ -
G9611	O ANTI-PLAT/P2Y12 ANTG NOT DC R NOS	\$ -
G9612	PHOTODOC 1/MRE CECL LK ESTB CMPL EX	\$ -
G9613	DOCUMENTATION OF POST-SURG ANATOMY	\$ -
G9614	NO PHOTODOC CECAL LK ESTB CMPL EXAM	\$ -
G9618	DOC SCR UTEN MALIG/US&/ENDOMET SAMP	\$ -
G9620	PT NOT SCR UTERN MALG/NO U/S NO RSN	\$ -
G9621	PT ID UNHLTHY ALC USR SCR&BRF COUNS	\$ -
G9622	PT NOT ID UNHLTHY ALC USR SCR ALC U	\$ -
G9623	DOC MED RSN NO SCR UNHLTHY AL USE	\$ -
G9624	PT NOT SCR UNHLTHY AL SCR NO RSN	\$ -
G9625	PT BLAD INJ SURG/TO 1 MO POST-SURG	\$ -
G9626	PT NOT ELIG GYN/OTH PELV MALIG DOC	\$ -
G9627	PT NO BLAD INJ SRG/ TO 1 MO PST-SRG	\$ -
G9628	PT MAJ VISCUS INJ SRG/1 MO PST-SRG	\$ -
G9629	PT NOT ELG E.G. GYN/OTH PLV MAL DOC	\$ -
G9630	PT NOT SUSTAIN MAJ VISCUS INJ SURG	\$ -
G9631	PT URETR INJ SRG/DISC 1 MO POST-SRG	\$ -
G9632	PT NOT ELG E.G. GYN/OTH PLV MAL DOC	\$ -
G9633	PT DID NOT SUSTAIN URETER INJ SURG	\$ -
G9637	FINAL RPT DOC 1/MORE DOSE RDUC TECH	\$ -
G9638	F RPT W/O DOC 1/MORE DOSE RDUC TECH	\$ -
G9642	CURRENT CIGARETTE SMOKERS	\$ -
G9643	ELECTIVE SURGERY	\$ -
G9644	PT ABST FROM SMOK PRI ANES D SX/PCR	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9645	PT NOT F ABST SMK PRI ANES D SX/PCR	\$ -
G9646	PATIENTS W/90 DA MRS SCORE 0 TO 2	\$ -
G9648	PATIENTS WITH 90 DAY MRS SCORE >2	\$ -
G9649	PSO TOOL DOC MEET ANY 1 SPC BNCHMRK	\$ -
G9651	PSO TL DOC NOT ANY 1 SPEC BENCHAMRK	\$ -
G9654	MONITORED ANESTHESIA CARE	\$ -
G9655	A TRAN OF CARE PROT/H/O TL/CHCKLIST	\$ -
G9656	PT TRNSF DIR FROM ANES LOC TO PACU	\$ -
G9658	A TRAN CARE PROT/HO TOOL/CHECKLIST	\$ -
G9659	PT>85 YRS NO HX CC/MED RSN COLO	\$ -
G9660	DOC MED RSN COLONOSCOPY PT>85 YRS	\$ -
G9661	PT>85 YRS RECV ROUTINE COLONOSCOPY	\$ -
G9662	PREVIOUSLY DX/ACTIVE DX CLIN ASCVD	\$ -
G9663	ANY FST/DIR LDL-C LAB TST=190 MG/DL	\$ -
G9664	PT CUR STATIN USR/RCVD ORD STATN TX	\$ -
G9665	PT NO CUR STATN USR/NO ORD STATN TX	\$ -
G9674	PATIENTS W/CLINICAL ASCVD DIAGNOSIS	\$ -
G9675	PT HAD F/DR LB RSLT LDL-C=190 MG/DL	\$ -
G9676	PT 40-75 YRS BEG MSR PRD T 1/2 DIAB	\$ -
G9678	OCM MEOS PMT ENHNCD CARE MGMT SRVC	\$ -
G9679	ONSITE AC T N FAC RES PNE BILL SID	\$ -
G9680	ONSITE AC TX NF RES W/CHF BILL SID	\$ -
G9681	ONSITE AC T NF RES COPD/AS BILL SID	\$ -
G9682	ONSITE AC T NF RES SKN INF BILL SID	\$ -
G9683	ONSITE AC TX NF RES FL/DEH BILL SID	\$ -
G9684	ONSITE AC TX NF RES UTI BILL SID	\$ -
G9685	E & M BENEFAC CHANGE COND NSG FAC	\$ -
G9687	HOSPC SVC PROV PT ANY TM DUR MSR PR	\$ -
G9688	PT HOSPICE SRVC ANY TIME DUR MSR PR	\$ -
G9689	PT ADM PRFRM ELECT CAROTID INTERVNT	\$ -
G9690	PT RECV HSPC SRVC ANY TM DUR MSR PR	\$ -
G9691	PT HAD HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9692	HSPC SRVC RECV PT ANY TM DUR MSR PR	\$ -
G9693	PT HOSPICE SRVC ANY TIME DUR MSR PR	\$ -
G9694	HOSPC SRVC U PT ANY TIME DUR MSR PR	\$ -
G9695	LONG-ACTING INHALED BD PRESCRIBED	\$ -
G9696	DOC MED RSN NOT PRSC LA INHALED BD	\$ -
G9697	DOC PT RSN NOT PRSC LA INHALED BD	\$ -
G9698	DOC SYS RSN NOT PRSC LA INHALED BD	\$ -
G9699	LONG-ACT INHAL BD NOT PRSC RSN NOS	\$ -
G9700	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9702	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9703	CHLDN TAKNG ABX 30 DA PRI TO DX PHY	\$ -
G9704	AJCC BRST CA STAGE I T1 MIC/T1A DOC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9705	AJCC BREAST CANCER STAGE I T1B DOC	\$ -
G9706	LOW RISK RECURRENCE PROSTATE CANCER	\$ -
G9707	PT RCV HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9708	WOMEN WHO HAD BIL MAST/HX BIL MAST	\$ -
G9709	HOSPICE SRVC PT ANY TIME DUR MSR PR	\$ -
G9710	PT PROV HSPC SRVC ANY TM DUR MSR PR	\$ -
G9711	PT W/DX PAST HX TOTAL COLECTOMY/CRC	\$ -
G9712	DOC MED RSN FOR PRESCRIB/DISP ABX	\$ -
G9713	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9714	PT IS USING HOSPC ANY TM DUR MSR PR	\$ -
G9715	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9716	BMI DOC ONL FU PLN NOT CMPL DOC RSN	\$ -
G9717	DOC PT HAS ACTIV DX DEPR/BIPOLR D/O	\$ -
G9718	HSPC SRVC PT PROV ANY TM DUR MSR PR	\$ -
G9719	PATIENT IS NOT AMBULATORY BED RIDDN	\$ -
G9720	HSPC SRVC PT OCRD ANY TM DUR MSR PR	\$ -
G9721	PATIENT NOT AMBULATORY BED RIDDEN	\$ -
G9722	DOC HX RNA FAIL/BSE S-CR=4.0 MG/DL;	\$ -
G9723	HSPC SRVC PT RECV ANY TM DUR MSR PR	\$ -
G9724	PATIENTS DOC AC MED OVERLAP MSR YR	\$ -
G9725	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9726	PATIENT REFUSED TO PARTICIPATE	\$ -
G9727	PT UTC FOTO KNEE I PROM ADM & D/C	\$ -
G9728	PATIENT REFUSED TO PARTICIPATE	\$ -
G9729	PT UTC FOTO HIP I PROM ADM & D/C	\$ -
G9730	PATIENT REFUSED TO PARTICIPATE	\$ -
G9731	PT UTC FOTO FT/ANK I PROM ADM & D/C	\$ -
G9732	PATIENT REFUSED TO PARTICIPATE	\$ -
G9733	PT UTC FOTO LUMB I PROM ADM & D/C	\$ -
G9734	PATIENT REFUSED TO PARTICIPATE	\$ -
G9735	PT UTC FOTO SHLDR I PROM ADM & D/C	\$ -
G9736	PATIENT REFUSED TO PARTICIPATE	\$ -
G9737	PT UTC FOTO EL WR/HD I PROM ADM&DC	\$ -
G9740	HOSPC SRVC GVN PT ANY TM DUR MSR PR	\$ -
G9741	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9744	PATIENT NOT ELIG D/T ACTIVE DX HTN	\$ -
G9745	DOC RSN FOR NOT SCREEN/REC F/U HBP	\$ -
G9746	PT HAS MS/PROS HV/PT TSNT/R CAUS AF	\$ -
G9751	PT DIED ANY TIME DUR 24-MO MSR PRD	\$ -
G9752	EMERGENCY SURGERY	\$ -
G9753	DC MED RSN NOT S DICOM I W/I P 12 M	\$ -
G9754	A FINDING OF INCIDENTAL PULM NODULE	\$ -
G9755	DOC MED RSN F/U IMAGING INDICATED	\$ -
G9756	SURGICAL PROC INCL USE SILICONE OIL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9757	SURGICAL PROC INCL USE SILICONE OIL	\$ -
G9758	PATIENT IN HOSPICE & IN TERM PHASE	\$ -
G9760	PT USE HSPC SVC ANY TIME DUR MSR PR	\$ -
G9761	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -
G9762	PT HAD AL 3 HPV V ON/BTW PT 9&13 BD	\$ -
G9763	PT NOT HV AL 3 HPV V ON/BTW 9&3 BD	\$ -
G9764	PT HAS BEEN TRTD OR SYS/BIOL MED PS	\$ -
G9765	DOC PT DCLND TX CHG DOC CI/NOT ORAL	\$ -
G9766	PT TRNS FRM 1 INST TO ANR DX CVA	\$ -
G9767	HOS PT NEWLY DX CVA EVAR STRK TX	\$ -
G9768	PT UTILZ HSPC SVC ANY TM DUR MSR PR	\$ -
G9769	PT BMDT P 2 YR/RCV OPO M/T P 12 MO	\$ -
G9770	PERIPHERAL NERVE BLOCK	\$ -
G9771	AT LEAST 1 BDY TMP MSR= $\geq$ 35.5 DEG C	\$ -
G9772	DOC 1 MED RSN NOT 1 BT $\geq$ 35.5 DEGC	\$ -
G9773	AL 1 BT MSR $\geq$ 35.5 C NO ACHV AA ET	\$ -
G9774	PATIENTS WHO HAVE HAD HYSTERECTOMY	\$ -
G9775	PT RCV 2 PRO PHRM ANTI-EMTC DIF CLS	\$ -
G9776	DOC M R NO 2 PRO P ANTI-EMTC DF CL	\$ -
G9777	PT NO 2 PRO PHRM ANTI-EMTC AG DF CL	\$ -
G9778	PATIENTS WHO HAVE A DX OF PREGNANCY	\$ -
G9779	PATIENTS WHO ARE BREASTFEEDING	\$ -
G9780	PT WHO HAVE A DX RHABDOMYOLYSIS	\$ -
G9781	DOC M RSN NO CUR USR/RCV ORD STATIN	\$ -
G9782	HX OF/ACTV DX FAMILIAL/PURE HCL	\$ -
G9784	PATH/DERMATOPATH PRVDG 2ND OP ON BX	\$ -
G9785	PTH RPT DX CUT BCC/SCC SENT FM PATH	\$ -
G9786	PTH RPT DX CUT BCC/SCC NOT S FM PTH	\$ -
G9787	PT ALIVE AS OF LAST DAY OF MSR YEAR	\$ -
G9788	MOST RECENT BP $\leq$ TO 140/90 MM HG	\$ -
G9789	BP RCD DUR IP S ER V UC V&PT SR BP	\$ -
G9790	MST RE BP $>$ 140/90 MM HG/BR NOT DOC	\$ -
G9791	MOST RECNT TOBACCO STS TOBACCO FREE	\$ -
G9792	MOST RCNT TOBACCO STS NOT TOB FREE	\$ -
G9793	PT CUR ON DAILY ASP/OTH ANTIPLATELT	\$ -
G9794	DOC M R NO D ASP/OTH AP DUR MSR PR	\$ -
G9795	PATIENT IS NOT ON DAILY ASP/OTH AP	\$ -
G9796	PATIENT IS CURRENTLY ON A STATIN TX	\$ -
G9797	PATIENT IS NOT ON A STATIN THERAPY	\$ -
G9805	PT USE HSPC SVC ANY TIME DUR MSR PR	\$ -
G9806	PT WHO RECV CERV CYTOLOGY/HPV TEST	\$ -
G9807	PT DID NOT RECV CERV CYTOL/HPV TEST	\$ -
G9808	ANY PT NO AS CTR MED DISP DUR MSR Y	\$ -
G9809	PT USE HOSPC SRVC ANY TM DUR MSR PR	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9810	PT ACHV PDC AL 75% ASTHMA CONTR MED	\$ -
G9811	PT NO ACHV PDC 75% ASTHMA CNTRL MED	\$ -
G9812	PT DIED INC ALL D DUR HOS OP PER	\$ -
G9813	PT NOT DIE W/I 30 DA PROC/DUR I HSP	\$ -
G9818	DOCUMENTATION OF SEXUAL ACTIVITY	\$ -
G9819	PT USE HOSPC SVC ANY TM DUR MSR PR	\$ -
G9820	DOC CHLAMYDIA SCR TEST PROPER F/U	\$ -
G9821	NO DOC CHLAMYDIA SCR TST PROPER F/U	\$ -
G9822	WOMEN HAD EA DUR YR PRI TO IDX DATE	\$ -
G9823	ENDOMTRL SMP/HYSTROSCPY BX&RSLT DOC	\$ -
G9824	ENDOMETRL SMP/HSC BX & RSLT NOT DOC	\$ -
G9830	HER2/NEU POSITIVE	\$ -
G9831	AJCC STG BREAST CANCR DX = II / III	\$ -
G9832	AJCC STG BC DX=I&T-ST NO=T1 T1A T1B	\$ -
G9838	PATIENT HAS METASTATC DISEASE AT DX	\$ -
G9839	ANTI-EGFR MONOCLONAL ANTIBODY TX	\$ -
G9840	KRAS G MT TT P BEF I ANTI-EGFR MOAB	\$ -
G9841	KRAS G MT T NO PRF I ANTI-EGFR MOAB	\$ -
G9842	PATIENT HAS METASTATIC DZ AT DX	\$ -
G9843	KRAS GENE MUTATION	\$ -
G9844	PT DID NOT RECV ANTI-EGFR MAB TX	\$ -
G9845	PATIENT RCVD ANTI-EGFR MAB TX	\$ -
G9846	PATIENTS WHO DIED FROM CANCER	\$ -
G9847	PT RECVD CHEMO LAST 14 DAYS OF LIFE	\$ -
G9848	PT DID NOT RECV CHMO LST 14 DA LIFE	\$ -
G9852	PATIENTS WHO DIED FROM CANCER	\$ -
G9853	PTT ADM TO ICU IN LST 30 DA OF LIFE	\$ -
G9854	PT NOT ADM TO ICU IN LST 30 DA LIFE	\$ -
G9858	PATIENT ENROLLED IN HOSPICE	\$ -
G9859	PATIENTS WHO DIED FROM CANCER	\$ -
G9860	PT SPENT < 3 DAYS IN HOSPICE CARE	\$ -
G9861	PT SPENT >/=3 DAYS IN HOSPICE CARE	\$ -
G9862	DOC MED RSN NOT RCM AL 10 Y F/U INT	\$ -
G9868	Next Gen ACO model <10min	\$ -
G9869	Next Gen ACO model 10-20min	\$ -
G9870	Next Gen ACO model >20min	\$ -
G9873	1 em core session	\$ -
G9874	4 em core sessions	\$ -
G9875	9 em core sessions	\$ -
G9876	2 em core ms mo 7-9 no wl	\$ -
G9877	2 em core ms mo 10-12 no wl	\$ -
G9878	2 em core ms mo 7-9 wl	\$ -
G9879	2 em core ms mo 10-12 wl	\$ -
G9880	Em 5 percent wl	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9881	Em 9 percent wl	\$ -
G9882	2 em ongoing ms mo 13-15 wl	\$ -
G9883	2 em ongoing ms mo 16-18 wl	\$ -
G9884	2 em ongoing ms mo 19-21 wl	\$ -
G9885	2 em ongoing ms mo 22-24 wl	\$ -
G9890	Mac exam perf	\$ -
G9891	Doc med rsn no dil mac exam	\$ -
G9892	Doc pt rsn no dil mac exam	\$ -
G9893	No mac exam	\$ -
G9894	Adr dep thrpy prescribed	\$ -
G9895	Doc med rsn no adr dep thrpy	\$ -
G9896	Doc pt rsn no adr dep thrpy	\$ -
G9897	Pt nt prsc adr dep thrpy rng	\$ -
G9898	Snp/lg trm cre pt w/pos cde	\$ -
G9899	Scrn mam perf rslds doc	\$ -
G9900	Scrn mam perf rslds not doc	\$ -
G9901	Snp/lg trm cre pt w/pos cde	\$ -
G9902	Pt scrn tbco and id as user	\$ -
G9903	Pt scrn tbco id as non user	\$ -
G9904	Doc med rsn no tbco scrn	\$ -
G9905	No pt tbco scrn rng	\$ -
G9906	Pt recv tbco cess interv	\$ -
G9907	Doc med rsn no tbco interv	\$ -
G9908	No pt tbco cess interv rng	\$ -
G9909	Doc med rsn no tbco interv	\$ -
G9910	Snp/lg trm cre pt w/pos cde	\$ -
G9911	Node neg pre/post syst ther	\$ -
G9912	Hbv status assesed and int	\$ -
G9913	No hbv status assesd and int	\$ -
G9914	Pt receiving anti-tnf agent	\$ -
G9915	No documntd hbv results rcd	\$ -
G9916	Funct status past 12 months	\$ -
G9917	Doc med rsn no funct status	\$ -
G9918	No funct stat perf- rsn nos	\$ -
G9919	Scrn nd pos nd prov of rec	\$ -
G9920	Scrnng perf and negative	\$ -
G9921	No or part scrn nd rng or os	\$ -
G9922	Sfty cncrns scrn nd mit recs	\$ -
G9923	Safty cncrns scrn and neg	\$ -
G9925	No scrn prov rsn nos	\$ -
G9926	Sfty cncrns scrn but no recs	\$ -
G9927	Doc no warf /fda pt trial	\$ -
G9928	No warf or fda drug presc	\$ -
G9929	Trs/rev af	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9930	Com care	\$ -
G9931	No chad or chad scr 0 or 1	\$ -
G9932	Doc pt rsn no tb scrn recrds	\$ -
G9938	Snplg trm cre pt w/pos cde	\$ -
G9939	Same path/derm perf biopsy	\$ -
G9940	Doc reas no statin therapy	\$ -
G9942	Adtl spine proc on same date	\$ -
G9943	Bk pn nt msr vas scl pre/pst	\$ -
G9945	Pt w/cancer scoliosis	\$ -
G9946	Bk pn nt msr vas pre-pst 1y	\$ -
G9948	Adtl spine proc on same date	\$ -
G9949	Lg pn nt msr vas scl pre/pst	\$ -
G9954	Pt >2 rsk fac post-op vomit	\$ -
G9955	Inhlnt anesth only for induc	\$ -
G9956	Combo thrpy of >= 2 prophly	\$ -
G9957	Doc med rsn no combo thrpy	\$ -
G9958	No combo prohpyl thrp for pt	\$ -
G9959	Systemic antimicro not presc	\$ -
G9960	Med rsn sys antimi nt rx	\$ -
G9961	Systemic antimicro presc	\$ -
G9962	Embolization doc separatly	\$ -
G9963	Embolization not doc separat	\$ -
G9964	Pt recv >=1 well-chld visit	\$ -
G9965	No well-chld vist recv by pt	\$ -
G9968	Pt refrd 2 pvdr/spclst in pp	\$ -
G9969	Pvdr rfrd pt rprr rcvd	\$ -
G9970	Pvdr rfrd pt no rprr rcvd	\$ -
G9974	Dil mac exam performed	\$ -
G9975	Doc med rsn no mac exm perf	\$ -
G9978	Remote e/m new pt 10mins	\$ -
G9979	Remote e/m new pt 20mins	\$ -
G9980	Remote e/m new pt 30 mins	\$ -
G9981	Remote e/m new pt 45mins	\$ -
G9982	Remote e/m new pt 60mins	\$ -
G9983	Remote e/m est. pt 10mins	\$ -
G9984	Remote e/m est. pt 15mins	\$ -
G9985	Remote e/m est. pt 25mins	\$ -
G9986	Remote e/m est. pt 40mins	\$ -
G9987	Bpci advanced in home visit	\$ -
G9988	Pall serv during meas	\$ -
G9989	Med rsn no pneum vax	\$ -
G9990	No pneum vax admin 60+	\$ -
G9991	Pneum vax admin 60+	\$ -
G9992	Pall serv during meas	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G9993	Pall serv during meas	\$ -
G9994	Pall serv during meas	\$ -
G9995	Pall serv during meas	\$ -
G9996	Doc pt pal or hospice	\$ -
G9997	Doc pt preg dur msrmt pd	\$ -
G9998	Doc med rsn <3 colon	\$ -
G9999	Doc sys rsn <3 colon	\$ -
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$ -
H0002	Alcohol and/or drug screenin	\$ -
H0003	ALCOHL&/RX SCR;LAB ANALY ALCOHL&/RX	\$ -
H0004	Alcohol and/or drug services	\$ -
H0005	ALCOHL&/RX SRVC; GRP CNSL CLINICIAN	\$ -
H0006	ALCOHOL &OR DRUG SRVC; CASE MGMT	\$ -
H0007	ALCOHL &OR RX SRVC; CRISIS INTERVEN	\$ -
H0008	ALCOHL&/RX SRVC;SUB-AC DTOX HOSP IP	\$ -
H0009	ALCOHL&/RX SRVC; ACUTE DTOX HOSP IP	\$ -
H0010	ALCOHL&/RX SRVC; SUB-AC DTOX RES IP	\$ -
H0011	ALCOHL&/RX SRVC;AC DTOX RES PROG IP	\$ -
H0012	ALCOHL&/RX SRVC; SUB-AC DTOX RES OP	\$ -
H0013	ALCOHL&/RX SRVC;AC DTOX RES PROG OP	\$ -
H0014	ALCOHL &/ RX SRVC; AMB DTOXFICATION	\$ -
H0015	ALCOHL&/RX SRVC; INTENSV OP; INTRVN	\$ -
H0016	ALCOHL &OR RX SRVC; MEDICAL/SOMATIC	\$ -
H0017	Alcohol and/or drug services	\$ -
H0018	Alcohol and/or drug services	\$ -
H0019	Alcohol and/or drug services	\$ -
H0020	ALCOHL&/RX SRVC;METHDONE ADMN&/SRVC	\$ -
H0021	ALCOHOL &OR DRUG TRAINING SERVICE	\$ -
H0022	ALCOHOL &OR DRUG INTERVEN SERVICE	\$ -
H0023	Alcohol and/or drug outreach	\$ -
H0024	Alcohol and/or drug preventi	\$ -
H0025	Alcohol and/or drug preventi	\$ -
H0026	ALCOHL&/RX PREV PRC SRVC CMTY-BASED	\$ -
H0027	ALCOHL &OR RX PREV ENVIR SERVICE	\$ -
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC	\$ -
H0029	ALCOHL &OR RX PREVENTION ALT SRVC	\$ -
H0030	Alcohol and/or drug hotline	\$ -
H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN	\$ -
H0032	MENTL HLTH SRVC PLAN DVLP NON-PHYS	\$ -
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
H0034	MEDICATION TRN&SUPPORT PER 15 MIN	\$ -
H0035	MENTAL HEALTH PART HOSP TX < 24 HR	\$ -
H0036	CMTY PSYC SUPP TX FCE-TO-FCE-15 MIN	\$ -
H0037	CMTY PSYC SUPPORTIVE TX PROG-M-DIEM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
H0038	SELF-HELP/PEER SERVICES PER 15 MIN	\$ -
H0039	ASSERTIVE CMTY TX FCE-TO-FCE-15 MIN	\$ -
H0040	ASSERTIVE CMTY TX PROGM PER DIEM	\$ -
H0041	FOSTER CARE CHLD NON-TX-DIEM	\$ -
H0042	FOSTER CARE CHLD NON-TX-MONTH	\$ -
H0043	SUPPORTED HOUSING PER DIEM	\$ -
H0044	SUPPORTED HOUSING PER MONTH	\$ -
H0045	RESPIRE CARE SRVC NOT HOME PER DIEM	\$ -
H0046	MENTAL HEALTH SERVICES NOS	\$ -
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	\$ -
H0048	ALC &/OTH RX TST: CLCT&HNDL NOT BLD	\$ -
H0049	ALCOHOL/DRUG SCREENING	\$ -
H0050	ALCOHOL/DRUG SERVICE 15 MIN	\$ -
H1000	PRENATAL CARE- AT-RISK ASSESSMENT	\$ -
H1001	PRENATAL @RISK ENHNCD SRVC; ANTPRTM	\$ -
H1002	PRENATAL @RISK ENHNCD SRVC; COORD	\$ -
H1003	PRENATAL @RISK ENHNCD SRVC; ED	\$ -
H1004	PRENATAL @RISK ENHNCD SRVC; F/U HOM	\$ -
H1005	PRENATAL @RISK ENHNCD SRVC PKG	\$ -
H1010	NON-MEDICAL FAM PLANNING ED-SESSION	\$ -
H1011	FAM ASSESS LIC BHVAL HLTH STATE DEF	\$ -
H2000	COMP MULTIDISCIPLINARY EVALUATION	\$ -
H2001	REHABILITATION PROGRAM PER 1/2 DAY	\$ -
H2010	Comprehensive med svc 15 min	\$ -
H2011	Crisis interven svc- 15 min	\$ -
H2012	Behav hlth day treat- per hr	\$ -
H2013	Psych hlth fac svc- per diem	\$ -
H2014	Skills train and dev- 15 min	\$ -
H2015	Comp comm supp svc- 15 min	\$ -
H2016	Comp comm supp svc- per diem	\$ -
H2017	Psysoc rehab svc- per 15 min	\$ -
H2018	Psysoc rehab svc- per diem	\$ -
H2019	Ther behav svc- per 15 min	\$ -
H2020	Ther behav svc- per diem	\$ -
H2021	Com wrap-around sv- 15 min	\$ -
H2022	Com wrap-around sv- per diem	\$ -
H2023	Supported employ- per 15 min	\$ -
H2024	Supported employ- per diem	\$ -
H2025	Supp maint employ- 15 min	\$ -
H2026	Supp maint employ- per diem	\$ -
H2027	Psychoed svc- per 15 min	\$ -
H2028	Sex offend tx svc- 15 min	\$ -
H2029	Sex offend tx svc- per diem	\$ -
H2030	MH clubhouse svc- per 15 min	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
H2031	MH clubhouse svc- per diem	\$ -
H2032	Activity therapy- per 15 min	\$ -
H2033	Multisys ther/juvenile 15min	\$ -
H2034	A/D halfway house- per diem	\$ -
H2035	A/D tx program- per hour	\$ -
H2036	A/D tx program- per diem	\$ -
H2037	Dev delay prev dp ch- 15 min	\$ -
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.43
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.32
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$ 14.98
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$ 312.58
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$ 160.50
J0172	Inj- aducanumab-avwa- 2 mg	\$ -
J0185	Inj.- aprepitant- 1 mg	\$ -
J0190	INJECTION BIPERIDEN LACTAT PER 5 MG	\$ -
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	\$ -
J0202	INJECTION ALEMTUZUMAB 1 MG	\$ -
J0205	INJECTION ALGLUCERASE PER 10 UNITS	\$ -
J0207	INJECTION AMIFOSTINE 500 MG	\$ -
J0210	INJ METHYLDOPATE HCL UP 250 MG	\$ -
J0215	Alefacept	\$ -
J0220	AGLUCOSIDASE ALFA INJECTION	\$ -
J0221	INJ ALGLUCOSIDASE ALFA 10 MG	\$ -
J0222	Inj.- patisiran- 0.1 mg	\$ -
J0223	Inj givosiran 0.5 mg	\$ -
J0224	Inj. lumasiran- 0.5 mg	\$ -
J0256	INJ ALPHA 1-PROTAS INHIB-HUMN 10 MG	\$ -
J0257	INJ ALPHA 1 PROTEINASE INH 10 MG	\$ -
J0270	INJECTION ALPROSTADIL 1.25 MCG	\$ -
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	\$ -
J0278	AMIKACIN SULFATE INJECTION	\$ -
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	\$ -
J0282	INJ AMIODARONE HYDROCHLORID 30 MG	\$ -
J0285	INJECTION AMPHOTERICIN B 50 MG	\$ -
J0287	INJ AMPHOTERICIN B LIPID CMLPX 10 MG	\$ -
J0288	INJ AMPHOTERICIN B CHOLESTRYL 10 MG	\$ -
J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG	\$ -
J0290	INJECTION AMPICILLIN SODIUM 500 MG	\$ -
J0291	Inj.- plazomicin- 5 mg	\$ -
J0295	INJ AMPCLLN SODIM/SULBACTAM-1.5 G	\$ -
J0300	INJECTION AMOBARBITAL UP TO 125 MG	\$ -
J0330	INJ SUCCINYLCHOLINE CHLORID UP 20MG	\$ -
J0348	ANADULAFUNGIN INJECTION	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J0350	INJECTION ANISTREPLASE PER 30 UNITS	\$ -
J0360	INJECTION HYDRALAZINE HCL UP 20 MG	\$ -
J0364	APOMORPHINE HYDROCHLORIDE	\$ -
J0365	APROTONIN- 10-000 KIU	\$ -
J0380	INJ METARAMINOL BITARTRATE-10 MG	\$ -
J0390	INJECTION CHLOROQUINE HCL UP 250 MG	\$ -
J0395	INJECTION ARBUTAMINE HCL 1 MG	\$ -
J0400	Inj trimethaphan camsylate	\$ -
J0401	INJ ARIPIRAZOLE EXT RELEASE 1 MG	\$ -
J0456	INJECTION AZITHROMYCIN 500 MG	\$ -
J0461	INJECTION ATROPINE SULFATE 0.01 MG	\$ -
J0470	INJECTION DIMERCAPROL PER 100 MG	\$ -
J0475	INJECTION BACLOFEN 10 MG	\$ -
J0476	INJ BACLOFEN 50 MCG INTRATHEC TRIAL	\$ -
J0480	BASILIXIMAB	\$ -
J0485	INJECTION BELATACEPT 1 MG	\$ -
J0490	INJECTION BELIMUMAB 10 MG	\$ -
J0500	INJECTION DICYCLOMINE HCL UP 20 MG	\$ -
J0515	INJECTION BENZTROPINE MESYLATE-1 MG	\$ -
J0517	Inj.- benralizumab- 1 mg	\$ -
J0520	INJ BETHANECHOL CHLORID UP 5 MG	\$ -
J0558	Penicillin G benz/G procaine (CR) 1.2 mil u/2mL (100-000 per unit)	\$ 128.85
J0561	Bicillin 2.4 Long Acting	\$ 13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 13.80
J0561	Bicillin 2.4 LA Long Acting	\$ -
J0565	Inj- bezlotoxumab- 10 mg	\$ -
J0567	Inj.- cerliponase alfa 1 mg	\$ -
J0570	IM 1.2 MIL BICILLIN	\$ -
J0570	IM 600000 BICILLIN	\$ -
J0570	IM 900000 BICILLIN	\$ -
J0571	BUPRENORPHINE ORAL 1 MG	\$ -
J0572	BPN/NALOXONE ORAL <=/=TO 3 MG BPN	\$ -
J0573	BPN/NLX O>3 MG BUT<=/=TO 3.1 TO 6 MG	\$ -
J0574	BPN/NLX O >6 MG BUT <=/=TO 10 MG BPN	\$ -
J0575	BPN/NALOXONE ORAL >10 MG BPN	\$ -
J0583	Bivalirudin	\$ -
J0584	Injection- burosumab-twza 1m	\$ -
J0585	BOTULINUM TOXIN TYPE A PER UNIT	\$ -
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	\$ -
J0587	BOTULINUM TOXIN TYPE B-100 UNITS	\$ -
J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	\$ -
J0591	Inj deoxycholic acid- 1 mg	\$ -
J0592	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	\$ -
J0593	Inj.- lanadelumab-flyo- 1 mg	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J0594	BUSULFAN INJECTION	\$ -
J0595	Butorphanol tartrate 1 mg	\$ -
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	\$ -
J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	\$ -
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	\$ -
J0599	Inj.- haegarda 10 units	\$ -
J0600	INJ EDETATE CALCM DISODIM UP 1000MG	\$ -
J0604	Cinacalcet- esrd on dialysis	\$ -
J0606	Inj- etelcalcetide- 0.1 mg	\$ -
J0610	INJECTION CALCM GLUCONATE PER 10 ML	\$ -
J0620	INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	\$ -
J0630	INJ CALCITONIN-SALMON UP 400 UNITS	\$ -
J0636	INJECTION CALCITRIOL 0.1 MCG	\$ -
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	\$ -
J0638	INJECTION CANAKINUMAB 1 MG	\$ -
J0640	INJECTION LEUCOVORIN CALCM-50 MG	\$ -
J0641	INJ LEVOLEUCOVORIN CALCIUM 0.5 MG	\$ -
J0642	Injection- khapzory- 0.5 mg	\$ -
J0670	INJECTION MEPIVACAINE HCL PER 10 ML	\$ -
J0690	INJECTION CEFAZOLIN SODIUM 500 MG	\$ -
J0691	Inj lefamulin 1 mg	\$ -
J0692	INJ CEFEPIME HYDROCHLORID 500 MG	\$ -
J0694	INJECTION CEFOXITIN SODIUM 1 G	\$ -
J0695	Cefonocid sodium injection	\$ -
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.17
J0696	Ceftriaxone 250mg/mL- IM	\$ 12.68
J0697	INJ STERL CEFUROXIME SODIUM-750 MG	\$ -
J0698	CEFOTAXIME SODIUM PER G	\$ -
J0699	Inj- cefiderocol- 10 mg	\$ -
J0702	INJ BETAMETHSN ACTAT&SOD PHOSPH-3MG	\$ -
J0706	INJECTION- CAFFEINE CITRATE- 5MG	\$ -
J0710	INJECTION CEPHAPIRIN SODIUM UP 1 G	\$ -
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	\$ -
J0713	INJECTION CEFTAZIDIME PER 500 MG	\$ -
J0714	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	\$ -
J0715	INJECTION CEFTIZOXIME SODIUM-500 MG	\$ -
J0716	INJ CENTRUROIDS IMM FAB2 TO 120 MCI	\$ -
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	\$ -
J0720	INJ CHLORMPHNICL SODIM SUCCNT UP 1G	\$ -
J0725	INJ CHORIONIC GONADOTROPIN-1000 USP	\$ -
J0735	INJ CLONIDINE HYDROCHLORID 1 MG	\$ -
J0740	INJECTION CIDOFOVIR 375 MG	\$ -
J0741	Inj- cabote rilpivir 2mg 3mg	\$ -
J0742	Inj imip 4 cilas 4 releb 2mg	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J0743	INJ CILASTATIN SODIM IMIPENEM-250MG	\$ -
J0744	INJ CIPROFLOXACIN IV INFUS 200 MG	\$ -
J0745	INJECTION CODEINE PHOSPHATE-30 MG	\$ -
J0770	INJ COLISTIMETHATE SODIUM UP 150 MG	\$ -
J0775	INJ COLLAGENASE CHC 0.01 MG	\$ -
J0780	INJECTION PROCHLORPERAZINE UP 10 MG	\$ -
J0791	Inj crizanlizumab-tmca 5mg	\$ -
J0795	CORTICORELIN OVINE TRIFLUTAL	\$ -
J0800	INJECTION CORTICOTROPIN UP 40 UNITS	\$ -
J0834	INJECTION COSYNTROPIN 0.25 MG	\$ -
J0840	INJ CROTALIDAE POLYV IMM FAB UP 1 G	\$ -
J0841	Inj crotalidae im f(ab')2 eq	\$ -
J0850	INJ CYTOMEGLOVRUS IMMUNO GLOB IV-VIAL	\$ -
J0875	INJECTION DALBAVANCIN 5MG	\$ -
J0878	INJECTION DAPTOMYCIN 1 MG	\$ -
J0881	DARBEPOETIN ALFA- NON-ESRD	\$ -
J0882	DARBEPOETIN ALFA- ESRD USE	\$ -
J0883	INJ ARGATROBAN 1 MG NON-ESRD USE	\$ -
J0884	INJ ARGATROBN 1 MG ESRD ON DIALYSIS	\$ -
J0885	EPOETIN ALFA- NON-ESRD	\$ -
J0887	INJECTION EPOETIN BETA 1 MICROGRAM	\$ -
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	\$ -
J0890	INJECTION PEGINESATIDE 0.1 MG	\$ -
J0894	DECITABINE INJECTION	\$ -
J0895	INJ DEFEROXAMINE MESYLATE 500 MG	\$ -
J0896	Inj luspatercept-aamt 0.25mg	\$ -
J0897	INJECTION DENOSUMAB 1 MG	\$ -
J0945	INJ BROMPHENIRAMINE MALEATE-10 MG	\$ -
J1000	INJ DEPO-ESTRADIOL CYPIONATE UP 5MG	\$ -
J1020	INJ METHYLPRDNISOLONE ACTAT 20 MG	\$ -
J1030	Methylprednisolone 40mg INJ	\$ 8.94
J1040	Methylprednisolone 80mg INJ	\$ 14.69
J1050	Medroxyprogesterone 150mg/ml IM	\$ 57.80
J1050	Medroxyprogesterone 150mg/ml IM	\$ -
J1071	INJ TESTOSTERONE CYPIONATE 1 MG	\$ -
J1094	INJECTION DEXAMETHASONE ACTAT 1 MG	\$ -
J1095	IM DEXAMETHASONE	\$ -
J1096	Dexametha oph insert 0.1 mg	\$ -
J1097	Phenylep ketorolac oph soln	\$ -
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 38.25
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.49
J1110	INJ DIHYDROERGOTAMINE MESYLATE-1 MG	\$ -
J1120	INJ ACETAZOLAMIDE SODIUM UP 500 MG	\$ -
J1130	INJECTION DICLOFENAC SODIUM .5 MG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J1160	INJECTION DIGOXIN UP TO 0.5 MG	\$ -
J1162	DIGOXIN IMMUNE FAB (OVINE)	\$ -
J1165	INJECTION PHENYTOIN SODIUM-50 MG	\$ -
J1170	INJECTION HYDROMORPHONE UP TO 4 MG	\$ -
J1180	INJECTION DYPHYLLINE UP TO 500 MG	\$ -
J1190	INJ DEXRAZOXANE HYDROCHLORID-250 MG	\$ -
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.84
J1201	Inj. cetirizine hcl 0.5mg	\$ -
J1205	INJ CHLOROTHIAZIDE SODIUM-500 MG	\$ -
J1212	INJ DMSO DIMETHYL SULFOXID 50% 50ML	\$ -
J1230	INJECTION METHADONE HCL UP TO 10 MG	\$ -
J1240	INJECTION DIMENHYDRINATE UP 50 MG	\$ -
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	\$ -
J1250	INJECTION DOBUTAMINE HCl PER 250 MG	\$ -
J1260	INJECTION DOLASETRON MESYLATE 10 MG	\$ -
J1265	DOPAMINE INJECTION	\$ -
J1267	INJECTION DORIPENEM 10 MG	\$ -
J1270	INJECTION- DOXERCALCIFEROL- 1 MCG	\$ -
J1290	INJECTION ECALLANTIDE 1 MG	\$ -
J1300	ECULIZUMAB INJECTION	\$ -
J1301	Injection- edaravone- 1 mg	\$ -
J1303	Inj.- ravulizumab-cwvz 10 mg	\$ -
J1305	Inj- evinacumab-dgnb- 5mg	\$ -
J1320	INJ AMITRIPTYLINE HCL TO 20 MG	\$ -
J1322	INJECTION ELOSULFASE ALFA 1 MG	\$ -
J1324	Nevirapine 50mg/5mL	\$ 0.79
J1325	INJECTION EPOPROSTENOL 0.5 MG	\$ -
J1327	INJECTION EPTIFIBATIDE 5 MG	\$ -
J1330	INJ ERGONOVINE MALEATE TO 0.2 MG	\$ -
J1335	Ertapenem injection	\$ -
J1364	INJECTION ERYTH LACTOBIONATE 500 MG	\$ -
J1380	INJ ESTRADIOL VALERATE TO 10 MG	\$ -
J1410	INJECTION ESTROGEN CONJUGATED 25 MG	\$ -
J1426	Injection- casimersen- 10 mg	\$ -
J1427	Inj. viltolarsen	\$ -
J1428	Inj- eteplirsen- 10 mg	\$ -
J1429	Inj golodirsen 10 mg	\$ -
J1430	ETHANOLAMINE OLEATE 100 MG	\$ -
J1435	INJECTION ESTRONE PER 1 MG	\$ -
J1436	INJ ETIDRONATE DISODIUM 300 MG	\$ -
J1437	Inj. fe derisomaltose 10 mg	\$ -
J1438	INJECTION ETANERCEPT 25 MG	\$ -
J1439	INJ FERRIC CARBOXYMALTOSE 1 MG	\$ -
J1442	INJECTION FILGRASTIM G-CSF 1 MIC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J1443	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	\$ -
J1444	Fe pyro cit pow 0.1 mg iron	\$ -
J1445	Inj triferic avnu 0.1mg iron	\$ -
J1447	INJECTION TBO-FILGRASTIM 1 MICROG	\$ -
J1448	Injection- trilaciclib- 1mg	\$ -
J1450	INJECTION FLUCONAZOLE 200 MG	\$ -
J1451	FOMEPIZOLE- 15 MG	\$ -
J1452	INJ FOMIVIRSEN SODIUM IO 1.65 MG	\$ -
J1453	INJECTION FOSAPREPITANT 1 MG	\$ -
J1454	Inj fosnetupitant- palonoset	\$ -
J1455	INJECTION FOSCARNET SODIUM 1000 MG	\$ -
J1457	INJECTION GALLIUM NITRATE 1 MG	\$ -
J1458	GALSULFASE INJECTION	\$ -
J1459	INJ IG IV NONLYOPHILIZED 500 MG	\$ -
J1460	INJECTION GAMMA GLOB IM 1 CC	\$ -
J1554	Inj. asceniv	\$ -
J1555	Inj cuvitru- 100 mg	\$ -
J1556	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	\$ -
J1557	INJ IG IV NONLYOPHILIZED 500 MG	\$ -
J1558	Inj. xembify- 100 mg	\$ -
J1559	INJECTION IG HIZENTRA 100 MG	\$ -
J1560	INJECTION GAMMA GLOB IM OVER 10 CC	\$ -
J1561	Immune globulin 500 mg	\$ -
J1562	Immune globulin 5 gms	\$ -
J1566	IMMUNE GLOBULIN- POWDER	\$ -
J1568	OCTAGAM INJECTION	\$ -
J1569	GAMMAGARD LIQUID INJECTION	\$ -
J1570	INJECTION GANCICLOVIR SODIUM 500 MG	\$ -
J1571	HEPAGAM B IM INJECTION	\$ -
J1572	FLEBOGAMMA INJECTION	\$ -
J1573	HEPAGAM B INTRAVENOUS- INJ	\$ -
J1575	INJ IG/HYALURONIDASE 100 MG IG	\$ -
J1580	Gentamicin 80mg/mL 2ML	\$ 1.14
J1580	Gentamicin 80 mg/ml 2ML	\$ -
J1595	Injection glatiramer acetate	\$ -
J1599	INJ IG IV NONLYOPHILIZED NOS 500 MG	\$ -
J1600	INJ GOLD SODIUM THIOMALATE TO 50 MG	\$ -
J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	\$ -
J1610	INJ GLUCAGON HYDROCHLORID 1 MG	\$ -
J1620	INJ GONADORELN HYDROCHLORID 100 MCG	\$ -
J1626	INJ GRANISETRN HYDROCHLORID 100 MCG	\$ -
J1627	Inj- granisetron- xr- 0.1 mg	\$ -
J1628	Inj.- guselkumab- 1 mg	\$ -
J1630	INJECTION HALOPERIDOL UP TO 5 MG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J1631	INJ HALOPERIDOL DECANOATE 50 MG	\$ -
J1632	Inj.- brexanolone- 1 mg	\$ -
J1640	HEMIN- 1 MG	\$ -
J1642	INJECTION HEPARIN SODIUM 10 UNITS	\$ -
J1644	INJECTION HEPARIN SODIUM 1000 UNITS	\$ -
J1645	INJECTION DALTEPARIN SODIUM 2500 IU	\$ -
J1650	INJECTION ENOXAPARIN SODIUM 10 MG	\$ -
J1652	INJ FONDAPARINUX SODIUM 0.5 MG	\$ -
J1655	INJECTION TINZAPARIN SODIUM 1000 IU	\$ -
J1670	INJ TETNS IMMUN GLOB HUMN TO 250 US	\$ -
J1675	HISTRELIN ACETATE	\$ -
J1700	INJ HYDROCORTISONE ACTAT TO 25 MG	\$ -
J1710	INJ HYDROCORTISON SOD PHOS TO 50 MG	\$ -
J1720	INJ HYDROCORTSON SOD SUCC TO 100 MG	\$ -
J1726	Makena- 10 mg	\$ -
J1729	Inj hydroxyprogst capoat nos	\$ -
J1730	INJECTION DIAZOXIDE UP TO 300 MG	\$ -
J1738	Inj. meloxicam 1 mg	\$ -
J1740	IBANDRONATE SODIUM INJECTION	\$ -
J1741	Ibuprofen 200mg CAP	\$ 0.06
J1742	INJ IBUTILIDE FUMARATE 1 MG	\$ -
J1743	IDURSULFASE INJECTION	\$ -
J1744	INJECTION ICATIBANT 1 MG	\$ -
J1745	INJECTION INFLIXIMAB 10 MG	\$ -
J1746	Inj.- ibalizumab-uiyk- 10 mg	\$ -
J1750	INJECTION IRON DEXTRAN 50 MG	\$ -
J1756	INJECTION IRON SUCROSE 1 MG	\$ -
J1786	INJECTION IMIGLUCERASE 10 UNITS	\$ -
J1790	INJECTION DROPERIDOL UP TO 5 MG	\$ -
J1800	INJECTION PROPRANOLOL HCL TO 1 MG	\$ -
J1810	INJ DROPRIDL&FENTNYL CITRAT TO 2ML	\$ -
J1815	INJECTION INSULIN PER 5 UNITS	\$ -
J1817	INSULIN ADMIN THRU DME PER 50 UNITS	\$ -
J1823	Inj. inebilizumab-cdon- 1 mg	\$ -
J1826	INJECTION INTERFERON BETA-1A 30 MCG	\$ -
J1830	INJECTION INTERFERON BETA-1B 0.25 M	\$ -
J1833	INJECTION ISAVUCONAZONIUM 1 MG	\$ -
J1835	INJECTION- ITRACONAZOLE- 50 MG	\$ -
J1840	INJ KANAMYCIN SULFATE UP 500 MG	\$ -
J1850	INJ KANAMYCIN SULFATE UP 75 MG	\$ -
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 2.96
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.80
J1890	INJECTION CEPHALOTHIN SODIUM TO 1 G	\$ -
J1930	Propiomazine injection	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J1931	INJECTION LARONIDASE 0.1 MG	\$ -
J1940	INJECTION FUROSEMIDE UP TO 20 MG	\$ -
J1943	Inj.- aristada initio- 1 mg	\$ -
J1944	Aripirazole lauroxil 1 mg	\$ -
J1945	LEPIRUDIN	\$ -
J1950	INJECTION LEUPROLIDE ACTAT 3.75 MG	\$ -
J1951	Inj fensolvi 0.25 mg	\$ -
J1952	Leuprolide inj- camcevi- 1mg	\$ -
J1953	INJECTION LEVETIRACETAM 10 MG	\$ -
J1955	INJECTION LEVOCARNITINE PER 1 G	\$ -
J1956	INJECTION LEVOFLOXACIN 250 MG	\$ -
J1960	INJ LEVORPHANOL TARTRATE TO 2 MG	\$ -
J1980	INJ HYOSCYAMINE SULFATE TO 0.25 MG	\$ -
J1990	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	\$ -
J2001	Xylocaine-Mpf 1% VIAL	\$ 6.96
J2001	Lidocaine 2% Viscous SOLN	\$ 0.11
J2010	INJECTION LINCOMYCIN HCL TO 300 MG	\$ -
J2020	INJECTION- LINEZOLID- 200MG	\$ -
J2060	INJECTION LORAZEPAM 2 MG	\$ -
J2062	Loxapine for inhalation 1 mg	\$ -
J2150	INJECTION MANNITOL 25% IN 50 ML	\$ -
J2170	MECASERMIN INJECTION	\$ -
J2175	INJECTION MEPERIDINE HCL PER 100 MG	\$ -
J2180	INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	\$ -
J2182	INJECTION MEPOLIZUMAB 1 MG	\$ -
J2185	Meropenem	\$ -
J2186	Inj.- meropenem- vaborbactam	\$ -
J2210	INJ METHYLRGONOVIN MALATE TO 0.2 MG	\$ -
J2212	INJECTION METHYLNALTREXONE 0.1 MG	\$ -
J2248	MICAFUNGIN SODIUM INJECTION	\$ -
J2250	INJECTION MIDAZOLAM HCL PER 1 MG	\$ -
J2260	INJECTION MILRINONE LACTATE 5 MG	\$ -
J2265	INJECTION MINOCYCLINE HCL 1 MG	\$ -
J2270	INJ MORPHINE SULFATE UP TO 10 MG	\$ -
J2274	INJ MS PRS-FREE EPID/INTH USE 10 MG	\$ -
J2278	ZICONOTIDE INJECTION	\$ -
J2280	Inj- moxifloxacin 100 mg	\$ -
J2300	INJECTION NALBUPHINE HCL PER 10 MG	\$ -
J2310	INJECTION NALOXONE HCL PER 1 MG	\$ -
J2315	NALTREXONE- DEPOT FORM	\$ -
J2320	INJ NANDROLONE DECANOATE TO 50 MG	\$ -
J2323	NATALIZUMAB INJECTION	\$ -
J2325	NESIRITIDE INJECTION	\$ -
J2326	Inj- nusinersen- 0.1mg	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J2350	Niacinamide/niacin injection	\$ -
J2353	Octreotide injection- depot	\$ -
J2354	Octreotide inj- non-depot	\$ -
J2355	INJECTION OPRELVEKIN 5 MG	\$ -
J2357	INJECTION OMALIZUMAB 5 MG	\$ -
J2358	INJ OLANZAPINE LONG-ACTING 1 MG	\$ -
J2360	INJ ORPHENADRINE CITRATE TO 60 MG	\$ -
J2370	INJECTION PHENYLEPHRINE HCL TO 1 ML	\$ -
J2400	INJECTION CHLOROPROCAINE HC 30 ML	\$ -
J2405	Ondansetron ODT 4mg TAB	\$ 19.07
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.48
J2406	Injection- oritavancin 10 mg	\$ -
J2407	INJECTION ORITAVANCIN 10 MG	\$ -
J2410	INJECTION OXYMORPHONE HCL TO 1 MG	\$ -
J2425	PALIFERMIN INJECTION	\$ -
J2426	INJ PALIPERIDONE PALM EXT RLSE 1 MG	\$ -
J2430	INJ PAMIDRONATE DISODIUM 30 MG	\$ -
J2440	INJECTION PAPAVERINE HCL TO 60 MG	\$ -
J2460	INJ OXYTETRACYCLINE HCL TO 50 MG	\$ -
J2469	INJECTION PALONOSETRON HCL 25 MCG	\$ -
J2501	INJECTION PARICALCITOL 1 MCG	\$ -
J2502	INJ PASIREOTIDE LONG ACTING 1 MG	\$ -
J2503	PEGAPTANIB SODIUM INJECTION	\$ -
J2504	PEGADEMASE BOVINE- 25 IU	\$ -
J2506	Inj pegfilgrast ex bio 0.5mg	\$ -
J2507	INJECTION PEGLOTICASE 1 MG	\$ -
J2510	INJ PCN G PROCAINE AQUEOUS-600000 U	\$ -
J2513	PENTASTARCH 10% SOLUTION	\$ -
J2515	INJ PENTOBARBITAL SODIUM 50 MG	\$ -
J2540	INJECTION PCN G K+ TO 600000 UNITS	\$ -
J2543	INJ PIP/TZ 1 GRAM/0.125 GRAMS	\$ -
J2545	PENTAMIDN ISETHIONAT INH SOL-300 MG	\$ -
J2547	INJECTION PERAMIVIR 1 MG	\$ -
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 30.57
J2560	INJ PHENOBARBITAL SODIUM TO 120 MG	\$ -
J2562	INJECTION PLERIXAFOR 1 MG	\$ -
J2590	INJECTION OXYTOCIN UP TO 10 UNITS	\$ -
J2597	INJECTION DESMOPRESSIN ACTAT 1 MCG	\$ -
J2650	INJ PREDNISOLONE ACETATE TO 1 ML	\$ -
J2670	INJECTION TOLAZOLINE HCL TO 25 MG	\$ -
J2675	INJECTION- PROGESTERONE- PER 50 MG	\$ -
J2680	INJ FLUPHENAZINE DECANOATE TO 25 MG	\$ -
J2690	INJECTION PROCAINAMIDE HCL TO 1 G	\$ -
J2700	INJ OXACILLIN SODIUM TO 250 MG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J2704	INJECTION PROPOFOL 10 MG	\$ -
J2710	INJ NEOSTIGMINE METHYLSULFAT-0.5 MG	\$ -
J2720	INJECTION PROTAMINE SULFATE 10 MG	\$ -
J2724	PROTEIN C CONCENTRATE	\$ -
J2725	INJECTION PROTIRELIN PER 250 MCG	\$ -
J2730	INJ PRALIDOXIME CHLORID TO 1 G	\$ -
J2760	INJ PHENTOLAMINE MESYLATE TO 5 MG	\$ -
J2765	INJ METOCLOPRAMIDE HCL TO 10 MG	\$ -
J2770	INJ QUINUPRISTIN/DALFOPRISTN 500 MG	\$ -
J2778	RANIBIZUMAB INJECTION	\$ -
J2780	INJ RANITIDINE HYDROCHLORID 25 MG	\$ -
J2783	Rasburicase	\$ -
J2785	INJECTION REGADENOSON 0.1 MG	\$ -
J2786	INJECTION RESLIZUMAB 1 MG	\$ -
J2787	Riboflavin 5'phos oph<=3ml	\$ -
J2788	INJ RHO D IG HUMN MINIDOSE 50 MCG	\$ -
J2790	Rho d immune globulin inj	\$ -
J2791	RHOPHYLAC INJECTION	\$ -
J2792	INJ RHO D IMMUE GLOB IV HUMN 100 IU	\$ -
J2793	INJECTION RILONACEPT 1 MG	\$ -
J2794	INJ RISPERIDONE LONG ACTING 0.5 MG	\$ -
J2795	INJ ROPIVACAINE HYDROCHLORID 1 MG	\$ -
J2796	INJECTION ROMIPLOSTIM 10 MCG	\$ -
J2797	Inj.- rolapitant- 0.5 mg	\$ -
J2798	Inj.- perseris- 0.5 mg	\$ -
J2800	INJECTION METHOCARBAMOL UP TO 10 ML	\$ -
J2805	SINCALIDE INJECTION	\$ -
J2810	INJECTION THEOPHYLLINE PER 40 MG	\$ -
J2820	INJECTION SARGRAMOSTIM 50 MCG	\$ -
J2840	INJECTION SEBELIPASE ALFA 1 MG	\$ -
J2850	INJ SECRETIN SYNTHETIC HUMAN	\$ -
J2860	Secobarbital sodium inj	\$ -
J2910	INJECTION AUROTHIOGLUCOSE TO 50 MG	\$ -
J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	\$ -
J2920	INJ METHYLPRDNISOLON SODIM TO 40 MG	\$ -
J2920	Solu-Medrol	\$ -
J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	\$ -
J2940	INJECTION- SOMATREM- 1 MG	\$ -
J2941	INJECTION- SOMATROPIN- 1 MG	\$ -
J2950	INJECTION PROMAZINE HCL UP TO 25 MG	\$ -
J2993	INJECTION- RETEPLASE- 18.1 MG	\$ -
J2995	INJECTION STREPTOKINASE-250000 IU	\$ -
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	\$ -
J3000	INJECTION STREPTOMYCIN UP TO 1 G	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J3010	INJECTION FENTANYL CITRATE 0.1 MG	\$ -
J3030	INJECTION SUMATRIPTAN SUCCNAT 6 MG	\$ -
J3031	Inj.- fremanezumab-vfrm 1 mg	\$ -
J3032	Inj. eptinezumab-jjmr 1 mg	\$ -
J3060	INJ TALIGLUCERACE ALFA 10 UNITS	\$ -
J3070	Pentazocine injection	\$ -
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	\$ -
J3095	INJECTION TELAVANCIN 10 MG	\$ -
J3101	INJECTION TENECTEPLASE 1 MG	\$ -
J3105	INJ TERBUTALINE SULFATE TO 1 MG	\$ -
J3110	INJECTION TERIPARATIDE 10 MCG	\$ -
J3111	Inj. romosozumab-aqqg 1 mg	\$ -
J3121	INJ TESTOSTERONE ENANTHATE 1 MG	\$ -
J3145	INJ TESTOSTERONE UNDECANOATE 1 MG	\$ -
J3230	INJ CHLORPROMAZINE HCL TO 50 MG	\$ -
J3240	Thyrotropin injection	\$ -
J3241	Inj. teprotumumab-trbw 10 mg	\$ -
J3243	TIGECYCLINE INJECTION	\$ -
J3245	INJ TIROFIBAN HYDROCHLORID 12.5 MG	\$ -
J3246	INJECTION TIROFIBAN HCL 0.25MG	\$ -
J3250	INJ TRIMETHOBENZAMIDE HCL TO 200 MG	\$ -
J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	\$ -
J3262	INJECTION TOCILIZUMAB 1 MG	\$ -
J3265	INJECTION TORSEMIDE 10 MG/ML	\$ -
J3280	INJ THIETHYLPRAZINE MALEATE TO 10 M	\$ -
J3285	TREPROSTINIL INJECTION	\$ -
J3300	INJ TRIAMCINOLONE ACETONIDE PF 1 MG	\$ -
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$ 8.73
J3302	INJ TRIAMCINOLONE DIACTAT 5 MG	\$ -
J3303	INJ TRIAMCINOLONE HEXACETONIDE 5 MG	\$ -
J3304	Inj triamcinolone ace xr 1mg	\$ -
J3305	INJ TRIMETREXATE GLUCORONATE 25 MG	\$ -
J3310	INJECTION PERPHENAZINE UP TO 5 MG	\$ -
J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	\$ -
J3316	Inj.- triptorelin xr 3.75 mg	\$ -
J3320	INJ SPCTNOMYCN DHYDROCHLORID TO 2 G	\$ -
J3350	INJECTION UREA UP TO 40 G	\$ -
J3355	UROFOLLITROPIN- 75 IU	\$ -
J3357	INJECTION USTEKINUMAB 1 MG	\$ -
J3358	Ustekinumab- iv inject- 1 mg	\$ -
J3360	INJECTION DIAZEPAM UP TO 5 MG	\$ -
J3364	INJECTION UROKINASE 5000 IU VIAL	\$ -
J3365	INJ IV UROKINASE 250000 IU VIAL	\$ -
J3370	INJECTION VANCOMYCIN HCL 500 MG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J3380	INJECTION VEDOLIZUMAB 1 MG	\$ -
J3385	INJ VELAGLUCERASE ALFA 100 UNITS	\$ -
J3396	INJECTION VERTEPORFIN 0.1 MG	\$ -
J3397	Inj.- vestronidase alfa-vjbk	\$ -
J3398	Inj luxturna 1 billion vec g	\$ -
J3399	Inj onase abepar-xioi treat	\$ -
J3400	INJ TRIFLUPROMAZINE HCL TO 20 MG	\$ -
J3410	INJECTION HYDROXYZINE HCL TO 25 MG	\$ -
J3411	Thiamine hcl 100 mg	\$ -
J3415	Pyridoxine hcl 100 mg	\$ -
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.48
J3430	INJECTION PHYTONADIONE PER 1 MG	\$ -
J3465	Injection- voriconazole	\$ -
J3470	INJ HYALURONIDASE TO 150 UNITS	\$ -
J3471	OVINE- UP TO 999 USP UNITS	\$ -
J3472	OVINE- 1000 USP UNITS	\$ -
J3473	HYALURONIDASE RECOMBINANT	\$ -
J3475	INJECTION MG SULPHATE PER 500 MG	\$ -
J3480	INJECTION K+ CHLORID PER 2 MEQ	\$ -
J3485	INJECTION ZIDOVUDINE 10 MG	\$ -
J3486	Ziprasidone mesylate	\$ -
J3489	INJECTION ZOLEDRONIC ACID 1 MG	\$ -
J3490	Capastat Injectable (1gr = 10ml)	\$ 221.31
J3490	Sulfamet Trimet 800/160mg (100 tabs)	\$ 117.18
J3490	Triumeq 600/50/300mg (30 tabs)	\$ 96.05
J3490	Tivicay 50mg (30 tabs)	\$ 56.76
J3490	Metronidazole Vaginal Gel TUBE	\$ 23.28
J3490	Clotrimazole vag Cream 1%	\$ 8.84
J3490	Paser 4gm	\$ 6.85
J3520	EDETATE DISODIUM PER 150 MG	\$ -
J3530	NASAL VACCINE INHALATION	\$ -
J3535	DRUG ADMINED THRU METRD DOSE INHAL	\$ -
J3570	LAETRILE AMYGDALIN VITAMIN B-17	\$ -
J3590	UNCLASSIFIED BIOLOGICS	\$ -
J3591	Esrd on dialysi drug/bio noc	\$ -
J7030	SALINE SOLUTION	\$ -
J7040	INFUS NORMAL SALINE SOL STERILE	\$ -
J7042	5% DEXTROSE/NORMAL SALINE	\$ -
J7050	INFUS NORMAL SALINE SOLUTION 250 CC	\$ -
J7060	5% DEXTROSE/WATER	\$ -
J7070	INFUSION D-5-W 1000 CC	\$ -
J7100	INFUSION DEXTRAN 40 500 ML	\$ -
J7110	INFUSION DEXTRAN 75 500 ML	\$ -
J7120	RINGERS LACTATE INFUSION UP 1000 CC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J7121	5% DEXTROSE LR INFUSION TO 1000 CC	\$ -
J7131	HYPERTONIC SALINE SOLUTION 1 ML	\$ -
J7168	Prothrombin complex kcentra	\$ -
J7169	Inj andexxa- 10 mg	\$ -
J7170	Inj.- emicizumab-kxwh 0.5 mg	\$ -
J7175	INJECTION FACTOR X 1 I.U.	\$ -
J7177	Inj.- fibryga- 1 mg	\$ -
J7178	INJ HUMAN FIBRINOGEN CONC 1 MG	\$ -
J7179	INJECTION VWF 1 I.U. VWF:RCO	\$ -
J7180	INJECTION FACTOR XIII 1 I.U.	\$ -
J7181	INJ FACTOR XIII A-SUBUNIT PER IU	\$ -
J7182	INJECTION FACTOR VIII PER IU	\$ -
J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	\$ -
J7185	INJECTION FACTOR VIII PER IU	\$ -
J7186	INJ AHF/ VWF CMLPX-FACTOR VIII IU	\$ -
J7187	INJ VONWILLEBRAND FACTOR IU	\$ -
J7188	INJECTION FACTOR VIII PER I.U.	\$ -
J7189	FACTOR VIIA	\$ -
J7190	FACTOR VIII PER IU	\$ -
J7191	FACTOR VIII PER IU	\$ -
J7192	FACTOR VIII PER IU	\$ -
J7193	FCT IX ANTIHEMOPHL PUR NON-RECOMB-IU	\$ -
J7194	FACTOR IX COMPLEX PER IU	\$ -
J7195	FACTOR IX PER I.U.	\$ -
J7196	INJ ANTITHROMBIN RECOMB 50 I.U.	\$ -
J7197	ANTITHROMBIN III PER IU	\$ -
J7198	ANTI-INHIBITOR PER IU	\$ -
J7199	HEMOPHILIA CLOTTING FACTOR- NOC	\$ -
J7200	INJECTION FACTOR IX RIXUBIS PER IU	\$ -
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	\$ -
J7202	INJ FAC IX AB FUS PRT IDELVN 1 I.U.	\$ -
J7203	Factor ix recomb gly rebinyn	\$ -
J7204	Inj recombin esperoct per iu	\$ -
J7205	INJ FACTOR VIII FC FUS PROTEIN IU	\$ -
J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	\$ -
J7208	Inj. jivi 1 iu	\$ -
J7209	INJECTION FACTOR VIII 1 I.U.	\$ -
J7210	Inj- afstyla- 1 i.u.	\$ -
J7211	Inj- kovaltry- 1 i.u.	\$ -
J7212	Factor viia recomb sevenfact	\$ -
J7294	Seg acet and eth estr yearly	\$ -
J7295	Eth estr and eton monthly	\$ -
J7296	Kyleena- 19.5 mg	\$ 1,180.00
J7297	IUD Device - Liletta	\$ 200.00

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J7298	IUD Device - Mirena	\$ 753.00
J7300	IUD Device - Paragard	\$ 568.00
J7301	IUD Device - Skyla	\$ 550.00
J7304	CONTRACEPTIVE SPL HORMONE PATCH EA	\$ -
J7306	LEVONORGESTREL IMPLANT SYS	\$ -
J7307	Implant Device - Nexplanon	\$ 825.00
J7308	AMINOLEVULINIC ACID HCL TOP 20% 1 U	\$ -
J7309	METHYL AMINOLEVULINATE TOP 16.8% 1G	\$ -
J7310	GANCICLOVIR 45 MG LONG-ACTING IMPL	\$ -
J7311	FLUOCINOLONE ACETONIDE IMPLT	\$ -
J7312	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	\$ -
J7313	INJ FA INTRAVITREAL IMPL 0.01 MG	\$ -
J7314	Inj.- yutiq- 0.01 mg	\$ -
J7315	Sodium hyaluronate injection	\$ -
J7316	Sodium hyaluronate injection	\$ -
J7318	Inj- durolane 1 mg	\$ -
J7320	HYLAN G-F 20 16 MG INTRA-ARTICLR	\$ -
J7321	HYALGAN/SUPARTZ INJ PER DOSE	\$ -
J7322	SYNVISC INJ PER DOSE	\$ -
J7323	EUFLEXXA INJ PER DOSE	\$ -
J7324	ORTHOVISC INJ PER DOSE	\$ -
J7325	HYALURONAN/DERIV SYNVISC INJ 1 MG	\$ -
J7326	HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	\$ -
J7327	HYLAN/DERV MONOVISC IA INJ PER DOSE	\$ -
J7328	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	\$ -
J7329	Inj- trivisc 1 mg	\$ -
J7330	AUTOL CULTD CHONDROCYTES IMPLANT	\$ -
J7331	Synojoynt- inj.- 1 mg	\$ -
J7332	Inj.- triluron- 1 mg	\$ -
J7336	CAPSAICIN 8% PATCH PER SQ CM	\$ -
J7340	Metabolic active D/E tissue	\$ -
J7342	DERM TISS HUMN METAB ACTV ELM-SQ CM	\$ -
J7345	NON-HUMAN- NON-METAB TISSUE	\$ -
J7351	Inj bimatoprost itc imp1mcg	\$ -
J7352	Afamelanotide implant- 1 mg	\$ -
J7402	Mometasone sinus sinuva	\$ -
J7500	AZATHIOPRINE ORAL 50 MG	\$ -
J7501	AZATHIOPRINE PARENTERAL 100 MG	\$ -
J7502	CYCLOSPORINE ORAL 100 MG	\$ -
J7503	TACROLIMUS EXT RELEASE ORAL 0.25 MG	\$ -
J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	\$ -
J7505	MUROMONAB-CD3 PARENTERAL 5 MG	\$ -
J7507	TACROLIMUS ORAL PER 1 MG	\$ -
J7508	TACROLIMUS ORAL PER 5 MG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J7509	METHYLPREDNISOLONE ORAL PER 4 MG	\$ -
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.41
J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	\$ -
J7512	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	\$ -
J7513	DACLIZUMAB PARENTERAL 25 MG	\$ -
J7515	CYCLOSPORINE ORAL 25 MG	\$ -
J7516	CYCLOSPORINE PARENTERAL 250 MG	\$ -
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	\$ -
J7518	MYCOPHENOLIC ACID ORAL 180 MG	\$ -
J7520	SIROLIMUS ORAL 1 MG	\$ -
J7525	TACROLIMUS PARENTERAL 5 MG	\$ -
J7527	EVEROLIMUS ORAL 0. 25 MG	\$ -
J7599	IMMUOSUPPRSSIVE RX NOT OTHWISE CLAS	\$ -
J7604	ACETYLCYSTEINE COMP UNIT	\$ -
J7605	ARFORMOTEROL NON-COMP UNIT	\$ -
J7606	FORMOTEROL FUMARATE IHAL U D 20 MCG	\$ -
J7607	LEVALBUTEROL COMP CON	\$ -
J7608	ACETYLCYSTEINE INHAL SOL U DOSE-GM	\$ -
J7609	ALBUTEROL COMP UNIT	\$ -
J7610	Acetylcysteine 10% injection	\$ -
J7611	ALBUTEROL INHAL CONC FORM 1 MG	\$ -
J7612	LEVALBUTEROL INHAL CONC FORM 0.5 MG	\$ -
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.14
J7614	LEVALBUTEROL INHAL UNIT DOSE 0.5 MG	\$ -
J7615	Acetylcysteine 20% injection	\$ -
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 1.97
J7620	Ipratropium BR 0.02% SOLN	\$ 1.51
J7620	Albuterol	\$ -
J7622	BECLOMETHASONE INHAL SOL U DOSE MG	\$ -
J7624	BETAMETHASONE INHAL SOL U DOSE MG	\$ -
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.48
J7627	Budesonide 1mg/2mL INH SUSP	\$ 19.76
J7628	BITOLTEROL MESYLATE INH SOL CONC-MG	\$ -
J7629	BITOLTEROL MESYLATE INHAL SOL U-MG	\$ -
J7631	CROMOLYN SODIM INHAL SOL U-10 MG	\$ -
J7632	CROMOLYN SODIUM COMP UNIT	\$ -
J7633	BUDESONIDE INHAL SOL DME-0.25 MG	\$ -
J7634	BUDESONIDE COMP CON	\$ -
J7635	ATROPIN INHAL SOL CONC FORM-MG	\$ -
J7636	ATROPIN INHAL SOL U DOSE FORM-MG	\$ -
J7637	DEXETHASONE INHAL SOL CONC-MG	\$ -
J7638	DEXETHASONE INHAL SOL U DOSE-MG	\$ -
J7639	DORNASE ALPHA INHAL SOL U DOSE-MG	\$ -
J7640	Epinephrine injection	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J7641	FLUNISOLIDE INHAL SOL ADMNED DME-MG	\$ -
J7642	GLYCOPYRROLATE INHAL SOL CONC-MG	\$ -
J7643	GLYCOPYRROLATE INHAL SOL U-MG	\$ -
J7644	IPRATROPIUM BROMIDE INHAL SOL U-MG	\$ -
J7645	Ipratropium bromide .02%/ml	\$ -
J7647	ISOETHARINE COMP CON	\$ -
J7648	ISOETHARINE HCL INHAL SOL CONC-MG	\$ -
J7649	ISOETHARINE HCL INHAL SOL U-MG	\$ -
J7650	Isoetharine hcl .1% inj	\$ -
J7657	ISOPROTERENOL COMP CON	\$ -
J7658	ISOPROTERENOL HCL INH SOL CONC-MG	\$ -
J7659	ISOPROTERENOL HCL INHAL SOL U-MG	\$ -
J7660	Isoproterenol hcl .5% inj	\$ -
J7665	Isoproterenol hcl 1% inj	\$ -
J7667	METAPROTERENOL COMP CON	\$ -
J7668	METAPROTERENOL INHAL SOL CONC-10 MG	\$ -
J7669	METAPROTERENOL INHAL SOL U-10 MG	\$ -
J7670	Metaproterenol sulfate .4%	\$ -
J7674	METHACHOLINE CHLORID INHAL PER 1 MG	\$ -
J7676	PENTAMIDINE COMP UNIT DOSE	\$ -
J7677	Revefenacin inh non-com 1mcg	\$ -
J7680	TERBUTALINE SO4 INHAL SOL CONC-MG	\$ -
J7681	TERBUTALINE SO4 INHAL SOL U DOSE-MG	\$ -
J7682	TOBRAMYCIN U DOSE 300 MG INHAL SOL	\$ -
J7683	TRIAMCINOLONE INHAL SOL CONC-MG	\$ -
J7684	TRIAMCINOLONE INHAL SOL U DOSE-MG	\$ -
J7685	TOBRAMYCIN COMP UNIT	\$ -
J7686	TREPROSTINIL INHAL UNIT DOS 1.74 MG	\$ -
J7699	NOC RX INHAL SOL ADMINED THRU DME	\$ -
J7799	NOC RX NOT INHAL RX ADMNED THRU DME	\$ -
J7999	COMPOUNDED DRUG NOC	\$ -
J8498	ANTIEMETIC RECTAL/SUPP NOS	\$ -
J8499	Linezolid 600mg Tab	\$ 146.94
J8499	Genvoya 150-200-10	\$ 100.86
J8499	Triumeq 600/50/300mg	\$ 96.05
J8499	Odefsey 200-25-25	\$ 91.79
J8499	Streptomycin 1 gram VIAL	\$ 80.00
J8499	Erythromycin 500mg	\$ 73.52
J8499	Cycloserine 250mg	\$ 66.88
J8499	Prezcobix 800/150mg	\$ 61.86
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 60.83
J8499	Descovy 200mg/25mg (30 tabs)	\$ 57.38
J8499	Truvada 200-300mg	\$ 57.38
J8499	Tivicay 50mg	\$ 56.76

## 2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J8499	Prezista 800mg	\$ 54.12
J8499	Avelox 400mg	\$ 31.27
J8499	Levaquin 750mg	\$ 30.88
J8499	Moxifloxacin 400 mg Tab	\$ 26.76
J8499	Cefixime 400mg	\$ 23.83
J8499	Levaquin 500mg	\$ 17.20
J8499	Rifampin 150mg	\$ 16.95
J8499	Fluconazole 150mg	\$ 15.87
J8499	Mycobutin 150mg	\$ 14.98
J8499	Tindamax 500mg	\$ 14.66
J8499	Levaquin 250mg	\$ 14.39
J8499	Rifampin 300mg	\$ 14.03
J8499	Azithromycin 500mg	\$ 13.33
J8499	Zyvox 600mg	\$ 10.97
J8499	Ethambutol 100mg	\$ 8.20
J8499	Diflucan 100mg	\$ 7.54
J8499	Fluconazole 100mg	\$ 7.54
J8499	Hurricane Gyno-Gel	\$ 7.40
J8499	Ethionamide 250 mg	\$ 5.67
J8499	Metronidazole 500 mg	\$ 5.55
J8499	Priftin 150mg	\$ 3.90
J8499	Rifapentine 150mg	\$ 3.90
J8499	Acyclovir 800mg	\$ 3.14
J8499	Dapsone 100mg	\$ 2.59
J8499	Pyrazinamide 500mg	\$ 2.45
J8499	Acyclovir 400mg	\$ 1.61
J8499	Cephalexin 500mg	\$ 1.14
J8499	Ethambutol 400 mg	\$ 1.13
J8499	Bactrim DS 800/160mg	\$ 0.99
J8499	Penicillin VK 500mg	\$ 0.67
J8499	Isoniazid 300mg	\$ 0.43
J8499	Metronidazole 250 mg	\$ 0.41
J8499	Doxycycline 100mg	\$ 0.20
J8499	Zidovud Syrp 50mg/5mL 240mL	\$ 0.20
J8499	Isoniazid 100mg	\$ 0.13
J8499	Mylanta	\$ 0.09
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Vitamin B-6 50mg	\$ 0.02
J8501	APREPITANT ORAL 5 MG	\$ -
J8510	BULSULFAN; ORAL 2 MG	\$ -
J8515	CABERGOLINE- ORAL 0.25MG	\$ -
J8520	CAPECITABINE ORAL 150 MG	\$ -
J8521	CAPECITABINE ORAL 500 MG	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	\$ -
J8540	ORAL DEXAMETHASONE	\$ -
J8560	ETOPOSIDE ORAL 50 MG	\$ -
J8562	FLUDARABINE PHOSPHATE ORAL 10 MG	\$ -
J8565	GEFITINIB ORAL 250 MG	\$ -
J8597	ANTIEMETIC DRUG ORAL NOS	\$ -
J8600	MELPHALAN ORAL 2 MG	\$ -
J8610	METHOTREXATE ORAL 2.5 MG	\$ -
J8650	NABILONE ORAL	\$ -
J8655	NETUPITNT 300 MG&PALONOSETRIN 0.5 MG	\$ -
J8670	ROLAPITANT ORAL 1 MG	\$ -
J8700	TEMOZOLOMIDE ORAL 5 MG	\$ -
J8705	TOPOTECAN ORAL 0.25 MG	\$ -
J8999	PRSC DRUG ORAL CHEMOTHAPEUTIC NOS	\$ -
J9000	DOXORUBICIN HCL 10 MG	\$ -
J9015	ALDESLEUKIN PER SINGLE USE VIAL	\$ -
J9017	ARSENIC TRIOXIDE- 1MG	\$ -
J9019	INJ ASPARAGINASE ERWINAZE 1000 IU	\$ -
J9020	ASPARAGINASE 10000 UNITS	\$ -
J9021	Inj- aspara- rylaze- 0.1 mg	\$ -
J9022	Inj- atezolizumab-10 mg	\$ -
J9023	Injection- avelumab- 10 mg	\$ -
J9025	AZACITIDINE INJECTION	\$ -
J9027	CLOFARABINE INJECTION	\$ -
J9030	Bcg live intravesical 1mg	\$ -
J9032	INJECTION BELINOSTAT 10 MG	\$ -
J9033	INJECTION- BENDAMUSTINE HCL- 1 MG	\$ -
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	\$ -
J9035	INJECTION BEVACIZUMAB 10 MG	\$ -
J9036	Inj. belrapzo/bendamustine	\$ -
J9037	Inj belantamab mafodot blmf	\$ -
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	\$ -
J9040	BLEOMYCIN SULFATE 15 UNITS	\$ -
J9041	INJECTION BORTEZOMIB 0.1 MG	\$ -
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	\$ -
J9043	INJECTION CABAZITAXEL 1 MG	\$ -
J9044	Inj- bortezomib- nos- 0.1 mg	\$ -
J9045	CARBOPLATIN 50 MG	\$ -
J9047	INJECTION CARFILZOMIB 1 MG	\$ -
J9050	CARMUSTINE 100 MG	\$ -
J9055	INJECTION CETUXIMAB 10 MG	\$ -
J9057	Inj.- copanlisib- 1 mg	\$ -
J9060	CISPLATIN POWDER/SOLUTION PER 10 MG	\$ -
J9061	Inj- amivantamab-vmjw	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J9065	INJECTION CLADRIBINE PER 1 MG	\$ -
J9070	CYCLOPHOSPHAMIDE 100 MG	\$ -
J9098	Cytarabine liposome	\$ -
J9100	CYTARABINE 100 MG	\$ -
J9118	Inj. calaspargase pegol-mknl	\$ -
J9119	Inj.- cemiplimab-rwlc- 1 mg	\$ -
J9120	DACTINOMYCIN 0.5 MG	\$ -
J9130	DACARBAZINE 100 MG	\$ -
J9144	Daratumumab- hyaluronidase	\$ -
J9145	INJECTION DARATUMUMAB 10 MG	\$ -
J9150	DAUNORUBICIN HCL 10 MG	\$ -
J9151	DAUNORUBICIN CITRATE LIPOSOML 10 MG	\$ -
J9153	Inj daunorubicin- cytarabine	\$ -
J9155	INJECTION DEGARELIX 1 MG	\$ -
J9160	DENILEUKIN DIFTITOX 300 MCG	\$ -
J9165	DIETHYLSTILBESTROL DIPHOSHAT 250 MG	\$ -
J9171	INJECTION DOCETAXEL 1 MG	\$ -
J9173	Inj.- durvalumab- 10 mg	\$ -
J9175	ELLIOTTS B SOLUTION PER ML	\$ -
J9176	INJECTION ELOTUZUMAB 1 MG	\$ -
J9177	Inj enfort vedo-ejfv 0.25mg	\$ -
J9178	Inj- epirubicin hcl- 2 mg	\$ -
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	\$ -
J9181	ETOPOSIDE 10 MG	\$ -
J9185	FLUDARABINE PHOSPHATE 50 MG	\$ -
J9190	FLUOROURACIL 500 MG	\$ -
J9198	Inj. infugem- 100 mg	\$ -
J9200	FLOXURIDINE 500 MG	\$ -
J9201	GEMCITABINE HCL 200 MG	\$ -
J9202	GOSERELIN ACETATE IMPLANT-3.6 MG	\$ -
J9203	Gemtuzumab ozogamicin 0.1 mg	\$ -
J9204	Inj mogamulizumab-kpkc- 1 mg	\$ -
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	\$ -
J9206	IRINOTECAN 20 MG	\$ -
J9207	INJECTION IXABEPILONE 1 MG	\$ -
J9208	IFOSFAMIDE PER 1 G	\$ -
J9209	MESNA 200 MG	\$ -
J9210	Inj.- emapalumab-lzsg- 1 mg	\$ -
J9211	IDARUBICIN HCL 5 MG	\$ -
J9212	INJ INTRFERN ALFACON-1 RECOMB 1 MCG	\$ -
J9213	INTRFERON ALFA-2A RECOMBINANT 3 M U	\$ -
J9214	INTRFERON ALFA-2B RECOMBINANT 1 M U	\$ -
J9215	INTERFERON ALFA-N3 250000 IU	\$ -
J9216	INTERFERON GAMMA-1B 3 MILLION UNITS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J9217	LEUPROLIDE ACETATE 7.5 MG	\$ -
J9218	LEUPROLIDE ACETATE PER 1 MG	\$ -
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	\$ -
J9223	Inj. lurbinedin- 0.1 mg	\$ -
J9225	HISTRELIN IMPLANT	\$ -
J9226	SUPPRELIN LA IMPLANT	\$ -
J9227	Inj. isatuximab-irfc 10 mg	\$ -
J9228	INJECTION IPILIMUMAB 1 MG	\$ -
J9229	Inj inotuzumab ozogam 0.1 mg	\$ -
J9230	MECHLORETHAMINE HCL 10 MG	\$ -
J9245	INJECTION MELPHALAN HCL 50 MG	\$ -
J9246	Inj.- evomela- 1 mg	\$ -
J9247	Inj- melphalan flufenami 1mg	\$ -
J9250	METHOTREXATE SODIUM 5 MG	\$ -
J9260	METHOTREXATE SODIUM 50 MG	\$ -
J9261	NELARABINE INJECTION	\$ -
J9262	INJ OMACETAXINE MEPESUCCINAT .01 MG	\$ -
J9263	Oxaliplatin	\$ -
J9264	PACLITAXEL PROTEIN BOUND	\$ -
J9266	PEGASPARGASE PER SINGLE DOSE VIAL	\$ -
J9267	INJECTION PACLITAXEL 1 MG	\$ -
J9268	PENTOSTATIN PER 10 MG	\$ -
J9269	Inj. tagraxofusp-erzs 10 mcg	\$ -
J9270	PLICAMYCIN 2.5 MG	\$ -
J9271	INJECTION PEMBROLIZUMAB 1 MG	\$ -
J9272	Inj- dostarlimab-gxly- 10 mg	\$ -
J9280	MITOMYCIN 5 MG	\$ -
J9281	Mitomycin instillation	\$ -
J9285	Inj- olaratumab- 10 mg	\$ -
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	\$ -
J9295	INJECTION NECITUMUMAB 1 MG	\$ -
J9299	INJECTION NIVOLUMAB 1 MG	\$ -
J9301	INJECTION OBINUTUZUMAB 10 MG	\$ -
J9302	INJECTION OFATUMUMAB 10 MG	\$ -
J9303	PANITUMUMAB INJECTION	\$ -
J9304	Inj. pemetrexed- 10 mg	\$ -
J9305	INJECTION PEMETREXED 10 MG	\$ -
J9306	INJECTION PERTUZUMAB 1 MG	\$ -
J9307	INJECTION PRALATREXATE 1 MG	\$ -
J9308	INJECTION RAMUCIRUMAB 5 MG	\$ -
J9309	Inj- polatuzumab vedotin 1mg	\$ -
J9311	Inj rituximab- hyaluronidase	\$ -
J9312	Inj.- rituximab- 10 mg	\$ -
J9313	Inj.- lumoxiti- 0.01 mg	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J9316	Pertuzu- trastuzu- 10 mg	\$ -
J9317	Sacituzumab govitecan-hziy	\$ -
J9318	Inj romidepsin non-lyo 0.1mg	\$ -
J9319	Inj romidepsin lyophil 0.1mg	\$ -
J9320	STREPTOZOCIN 1 G	\$ -
J9325	INJ T-VEC PER 1 M PLAQUE FORM UNITS	\$ -
J9328	INJECTION TEMOZOLOMIDE 1 MG	\$ -
J9330	INJECTION TEMSIROLIMUS 1 MG	\$ -
J9340	THIOTEPA 15 MG	\$ -
J9348	Inj. naxitamab-gqgk- 1 mg	\$ -
J9349	Inj.- tafasitamab-cxix	\$ -
J9351	INJECTION TOPOTECAN 0.1 MG	\$ -
J9352	INJECTION TRABECTEDIN 0.1 MG	\$ -
J9353	Inj. margetuximab-cmkb- 5 mg	\$ -
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	\$ -
J9355	TRASTUZUMAB 10 MG	\$ -
J9356	Inj. herceptin hylecta- 10mg	\$ -
J9357	VALRUBICIN INTRAVESICAL 200 MG	\$ -
J9358	Inj fam-trastu deru-nxki 1mg	\$ -
J9360	VINBLASTINE SULFATE 1 MG	\$ -
J9370	VINCRISTINE SULFATE 1 MG	\$ -
J9371	INJ VINCRISTINE SULF LIPOSOME 1 MG	\$ -
J9390	VINORELBINE TARTRATE PER 10 MG	\$ -
J9395	Injection- Fulvestrant	\$ -
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	\$ -
J9600	PORFIMER SODIUM 75 MG	\$ -
J9999	NOT OTHERWISE CLASS ANTINEOPLSTC DRUG	\$ -
K0001	STANDARD WHEELCHAIR	\$ -
K0002	STANDARD HEMI WHEELCHAIR	\$ -
K0003	LIGHTWEIGHT WHEELCHAIR	\$ -
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	\$ -
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	\$ -
K0006	HEAVY-DUTY WHEELCHAIR	\$ -
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	\$ -
K0008	Cstm manual wheelchair/base	\$ -
K0009	OTHER MANUAL WHEELCHAIR/BASE	\$ -
K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	\$ -
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	\$ -
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	\$ -
K0013	Custom power whlchr base	\$ -
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE	\$ -
K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	\$ -
K0017	DTACHBL ADJUSTBL HT ARMREST BASE EA	\$ -
K0018	DTACHBL ADJUSTBL ARMREST UP PRTN EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
K0019	ARM PAD EACH	\$ -
K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	\$ -
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	\$ -
K0038	LEG STRAP EACH	\$ -
K0039	LEG STRAP H STYLE EACH	\$ -
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	\$ -
K0041	LARGE SIZE FOOTPLATE EACH	\$ -
K0042	STANDARD SIZE FOOTPLATE EACH	\$ -
K0043	FOOTREST LOWER EXTENSION TUBE EACH	\$ -
K0044	FOOTREST UPPER HANGER BRACKET EACH	\$ -
K0045	FOOTREST COMPLETE ASSEMBLY	\$ -
K0046	ELEV LEGREST LOWER EXT TUBE EA	\$ -
K0047	ELEV LEGREST UP HANGER BRACKET EA	\$ -
K0050	RATCHET ASSEMBLY	\$ -
K0051	CAM RLSE ASSMBL FOOTREST/LEGREST EA	\$ -
K0052	SWINGAWAY DETACHABLE FOOTRESTS EACH	\$ -
K0053	ELEVATING FOOTRESTS ARTICULATING EA	\$ -
K0056	SEAT HT<17/=TO/>21 LTWT/ULTRLT WC	\$ -
K0065	SPOKE PROTECTORS EACH	\$ -
K0069	REAR WHL ASSMBL-SOLID TIRE SPOKE EA	\$ -
K0070	REAR WHL ASSMBL-PNEUMAT TIRE EA	\$ -
K0071	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	\$ -
K0072	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	\$ -
K0073	CASTER PIN LOCK EACH	\$ -
K0077	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	\$ -
K0098	DRIVE BELT FOR POWER WHEELCHAIR	\$ -
K0105	IV HANGER EACH	\$ -
K0108	OTHER ACCESSORIES	\$ -
K0195	ELEVATING LEGREST PAIR	\$ -
K0455	INFUS PUMP-UNINTRUP ADMN EPOPROSTNL	\$ -
K0462	TEMP REPLCMT PT OWN EQP BEING REPR	\$ -
K0552	Supply/ext inf pump syr type	\$ -
K0553	Ther cgm supply allowance	\$ -
K0554	Ther cgm receiver/monitor	\$ -
K0601	Repl batt silver oxide 1.5 v	\$ -
K0602	Repl batt silver oxide 3 v	\$ -
K0603	Repl batt alkaline 1.5 v	\$ -
K0604	Repl batt lithium 3.6 v	\$ -
K0605	Repl batt lithium 4.5 v	\$ -
K0606	AED garment w elec analysis	\$ -
K0607	Repl batt for AED	\$ -
K0608	Repl garment for AED	\$ -
K0609	Repl electrode for AED	\$ -
K0669	WC SEAT/BACK CUSHION CVR SADMERC	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
K0672	ADD LOW EXT ORTHOSIS REPL EACH	\$ -
K0730	CTRL DOSE INH DRUG DELIV SYS	\$ -
K0733	12-24HR SEALED LEAD ACID	\$ -
K0738	PORTABLE GAS OXYGEN SYSTEM	\$ -
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	\$ -
K0740	REPR/SRVC O2 EQP TECH PER 15 MINS	\$ -
K0743	SX PUMP HOME MDL PORT FOR WOUNDS	\$ -
K0744	ABSRB WD DR H MDL PAD 16 SQ IN/LESS	\$ -
K0745	ABS WD DR PAD>16 SQ IN</= 48 SQ IN	\$ -
K0746	ABSRB WD DR H MDL PAD SZ >48 SQ IN	\$ -
K0800	POV GROUP 1 STD UP TO 300LBS	\$ -
K0801	POV GROUP 1 HD 301-450 LBS	\$ -
K0802	POV GROUP 1 VHD 451-600 LBS	\$ -
K0806	POV GROUP 2 STD UP TO 300LBS	\$ -
K0807	POV GROUP 2 HD 301-450 LBS	\$ -
K0808	POV GROUP 2 VHD 451-600 LBS	\$ -
K0812	POWER OPERATED VEHICLE NOC	\$ -
K0813	PWC GP 1 STD PORT SEAT/BACK	\$ -
K0814	PWC GP 1 STD PORT CAP CHAIR	\$ -
K0815	PWC GP 1 STD SEAT/BACK	\$ -
K0816	PWC GP 1 STD CAP CHAIR	\$ -
K0820	PWC GP 2 STD PORT SEAT/BACK	\$ -
K0821	PWC GP 2 STD PORT CAP CHAIR	\$ -
K0822	PWC GP 2 STD SEAT/BACK	\$ -
K0823	PWC GP 2 STD CAP CHAIR	\$ -
K0824	PWC GP 2 HD SEAT/BACK	\$ -
K0825	PWC GP 2 HD CAP CHAIR	\$ -
K0826	PWC GP 2 VHD SEAT/BACK	\$ -
K0827	PWC GP VHD CAP CHAIR	\$ -
K0828	PWC GP 2 XTRA HD SEAT/BACK	\$ -
K0829	PWC GP 2 XTRA HD CAP CHAIR	\$ -
K0830	PWC GP2 STD SEAT ELEVATE S/B	\$ -
K0831	PWC GP2 STD SEAT ELEVATE CAP	\$ -
K0835	PWC GP2 STD SING POW OPT S/B	\$ -
K0836	PWC GP2 STD SING POW OPT CAP	\$ -
K0837	PWC GP 2 HD SING POW OPT S/B	\$ -
K0838	PWC GP 2 HD SING POW OPT CAP	\$ -
K0839	PWC GP2 VHD SING POW OPT S/B	\$ -
K0840	PWC GP2 XHD SING POW OPT S/B	\$ -
K0841	PWC GP2 STD MULT POW OPT S/B	\$ -
K0842	PWC GP2 STD MULT POW OPT CAP	\$ -
K0843	PWC GP2 HD MULT POW OPT S/B	\$ -
K0848	PWC GP 3 STD SEAT/BACK	\$ -
K0849	PWC GP 3 STD CAP CHAIR	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
K0850	PWC GP 3 HD SEAT/BACK	\$ -
K0851	PWC GP 3 HD CAP CHAIR	\$ -
K0852	PWC GP 3 VHD SEAT/BACK	\$ -
K0853	PWC GP 3 VHD CAP CHAIR	\$ -
K0854	PWC GP 3 XHD SEAT/BACK	\$ -
K0855	PWC GP 3 XHD CAP CHAIR	\$ -
K0856	PWC GP3 STD SING POW OPT S/B	\$ -
K0857	PWC GP3 STD SING POW OPT CAP	\$ -
K0858	PWC GP3 HD SING POW OPT S/B	\$ -
K0859	PWC GP3 HD SING POW OPT CAP	\$ -
K0860	PWC GP3 VHD SING POW OPT S/B	\$ -
K0861	PWC GP3 STD MULT POW OPT S/B	\$ -
K0862	PWC GP3 HD MULT POW OPT S/B	\$ -
K0863	PWC GP3 VHD MULT POW OPT S/B	\$ -
K0864	PWC GP3 XHD MULT POW OPT S/B	\$ -
K0868	PWC GP 4 STD SEAT/BACK	\$ -
K0869	PWC GP 4 STD CAP CHAIR	\$ -
K0870	PWC GP 4 HD SEAT/BACK	\$ -
K0871	PWC GP 4 VHD SEAT/BACK	\$ -
K0877	PWC GP4 STD SING POW OPT S/B	\$ -
K0878	PWC GP4 STD SING POW OPT CAP	\$ -
K0879	PWC GP4 HD SING POW OPT S/B	\$ -
K0880	PWC GP4 VHD SING POW OPT S/B	\$ -
K0884	PWC GP4 STD MULT POW OPT S/B	\$ -
K0885	PWC GP4 STD MULT POW OPT CAP	\$ -
K0886	PWC GP4 HD MULT POW S/B	\$ -
K0890	PWC GP5 PED SING POW OPT S/B	\$ -
K0891	PWC GP5 PED MULT POW OPT S/B	\$ -
K0898	POWER WHEELCHAIR NOC	\$ -
K0899	POW MOBIL DEV NO SADMERC	\$ -
K0900	CUSTOMIZED DME OTH THAN WHEELCHAIR	\$ -
K1001	Electronic posa treatment	\$ -
K1002	Ces system w/supplies access	\$ -
K1003	Whirlpool tub walkin portabl	\$ -
K1004	Lo freq us diathermy device	\$ -
K1005	Disp col sto bag breast milk	\$ -
K1006	Suct pum ext urine mgmt sys	\$ -
K1007	Bil hkaf pc s/d micro sensor	\$ -
K1009	Speech volume modulation sys	\$ -
K1013	Enema tube any type repl	\$ -
K1014	Ak 4 bar link hydrl swg/stanc	\$ -
K1015	Foot- adductus position- adj	\$ -
K1016	Trans elec nerv for trigemin	\$ -
K1017	Monthly supp use with k1016	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
K1018	Ext up limb tremor stim wris	\$ -
K1019	Monthly supp use with k1018	\$ -
K1020	Non-invasive vagus nerv stim	\$ -
K1021	Exsuff belt incl all sup acc	\$ -
K1022	Endoskel posit rotat unit	\$ -
K1023	Trans elec nerv periph nerv	\$ -
K1024	Non pneum comp control cal	\$ -
K1025	Non pneum compress full arm	\$ -
K1026	Mech allergen parti barrier	\$ -
K1027	Oral dev without fix mech	\$ -
L0112	Cranial cervical orthosis	\$ -
L0113	CRANIL CERV ORTHOT TORTICOLLI PRFB	\$ -
L0120	CERVICAL FLEXIBLE NONADJUSTABLE	\$ -
L0130	CERV FLXBL THRMOPPLSTC COLLR MOLD PT	\$ -
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	\$ -
L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	\$ -
L0160	CERV SEMI-RIGD WIRE FRME OCCIP SUPP	\$ -
L0170	CERV COLLAR MOLDED PATIENT MODEL	\$ -
L0172	CERV COLLR SEMI-RIGD FOAM 2 PIECE	\$ -
L0174	CERV COLLR SEMI-RIGD 2 PEC-THOR EXT	\$ -
L0180	CERV MX POST COLLR SUPPS ADJ	\$ -
L0190	CERV MX POST COLLR ADJ CERV BARS	\$ -
L0200	CERV COLLR ADJ CERV BARS&THOR EXT	\$ -
L0220	THORACIC RIB BELT CUSTOM FABRICATED	\$ -
L0450	TLSO FLEX TRNK UP THOR RGN PRFAB	\$ -
L0452	TLSO FLEX TRNK UP THOR RGN CSTM FAB	\$ -
L0454	TLSO FLEX TRNK SC JUNC TO T-9 PRFAB	\$ -
L0455	TLSO FLEX SC JUNC TO T-9 PREFAB	\$ -
L0456	TLSO FLEX TRNK SC TO SCAP SPN PRFAB	\$ -
L0457	TLSO FLX SC JUNC TRM INF SCAP SPINE	\$ -
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	\$ -
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	\$ -
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	\$ -
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	\$ -
L0466	TLSO SAGIT POST FRME&ANT APRON PRFB	\$ -
L0467	TLSO SAGITTAL CONTROL RIGD PREFAB	\$ -
L0468	TLSO SAGIT-CORONAL FRME&APRON PRFAB	\$ -
L0469	TLSO SAGITTAL-CORONAL CONTRL PREFAB	\$ -
L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	\$ -
L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	\$ -
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	\$ -
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	\$ -
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	\$ -
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	\$ -
L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	\$ -
L0491	TLSO 2 PIECE RIGID SHELL	\$ -
L0492	TLSO 3 PIECE RIGID SHELL	\$ -
L0621	SIO FLEX PELVISACRAL PREFAB	\$ -
L0622	SIO FLEX PELVISACRAL CUSTOM	\$ -
L0623	SIO PANEL PREFAB	\$ -
L0624	SIO PANEL CUSTOM	\$ -
L0625	LO FLEXIBL L1-BELOW L5 PRE	\$ -
L0626	LO SAG STAYS/PANELS PRE-FAB	\$ -
L0627	LO SAGITT RIGID PANEL PREFAB	\$ -
L0628	LO FLEX W/O RIGID STAYS PRE	\$ -
L0629	LSO FLEX W/RIGID STAYS CUST	\$ -
L0630	LSO POST RIGID PANEL PRE	\$ -
L0631	LSO SAG-CORO RIGID FRAME PRE	\$ -
L0632	LSO SAG RIGID FRAME CUST	\$ -
L0633	LSO FLEXION CONTROL PREFAB	\$ -
L0634	LSO FLEXION CONTROL CUSTOM	\$ -
L0635	LSO SAGIT RIGID PANEL PREFAB	\$ -
L0636	LSO SAGITTAL RIGID PANEL CUS	\$ -
L0637	LSO SAG-CORONAL PANEL PREFAB	\$ -
L0638	LSO SAG-CORONAL PANEL CUSTOM	\$ -
L0639	LSO S/C SHELL/PANEL PREFAB	\$ -
L0640	LSO S/C SHELL/PANEL CUSTOM	\$ -
L0641	LUMB ORTHOS SAGIT CTRL RIGD PST PNL	\$ -
L0642	LUMB ORTHOS SAGIT CTRL ANT POST PNL	\$ -
L0643	LSO SAGITTAL CNTRL RIGID POST PANEL	\$ -
L0648	LSO SAGIT CNTRL RIGD ANT POST PANEL	\$ -
L0649	LSO SAGIT-CORNL CNTRL RIGD PST PANL	\$ -
L0650	LSO SAGIT-CORNL CNTRL ANT PST PANL	\$ -
L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	\$ -
L0700	CTLISO ANT-POST-LAT CNTRL MOLD PT	\$ -
L0710	CTLISO-MOLD PT-INTERFACE MATERIAL	\$ -
L0810	HALO PROC CERV HALO IN JACKT VEST	\$ -
L0820	HALO PROC CERV HALO-PLAST BDY JACKT	\$ -
L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	\$ -
L0859	MRI COMPATIBLE SYSTEM	\$ -
L0861	Halo repl liner/interface	\$ -
L0970	TLSO CORSET FRONT	\$ -
L0972	LSO CORSET FRONT	\$ -
L0974	TLSO FULL CORSET	\$ -
L0976	LSO FULL CORSET	\$ -
L0978	AXILLARY CRUTCH EXTENSION	\$ -
L0980	PERONEAL STRAPS PAIR	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L0982	STOCKING SUPPORTER GRIPS SET FOUR	\$ -
L0984	PROTECTIVE BODY SOCK EACH	\$ -
L0999	ADDITION TO SPINAL ORTHOSIS NOS	\$ -
L1000	CTL SO INCL FURNISH INIT ORTHOS-MDL	\$ -
L1001	CTL SO INFANT IMMOBILIZER	\$ -
L1005	TENSION BASED SCOLIOSIS ORTHOS	\$ -
L1010	ADD CTL SO/SCOLIO ORTHOS AX SLING	\$ -
L1020	ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD	\$ -
L1025	ADD CTL SO/SCOLIO ORTHOS KYPHOS PAD	\$ -
L1030	ADD CTL SO/SCOLIO ORTHOS LUMB PAD	\$ -
L1040	ADD CTL SO/SCOLIO ORTHO LUMB/RIB PAD	\$ -
L1050	ADD CTL SO/SCOLIOS ORTHOS STERNL PAD	\$ -
L1060	ADD CTL SO/SCOLIOS ORTHOS THOR PAD	\$ -
L1070	ADD CTL SO/SCOLIO ORTHO TRPEZUS SLNG	\$ -
L1080	ADD CTL SO/SCOLIOSIS ORTHOSIS OUTRIG	\$ -
L1085	ADD CTL SO/SCOLIO OUTRIG BIL-VRT EXT	\$ -
L1090	ADD CTL SO/SCOLIOS ORTHOS LUMB SLING	\$ -
L1100	ADD CTL SO/SCOLIOS RING PLSTC/LEATHR	\$ -
L1110	ADD CTL SO/SCOLIOS RING MOLD PT MDL	\$ -
L1120	ADD CTL SO SCOLIO ORTHO COVR UPRT EA	\$ -
L1200	TL SO INCL FURNISH INIT ORTHOS ONLY	\$ -
L1210	ADDITION TL SO LATERAL THORACIC EXT	\$ -
L1220	ADDITION TL SO ANT THORACIC EXT	\$ -
L1230	ADD TL SO MLWAKEE TYPE SUPERSTRCT	\$ -
L1240	ADDITION TL SO LUMBAR DEROTATION PAD	\$ -
L1250	ADDITION TO TL SO ANTERIOR ASIS PAD	\$ -
L1260	ADD TL SO ANT THOR DEROTATION PAD	\$ -
L1270	ADDITION TO TL SO ABDOMINAL PAD	\$ -
L1280	ADDITION TO TL SO RIB GUSSET EACH	\$ -
L1290	ADDITION TL SO LAT TROCHANTERIC PAD	\$ -
L1300	OTH SCOLIOS PROC BDY JACKT MOLD PT	\$ -
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	\$ -
L1499	SPINAL ORTHOSIS NOS	\$ -
L1600	HO-FLEX FREJKA W/COVR PRFAB-FIT&ADJ	\$ -
L1610	HO FLEX FREKLA COVR ONLY PRFAB	\$ -
L1620	HO FLEX PAVLIK HARNESS PRFAB W/FIT	\$ -
L1630	HO SEMI-FLX VAN ROSEN TYPE CSTM	\$ -
L1640	HO-STATIC THIGH CUFF CUSTOM FAB	\$ -
L1650	HO STATIC ADJUST PRFAB-FIT&ADJ	\$ -
L1652	HIP ORTHOS BIL THI CUFF ADLT PRFAB	\$ -
L1660	HO STATIC PLASTIC PRFAB-FIT&ADJ	\$ -
L1680	HO-DYNAMC PELV CNTRL THI CUFF CSTM	\$ -
L1685	HO POSTOP HIP ABDCT TYPE CSTM FAB	\$ -
L1686	HO POSTOP HIP ABDCT PRFAB-FIT&ADJ	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOS	\$ -
L1700	LEGG PERTHES ORTHOSIS CUSTOM FAB	\$ -
L1710	LEGG PERTHES ORTHOSIS CUSTOM FAB	\$ -
L1720	LEGG PERTHES ORTHOS TRILAT CSTM FAB	\$ -
L1730	LEGG PERTHES ORTHOSIS CUSTOM FAB	\$ -
L1755	LEGG PERTHES ORTHOSIS CUSTOM FAB	\$ -
L1810	KO ELAST W/JNT PREFAB INCL FIT&ADJ	\$ -
L1812	KNEE ORTHOSIS ELASTIC W/JNTS PREFAB	\$ -
L1820	KO ELAST-CONDYLR PAD&JNT PRFAB-FIT	\$ -
L1830	KO IMMOBLIZR CANVAS LNGTUDNL PRFAB	\$ -
L1831	Knee orth pos locking joint	\$ -
L1832	KO ADJ KNEE JNT RIGD SUPP PRFAB	\$ -
L1833	KNEE ORTHOSIS ADJUST JNT RIGD SUPP	\$ -
L1834	KO W/O KNEE JOINT RIGID CUSTOM FAB	\$ -
L1836	KNEE ORTHOS RIGD NO JNT W/INTRFCE	\$ -
L1840	KO DEROTATION MED-LAT ACL CSTM FAB	\$ -
L1843	KO single upright custom fit	\$ -
L1844	Ko w/adj jt rot cntrl molded	\$ -
L1845	KO DBL UPRT W/ADJ FLX&EXT JNT PRFAB	\$ -
L1846	KO DBL UPRT W/ADJ FLX&EXT JNT CSTM	\$ -
L1847	KO DBL UPRT-ADJ JNT-INFLAT AIR SUPP	\$ -
L1848	KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	\$ -
L1850	KO SWEDISH TYPE PREFAB W/FIT&ADJ	\$ -
L1851	KNEE ORTHOS SNG UPRT THIGH & CALF	\$ -
L1852	KNEE ORTHOS DBLE UPRT THIGH & CALF	\$ -
L1860	KO MOD SUPRACNDYLR PROSTH SCKT CSTM	\$ -
L1900	AFO SPRNG WIRE DORSIFLX ASST CSTM	\$ -
L1902	AFO ANK GAUNTLT PREFAB W/FIT&ADJ	\$ -
L1904	AFO MOLDED ANK GAUNTLET CUSTOM FAB	\$ -
L1906	AFO MXILIGUS ANK SUPP PRFAB W/FIT&A	\$ -
L1907	AFO supramalleolar custom	\$ -
L1910	AFO POST 1 BAR CLASP ATTCH SHOE	\$ -
L1920	AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	\$ -
L1930	AFO PLASTIC/OTH MATERIAL PREFAB	\$ -
L1932	AFO RIGD ANT TIBL CARB FIBR/= PRFAB	\$ -
L1940	ANK FT ORTHOS PLSTC/OTH MATL CSTM	\$ -
L1945	AFO MOLD PLSTC RIGD ANT TIBL CSTM	\$ -
L1950	AFO SPIRAL PLASTIC CUSTOM FAB	\$ -
L1951	AFO spiral prefabricated	\$ -
L1960	AFO POST SOLID ANK PLSTC CSTM FAB	\$ -
L1970	AFO PLASTIC W/ANK JOINT CUSTOM FAB	\$ -
L1971	AFO w/ankle joint- prefab	\$ -
L1980	AFO 1 UPRT DORSIFLX SLID STIRUP FAB	\$ -
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L2000	KAFO 1 UPRT SOLID STIRUP CSTM	\$ -
L2005	KAFO ANY MATL AUTO RLS ANK JNT CSTM	\$ -
L2006	Kaf sng/dbl swg/stn mcpr cus	\$ -
L2010	KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	\$ -
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	\$ -
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	\$ -
L2034	KAFO PLA SIN UP W/WO K/A CUS	\$ -
L2035	KAFO FULL PLSTC STAT PRFAB-FIT&ADJ	\$ -
L2036	KAFO FULL PLSTC DBL UPRT FREE KNEE	\$ -
L2037	KAFO FULL PLSTC 1 UPRT FREE KNEE	\$ -
L2038	KAFO FULL PLSTC MULTIAXIS ANK CSTM	\$ -
L2040	HKAFO TORSN CNTRL BIL ROTAT STRAPS	\$ -
L2050	HKAFO BIL TORSION CABLES CSTM FAB	\$ -
L2060	HKAFO BIL TORSION BALL BEAR CSTM	\$ -
L2070	HKAFO UNI ROTAT STRAPS CSTM FAB	\$ -
L2080	HKAFO UNI TORSION CABLE CSTM FAB	\$ -
L2090	HKAFO UNI TORSN CABL BALL BEAR CSTM	\$ -
L2106	AFO TIBL FX CAST THERMOPLSTC CSTM	\$ -
L2108	AFO TIBL FX CAST ORTHO CSTM	\$ -
L2112	AFO TIBL FX ORTHOS SFT PRFAB FIT	\$ -
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	\$ -
L2116	AFO TIBL FX ORTHOS RIGD PRFAB FIT	\$ -
L2126	KAFO FEM FX CAST THERMOPLSTC CSTM F	\$ -
L2128	KAFO FEM FX CAST ORTHOS CSTM FAB	\$ -
L2132	KAFO FEM FX CAST ORTHOS SFT PRFAB	\$ -
L2134	KAFO FEM FX CAST SEMI-RIGD PRFAB	\$ -
L2136	KAFO FEM FX CAST ORTHOS RIGD PRFAB	\$ -
L2180	ADD LW EXTRM ORTH PLSTC SHOE INSRT	\$ -
L2182	ADD LW EXT ORTH DROP LOCK KNEE JNT	\$ -
L2184	ADD LW EXTRM ORTH LTD MOT KNEE JNT	\$ -
L2186	ADD LW EXT ORTH ADJ MOT KNEE JNT	\$ -
L2188	ADD LW EXT FX ORTHOS QUADRILAT BRIM	\$ -
L2190	ADD LOW EXTREM FX ORTHOS WAIST BELT	\$ -
L2192	ADD LW EXT ORTH HIP JNT THI FLNGE	\$ -
L2200	ADD LOW EXTRM LTD ANK MOTION EA JNT	\$ -
L2210	ADD LOW EXTREM DORSIFLX ASST EA JNT	\$ -
L2220	ADD LW EXT DRSFLX&PLNTR ASST EA JNT	\$ -
L2230	ADD LW EXT SPLIT FLAT CALIPR STIRUP	\$ -
L2232	ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	\$ -
L2240	ADD LW EXT ROUND CALIPER&PLAT ATTCH	\$ -
L2250	ADD LW EXT FT PLAT MOLD PT STIRUP	\$ -
L2260	ADD LW EXT REINFORCED SOLID STIRUP	\$ -
L2265	ADD LOW EXTREM LONG TONGUE STIRUP	\$ -
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L2275	ADD LW EXT VARUS/VULGUS CORR PLSTC	\$ -
L2280	ADD LOW EXTREM MOLDED INNR BOOT	\$ -
L2300	ADD LW EXTRM ABDUCT BAR JNTED ADJ	\$ -
L2310	ADD LOW EXTREM ABDUCT BAR STRAIGHT	\$ -
L2320	ADDITION LOW EXTREM NONMOLDED LACER	\$ -
L2330	ADD LOW EXTREM LACER MOLDED PT MDL	\$ -
L2335	ADDITION LOW EXTREM ANT SWING BAND	\$ -
L2340	ADD LW EXTRM PRETIBL SHELL MOLD PT	\$ -
L2350	ADD LW EXT PROSTH TYPE SCKT MOLD PT	\$ -
L2360	ADDITION LOW EXTREM EXT STEEL SHANK	\$ -
L2370	ADDITION LOWER EXTREM PATTEN BOTTOM	\$ -
L2375	ADD LW EXT TORSION CNTRL ANK JNT	\$ -
L2380	ADD LW EXT TORSN CNTRL STRAIT KNEE	\$ -
L2385	ADD LW EXT STRAIT KNEE JNT HD EA	\$ -
L2387	ADD LE POLY KNEE CUSTOM KAFO	\$ -
L2390	ADD LW EXTRM OFFSET KNEE JNT EA JNT	\$ -
L2395	ADD LW EXT OFFSET KNEE JNT HD EA	\$ -
L2397	ADD LOW EXTREM ORTHOSIS SUSP SLEEVE	\$ -
L2405	ADD KNEE JOINT DROP LOCK EA JOINT	\$ -
L2415	ADD KNEE LOCK-INTEGRATD RLSE EA JNT	\$ -
L2425	ADD KNEE JNT DISC/DIAL LOCK EA JNT	\$ -
L2430	ADD KNEE JNT RATCHT LOCK EXT EA JNT	\$ -
L2492	ADD KNEE LIFT LOOP DROP LOCK RING	\$ -
L2500	ADD LW EXTRM THIGH/WT BEAR RING	\$ -
L2510	ADD LW EXTRM THI/WT BEAR MOLD PT	\$ -
L2520	ADD LW EXTRM THI/WT BEAR CSTM	\$ -
L2525	ADD LW EXT ISCH M-L BRIM MOLD PT	\$ -
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	\$ -
L2530	ADD LW EXT THI/WT BEAR LACR NONMOLD	\$ -
L2540	ADD LW EXT THI/WT BEAR LACR MOLD PT	\$ -
L2550	ADD LW EXT THI/WT BEAR HI ROLL CUFF	\$ -
L2570	ADD LW EXT PELV HIP JNT CLEVIS	\$ -
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	\$ -
L2600	ADD LW EXT PELV THRUST BEAR FREE	\$ -
L2610	ADD LW EXT PELV THRUST BEAR LOCK	\$ -
L2620	ADD LW EXT PLV HIP JNT HEVY-DUTY EA	\$ -
L2622	ADD LW EXT PELV HIP JNT ADJ FLX EA	\$ -
L2624	ADD LW EXTRM PELV HIP JNT FLX EXT	\$ -
L2627	ADD LW EXT PELV PLSTC MOLD PT-CABLE	\$ -
L2628	ADD LW EXT PELV METL FRME-CABLES	\$ -
L2630	ADD LW EXTRM PELV BAND&BELT UNI	\$ -
L2640	ADD LW EXTRM PELV BAND&BELT BIL	\$ -
L2650	ADD LW EXTRM PELV&THOR GLUTL PAD EA	\$ -
L2660	ADD LOW EXTREM THOR CNTRL THOR BAND	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L2670	ADD LW EXTRM THOR CNTRL PARASP UPRT	\$ -
L2680	ADD LW EXT THOR CNTRL LAT SUPP UPRT	\$ -
L2750	ADD LW EXT ORTHOS PLAT CHROME/NICKL	\$ -
L2755	ADD LW XTRM ORTHOS HI STRGTH LGHTWT	\$ -
L2760	ADD LOW EXTREM ORTHOSIS EXT-EXT-BAR	\$ -
L2768	ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	\$ -
L2780	ADD LW EXT ORTH NONCORROSIVE-BAR	\$ -
L2785	ADD LW EXT ORTHOS DROP LOCK RETN EA	\$ -
L2795	ADD LW EXT ORTH KNEE CNTRL FULL CAP	\$ -
L2800	ADD LW EXT ORTH KNEECAP MED/LAT	\$ -
L2810	ADD LW EXT ORTH KNEE CNDYLR PAD	\$ -
L2820	ADD LW EXT SFT INTERFCE BELW KNEE	\$ -
L2830	ADD LW EXT SFT INTERFCE ABVE KNEE	\$ -
L2840	ADD LW EXT ORTH TIBL LEN SOCK FX/=	\$ -
L2850	ADD LW EXT ORTHO FEM LEN SOCK FX/=	\$ -
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA	\$ -
L2999	LOWER EXTREMITY ORTHOSSES NOS	\$ -
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	\$ -
L3001	FOOT INSRT REMV MOLD PT SPENCO EA	\$ -
L3002	FT INSRT REMV MOLD PLASTAZOTE/= EA	\$ -
L3003	FOOT INSRT REMV MOLD SILCON GEL EA	\$ -
L3010	FT INSRT MOLD LNGTUDNL ARCH SUPP EA	\$ -
L3020	FT INSRT REMV MOLD LNGTUDNL SUPP EA	\$ -
L3030	FOOT INSERT REMV FORMED PT FT EA	\$ -
L3031	Foot lamin/prepreg composite	\$ -
L3040	FOOT ARCH SUPP PREMOLD LNGTUDNL EA	\$ -
L3050	FOOT ARCH SUPP REMV PREMOLD MT EA	\$ -
L3060	FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	\$ -
L3070	FOOT ARCH SUPP NONREMV LNGTUDNL EA	\$ -
L3080	FT ARCH SUPP NONREMV ATTCH SHOE MT	\$ -
L3090	FT ARCH SUPP NONREMV LNGTUDNL/MT EA	\$ -
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	\$ -
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES	\$ -
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	\$ -
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	\$ -
L3170	FOOT PLASTIC HEEL STABILIZER	\$ -
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT	\$ -
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD	\$ -
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR	\$ -
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT	\$ -
L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD	\$ -
L3207	ORTHOPED SHOE HITOP W/SUPINATR JR	\$ -
L3208	SURGICAL BOOT EACH INFANT	\$ -
L3209	SURGICAL BOOT EACH CHILD	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L3211	SURGICAL BOOT EACH JUNIOR	\$ -
L3212	BENESCH BOOT PAIR INFANT	\$ -
L3213	BENESCH BOOT PAIR CHILD	\$ -
L3214	BENESCH BOOT PAIR JUNIOR	\$ -
L3215	ORTHOPEDE FOOTWEAR WOMAN SHOES OXFORD	\$ -
L3216	ORTHOPEDE FOOTWEAR WOMAN DEPTH INLAY	\$ -
L3217	ORTHO FTWEAR WOMAN HITOP DPTH INLAY	\$ -
L3219	ORTHOPEDE FOOTWEAR MANS SHOES OXFORD	\$ -
L3221	ORTHOPEDE FTWEAR MAN DEPTH INLAY	\$ -
L3222	ORTHO FTWEAR MAN HITOP DEPTH INLAY	\$ -
L3224	ORTHO FTWEAR WOMAN OXFORD PART BRACE	\$ -
L3225	ORTHO FTWEAR MAN OXFORD PART BRACE	\$ -
L3230	ORTHOPEDE FOOTWEAR CSTM DEPTH INLAY	\$ -
L3250	ORTHOPEDE FOOTWEAR CSTM MOLD PROSTH	\$ -
L3251	FOOT SHOE MOLD PT SILCON SHOE EA	\$ -
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM	\$ -
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT	\$ -
L3254	NONSTANDARD SIZE OR WIDTH	\$ -
L3255	NONSTANDARD SIZE OR LENGTH	\$ -
L3257	ORTHOPEDE FOOTWEAR ADD CHRGE SPLIT SZ	\$ -
L3260	Ambulatory surgical boot eac	\$ -
L3265	PLASTAZOTE SANDAL EACH	\$ -
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH	\$ -
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH	\$ -
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH	\$ -
L3330	LIFT ELEVATION METAL EXTENSION	\$ -
L3332	LIFT ELEV IN SHOE TAPERED TO 1/2 IN	\$ -
L3334	LIFT ELEVATION HEEL PER INCH	\$ -
L3340	HEEL WEDGE SACH	\$ -
L3350	HEEL WEDGE	\$ -
L3360	SOLE WEDGE OUTSIDE SOLE	\$ -
L3370	SOLE WEDGE BETWEEN SOLE	\$ -
L3380	CLUBFOOT WEDGE	\$ -
L3390	OUTFLARE WEDGE	\$ -
L3400	METATARSAL BAR WEDGE ROCKER	\$ -
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	\$ -
L3420	FULL SOLE&HEEL WEDGE BETWEEN SOLE	\$ -
L3430	HEEL COUNTER PLASTIC REINFORCED	\$ -
L3440	HEEL COUNTER LEATHER REINFORCED	\$ -
L3450	HEEL SACH CUSHION TYPE	\$ -
L3455	HEEL NEW LEATHER STANDARD	\$ -
L3460	HEEL NEW RUBBER STANDARD	\$ -
L3465	HEEL THOMAS WITH WEDGE	\$ -
L3470	HEEL THOMAS EXTENDED TO BALL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L3480	HEEL PAD AND DEPRESSION FOR SPUR	\$ -
L3485	HEEL PAD REMOVABLE FOR SPUR	\$ -
L3500	ORTHOPEDED SHOE ADD INSOLE LEATHR	\$ -
L3510	ORTHOPEDED SHOE ADDITION INSOLE RUBR	\$ -
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	\$ -
L3530	ORTHOPEDED SHOE ADDITION SOLE HALF	\$ -
L3540	ORTHOPEDED SHOE ADDITION SOLE FULL	\$ -
L3550	ORTHOPEDED SHOE ADD TOE TAP STANDARD	\$ -
L3560	ORTHOPEDED SHOE ADD TOE TAP HORSESHOE	\$ -
L3570	ORTHOPEDED SHOE ADD SPCL EXT INSTEP	\$ -
L3580	ORTHO SHOE ADD INSTEP-VELCRO CLOS	\$ -
L3590	ORTHO SHOE ADD FIRM-SFT COUNTER	\$ -
L3595	ORTHOPEDED SHOE ADDITION MARCH BAR	\$ -
L3600	TRNSF ORTH-ANOTHER CALIPR PLAT XST	\$ -
L3610	TRNSF ORTH-ANOTHER CALIPR PLAT NEW	\$ -
L3620	TRNSF ORTH-ANOTH SOLID STIRUP XST	\$ -
L3630	TRNSF ORTH-ANOTH SOLID STIRUP NEW	\$ -
L3640	TRNSF ORTH-ANOTH DENNS BRWN SPLNT	\$ -
L3649	ORTHOPEDED SHOE MOD ADD/TRANSFER NOS	\$ -
L3650	SO FIG 8 DESN ABDUCT RESTRNER PRFAB	\$ -
L3660	SO FIG 8 DESN ABDUCT RESTRNR CANVAS	\$ -
L3670	SO ACROMIO/CLAVICULR PRFAB FIT&ADJ	\$ -
L3671	SO CAP DESIGN W/O JNTS CF	\$ -
L3674	SHLDR ORTHOSIC ABDUCT PSTN CSTM	\$ -
L3675	SO VEST ABDUCT RESTRNR CANVAS WEB/=	\$ -
L3677	SHLDR ORTHOS HARD PLSTC STABILIZER	\$ -
L3678	SHLDR ORTHOS JNT DSGN NO JNT PREFAB	\$ -
L3702	EO W/O JOINTS CF	\$ -
L3710	EO ELAST W/METL JNT PRFAB W/FIT&ADJ	\$ -
L3720	EO DBL UPRT W/CUFF FREE MOT CSTM	\$ -
L3730	EO DBL UPRT-CUFF EXT/FLX ASST CSTM	\$ -
L3740	EO DBL UPRT W/CUFF ADJ LOCK CSTM	\$ -
L3760	ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT	\$ -
L3761	Eo- adj lock joint prefab ot	\$ -
L3762	ELB ORTHOS RIGD W/O JNT W/INTERFCE	\$ -
L3763	EWHO RIGID W/O JNTS CF	\$ -
L3764	EWHO W/JOINT(S) CF	\$ -
L3765	EWHFO RIGID W/O JNTS CF	\$ -
L3766	EWHFO W/JOINT(S) CF	\$ -
L3806	WHFO W/JOINT(S) CUSTOM FAB	\$ -
L3807	WHFO W/O JNT PRFAB W/FIT&ADJS TYPE	\$ -
L3808	WHFO- RIGID W/O JOINTS	\$ -
L3809	WHF ORTHO NO JOINTS PREFAB ANY TYPE	\$ -
L3891	ADD UP EXT JNT WRIST/ELB CSTM EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L3900	WHFO DYN FLX HNG WRST DRVN CSTM FAB	\$ -
L3901	WHFO DYN FLX HNG CABLE DRIVEN CSTM	\$ -
L3904	WHFO EXTERNAL POWER ELEC CSTM FAB	\$ -
L3905	WHO W/NONTORSION JNT(S) CF	\$ -
L3906	WHO WRST GAUNTLT MOLD PT CSTM FAB	\$ -
L3908	WHO EXT CNTRL COCK-UP NONMOLD PRFB	\$ -
L3912	HFO FLX GLOV W/ELAST FNGR CNTRL	\$ -
L3913	HFO W/O JOINTS CF	\$ -
L3915	WHO W NONTOR JNT(S) PREFAB	\$ -
L3916	WHFO WRST EXT COCK-UP W/OUTRIG	\$ -
L3917	Prefab metacarpal fx orthosis	\$ -
L3918	HFO KNUCKL BENDR PREFAB W/FIT&ADJ	\$ -
L3919	HO W/O JOINTS CF	\$ -
L3921	HFO W/JOINT(S) CF	\$ -
L3923	HND FNGR ORTHOS W/O JNT PRFAB	\$ -
L3924	WRST HND FNGR ORTH OPPENHEIMR PRFAB	\$ -
L3925	FO PIP/DIP WITH JOINT/SPRING	\$ -
L3927	FO PIP/DIP W/O JOINT/SPRING	\$ -
L3929	HFO NONTORSION JOINT- PREFAB	\$ -
L3930	WHFO FNGR EXT W/WRST SUPP PRFAB FIT	\$ -
L3931	WHFO NONTORSION JOINT PREFAB	\$ -
L3933	FO W/O JOINTS CF	\$ -
L3935	FO NONTORSION JOINT CF	\$ -
L3956	ADD JNT UP EXTREM ORTHOS MATL; JNT	\$ -
L3960	SEWHO ABDUCT PSTN AIRPLNE DESN	\$ -
L3961	SEWHO CAP DESIGN W/O JNTS CF	\$ -
L3962	SEWHO ABDUCT PSTN ERBS PALS DESN	\$ -
L3967	SEWHO AIRPLANE W/O JNTS CF	\$ -
L3971	SEWHO CAP DESIGN W/JNT(S) CF	\$ -
L3973	SEWHO AIRPLANE W/JNT(S) CF	\$ -
L3975	SEWHFO CAP DESIGN W/O JNT CF	\$ -
L3976	SEWHFO AIRPLANE W/O JNTS CF	\$ -
L3977	SEWHFO CAP DESGN W/JNT(S) CF	\$ -
L3978	SEWHFO AIRPLANE W/JNT(S) CF	\$ -
L3980	UP EXT FX ORTHOS HUM PRFAB-FIT&ADJ	\$ -
L3981	UE FX ORTHOSIS HUMERAL PREF STRAPS	\$ -
L3982	UP EXTRM FX ORTH RADUS/ULNAR PRFAB	\$ -
L3984	UP EXTRM FX ORTHOSF WRST PRFAB	\$ -
L3995	ADD UP EXTREM ORTHOS SOCK FX/= EA	\$ -
L3999	UPPER LIMB ORTHOSIS NOS	\$ -
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	\$ -
L4002	REPL STRAP ANY ORTHOSIS ALL CMPNTS	\$ -
L4010	REPLACE TRILATERAL SOCKET BRIM	\$ -
L4020	REPL QUADRILAT SOCKT BRIM MOLD PT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L4030	REPL QUADRILAT SOCKT BRIM CSTM FIT	\$ -
L4040	REPLACE MOLDED THIGH LACER	\$ -
L4045	REPLACE NONMOLDED THIGH LACER	\$ -
L4050	REPLACE MOLDED CALF LACER	\$ -
L4055	REPLACE NONMOLDED CALF LACER	\$ -
L4060	REPLACE HIGH ROLL CUFF	\$ -
L4070	REPLACE PROXIMAL&DIST UPRIGHT KAFO	\$ -
L4080	REPLACE METAL BANDS KAFO PROX THIGH	\$ -
L4090	REPL METL BANDS KAFO-AFO CALF/THI	\$ -
L4100	REPLACE LEATHR CUFF KAFO PROX THIGH	\$ -
L4110	REPL LEATHR CUFF KAFO-AFO CALF/THI	\$ -
L4130	REPLACE PRETIBIAL SHELL	\$ -
L4205	REPR ORTHOT DEVC LABR CMPNT-15 MIN	\$ -
L4210	REP ORTHOT DEVC REP/REPL MINOR PART	\$ -
L4350	ANKLE BRACE	\$ -
L4360	Pneumati walking boot prefab	\$ -
L4361	WALKING BOOT PNEUMATIC AND/OR VAC	\$ -
L4370	Pneumatic full leg splint	\$ -
L4386	NON-PNEUMAT WALK SPLNT PRFAB	\$ -
L4387	WALKING BOOT NON-PNEUMATIC PREFAB	\$ -
L4392	REPLCMT SFT INTERFCE MATL STAT AFO	\$ -
L4394	REPL SFT INTRFCE MATL FT DROP SPLNT	\$ -
L4396	STAT AFO-SFT INTERFCE MATL ADJ FIT	\$ -
L4397	STATIC/DYNAMIC AFO MIN ABM PREFAB	\$ -
L4398	FT DROP SPLNT RECUMBNT PSTN DEVC	\$ -
L4631	AFO WALK BOOT TYP ROCKR BOTTOM CSTM	\$ -
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	\$ -
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	\$ -
L5020	PART FT MOLD SOCKT TIBL TUBERCL HT	\$ -
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	\$ -
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	\$ -
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	\$ -
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	\$ -
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	\$ -
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	\$ -
L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	\$ -
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	\$ -
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	\$ -
L5230	AK PROX FEM FOCAL DEFIC SACH FT	\$ -
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	\$ -
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	\$ -
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	\$ -
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	\$ -
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	\$ -
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	\$ -
L5341	SINGLE AXIS KNEE SACH FOOT	\$ -
L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	\$ -
L5410	IMMED POSTSURG RIGD DRS BK-EA CAST	\$ -
L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	\$ -
L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	\$ -
L5450	IMMED POSTSURG NONWT BEAR RIGD BK	\$ -
L5460	IMMED POSTSURG NONWT BEAR RIGD AK	\$ -
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	\$ -
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	\$ -
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	\$ -
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	\$ -
L5530	PREP BK PTB THERMOPLSTC/=MOLD MDL	\$ -
L5535	PREP BK PTB PRFAB ADJ OPN END SCKT	\$ -
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	\$ -
L5560	PREP AK-DISARTIC PLASTER MOLD MDL	\$ -
L5570	PREP AK-DISRTC THRMOPSTC/=DIR FORM	\$ -
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	\$ -
L5585	PREP AK-DISARTIC PRFAB ADJ OPN END	\$ -
L5590	PREP AK-DISARTIC LAMINATD SCKT MOLD	\$ -
L5595	PREP HIP DISARTIC THERMOPLSTC/=MOLD	\$ -
L5600	PREP HIP DISARTIC LAMINATD SCKT MOLD	\$ -
L5610	ADD LW EXTRM ENDO AK HYDRACADENCE	\$ -
L5611	ADD LW EXT AK-DISARTIC W/FRICT CNTRL	\$ -
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	\$ -
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	\$ -
L5616	ADD LW EXT AK UNIVRSL MXPLX FRICT	\$ -
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	\$ -
L5618	ADD LOW EXTREM TEST SOCKT SYMES	\$ -
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	\$ -
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTIC	\$ -
L5624	ADD LOW EXTREM TEST SOCKT ABVE KNEE	\$ -
L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	\$ -
L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	\$ -
L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	\$ -
L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	\$ -
L5631	ADD LW EXT ABVE KNEE/DISARTIC ACRYLC	\$ -
L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	\$ -
L5634	ADD LW EXT SYMS POST OPENING SOCKT	\$ -
L5636	ADD LW EXT SYMS MED OPENING SOCKT	\$ -
L5637	ADD LOW EXTREM BELW KNEE TOTAL CNTC	\$ -
L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	\$ -
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L5640	ADD LW EXT KNEE DISARTC LEATHR SCKT	\$ -
L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	\$ -
L5643	ADD LW XTRM HIP DISRTC FLX EXT FRME	\$ -
L5644	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	\$ -
L5645	ADD LW EXTRM BK FLX INNR EXT FRME	\$ -
L5646	ADD LW EXT BELW KNEE AIR CUSHN SCKT	\$ -
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	\$ -
L5648	ADD LW EXT ABVE KNEE AIR CUSHN SCKT	\$ -
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	\$ -
L5650	ADD LW EXTRM TOT CONTACT AK/DISARTC	\$ -
L5651	ADD LW EXTRM AK FLX INNR EXT FRME	\$ -
L5652	ADD LW EXTRM SUCTN SUSP AK/DISARTC	\$ -
L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	\$ -
L5654	ADD LOW EXTREM SOCKT INSERT SYMES	\$ -
L5655	ADD LOW EXTRM SOCKT INSRT BELW KNEE	\$ -
L5656	ADD LW EXT SOCKT INSRT KNEE DISARTC	\$ -
L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	\$ -
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	\$ -
L5665	ADD LW EXT INSRT MXDROMTR BELW KNEE	\$ -
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	\$ -
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	\$ -
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	\$ -
L5671	ADD LW EXTRM BK/AK SUSP LOCK MECH	\$ -
L5672	ADD LW EXTRM BK REMV MED BRIM SUSP	\$ -
L5673	Socket insert w lock mech	\$ -
L5676	ADD LW EXT BK KNEE JNT 1 AXIS PAIR	\$ -
L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	\$ -
L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	\$ -
L5679	Socket insert w/o lock mech	\$ -
L5680	ADD LW EXTRM BK THI LACER NONMOLD	\$ -
L5681	Intl custm cong/latyp insert	\$ -
L5682	ADD LW EXT BK THIGH LACER MOLD	\$ -
L5683	Initial custom socket insert	\$ -
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	\$ -
L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	\$ -
L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	\$ -
L5688	ADD LW EXTRM BK WAIST BELT WEB	\$ -
L5690	ADD LW EXTRM BK WAIST BELT PAD	\$ -
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	\$ -
L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	\$ -
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	\$ -
L5696	ADD LW EXTRM AK/DISARTIC PELV JNT	\$ -
L5697	ADD LW EXTRM AK/DISARTIC PELV BAND	\$ -
L5698	ADD LW EXTRM AK/DISRTC SILESIA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	\$ -
L5700	REPLCMT SOCKT BELW KNEE MOLD PT MDL	\$ -
L5701	REPL SCKT AK/DISARTIC W/ATTCH PLAT	\$ -
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	\$ -
L5703	SYMES ANKLE W/O (SACH) FOOT	\$ -
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	\$ -
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	\$ -
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	\$ -
L5707	CUSTOM SHAPED COVER HIP DISARTIC	\$ -
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	\$ -
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	\$ -
L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	\$ -
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	\$ -
L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	\$ -
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	\$ -
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	\$ -
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	\$ -
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	\$ -
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	\$ -
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	\$ -
L5781	ADD LW LIMB PROS LIMB MGMT SYS	\$ -
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	\$ -
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	\$ -
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	\$ -
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	\$ -
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	\$ -
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	\$ -
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	\$ -
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	\$ -
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	\$ -
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	\$ -
L5822	ADD ENDO KNEE-SHN PNEUMATIC FRICT	\$ -
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	\$ -
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	\$ -
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	\$ -
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	\$ -
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	\$ -
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	\$ -
L5848	ADD ENDOSKEL KNEE-SHIN HYDRAULC EXT	\$ -
L5850	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	\$ -
L5855	ADD ENDO HIP DISARTIC MECH EXT ASST	\$ -
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	\$ -
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	\$ -
L5858	STANCE PHASE ONLY	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT	\$ -
L5910	ADD ENDOSKEL BELW KNEE ALIGNBL SYS	\$ -
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	\$ -
L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	\$ -
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	\$ -
L5940	ADD ENDOSKEL BELW KNEE ULTRA-LGHT	\$ -
L5950	ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	\$ -
L5960	ADD ENDOSKL HIP DISARTIC ULTRA-LGHT	\$ -
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	\$ -
L5962	ADD ENDO BK FLXIBL PROTVE OTR COVR	\$ -
L5964	ADD ENDO AK FLXBL PROTVE OTR COVR	\$ -
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	\$ -
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	\$ -
L5969	ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST	\$ -
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	\$ -
L5971	SACH FOOT- REPLACEMENT	\$ -
L5972	ALL LW EXTRM PROSTH FLXBL KEEL FOOT	\$ -
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR	\$ -
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	\$ -
L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	\$ -
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	\$ -
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	\$ -
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	\$ -
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	\$ -
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	\$ -
L5982	ALL EXOSKL LW XTRM PROS AXL ROT	\$ -
L5984	ALL ENDOSKL LW XTRM PRSTH AXL ROT	\$ -
L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	\$ -
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	\$ -
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	\$ -
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	\$ -
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	\$ -
L5999	LOWER EXTREMITY PROSTHESIS NOS	\$ -
L6000	PART HAND ROBIN-AIDS THUMB REMAIN	\$ -
L6010	PART HAND LITTLE&/RING FNGR REMAIN	\$ -
L6020	PART HAND ROBIN-AIDS NO FNGR REMAIN	\$ -
L6026	TRANSCARPL/MC/PART HAND DISART PROS	\$ -
L6050	WRST DSRTC MOLD SCKT FLXBL ELB HNG	\$ -
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	\$ -
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	\$ -
L6110	BELOW ELBOW MOLDED SOCKET	\$ -
L6120	BELW ELB STEP-UP HINGES HALF CUFF	\$ -
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	\$ -
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	\$ -
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	\$ -
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	\$ -
L6310	SHOULDER DISARTIC PASSIVE REST	\$ -
L6320	SHOULDER DISARTIC PASSIVE REST	\$ -
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	\$ -
L6360	INTERSCAPULAR THORACIC PASSIVE REST	\$ -
L6370	INTERSCAPULAR THORACIC PASSIVE REST	\$ -
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	\$ -
L6382	IMMED POSTSURG RIGD DRSG ELB DSRTC	\$ -
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	\$ -
L6386	IMMED POSTSURG EA ADD CAST CHANGE	\$ -
L6388	IMMED POSTSURG RIGID DRSG ONLY	\$ -
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	\$ -
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	\$ -
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	\$ -
L6550	SHLDR DISARTC MOLD SOCKET ENDOSKEL	\$ -
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	\$ -
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	\$ -
L6582	PREP WRST DISARTIC ELB SCKT DIR FORM	\$ -
L6584	PREP ELB DISARTIC PLASTIC SOCKT MOLD	\$ -
L6586	PREP ELB DISARTIC SOCKET DIR FORM	\$ -
L6588	PREP SHLDR DSRTC THOR PLSTC SOCKT	\$ -
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	\$ -
L6600	UP EXTREM ADD POLYCNTRC HINGE PAIR	\$ -
L6605	UPPER EXTREM ADD 1 PIVOT HINGE PAIR	\$ -
L6610	UP EXTRM ADD FLXIBL METL HINGE PAIR	\$ -
L6611	ADDITIONAL SWITCH- EXT POWER	\$ -
L6615	UP EXTREM ADD DISCNCT LOCK WRST U	\$ -
L6616	UP EXT ADD-DSCNCT INSRT LCK WRST EA	\$ -
L6620	UP EXTREM ADD FLX-FRICTION WRST U	\$ -
L6621	FLEX/EXT WRIST W/WO FRICTION	\$ -
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	\$ -
L6624	FLEX/EXT/ROTATION WRIST UNIT	\$ -
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	\$ -
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	\$ -
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	\$ -
L6630	UP EXTREM ADD STAINLESS STEEL WRST	\$ -
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	\$ -
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	\$ -
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	\$ -
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	\$ -
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	\$ -
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	\$ -
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	\$ -
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	\$ -
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	\$ -
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	\$ -
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	\$ -
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	\$ -
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	\$ -
L6665	UP EXTREM ADD TEFLON/= CABLE LINING	\$ -
L6670	UP EXTREM ADD HOOK HND CABLE ADAPTR	\$ -
L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	\$ -
L6675	UP EXT ADD HRNSS FIG 8 TYPE 1 CNTRL	\$ -
L6676	UP EXT ADD HRNSS FIG 8 DUAL CNTRL	\$ -
L6677	UE TRIPLE CONTROL HARNESS	\$ -
L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	\$ -
L6682	UP EXTRM ADD TST SOCKT ELB DISARTIC	\$ -
L6684	UP EXTRM ADD TST SCKT SHLDR DISARTC	\$ -
L6686	UPPER EXTREM ADDITION SUCTION SOCKT	\$ -
L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	\$ -
L6688	UP EXT ADD FRME TYPE SOCKT ABVE ELB	\$ -
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	\$ -
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	\$ -
L6691	UPPER EXTREM ADD REMV INSERT EA	\$ -
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA	\$ -
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	\$ -
L6694	ADD UP EXT PROS CSTM W/LOCK MECH	\$ -
L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	\$ -
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	\$ -
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	\$ -
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	\$ -
L6703	TERM DEV- PASSIVE HAND MITT	\$ -
L6704	TERM DEV- SPORT/REC/WORK ATT	\$ -
L6706	TERM DEV MECH HOOK VOL OPEN	\$ -
L6707	TERM DEV MECH HOOK VOL CLOSE	\$ -
L6708	TERM DEV MECH HAND VOL OPEN	\$ -
L6709	TERM DEV MECH HAND VOL CLOSE	\$ -
L6711	TERM DVC HOOK MECH VOL OPN PED	\$ -
L6712	TERM DVC HOOK MECH VOL CLOS PED	\$ -
L6713	TERM DVC HAND MECH VOL OPN PED	\$ -
L6714	TERM DEVC HAND MECH VOL CLOS PED	\$ -
L6715	TERM DEVC HOOK DORRANCE/= MDL #5XA	\$ -
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN	\$ -
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS	\$ -
L6805	TERM DEVICE MODIFIER WRST FLEX UNIT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L6810	TERM DEVC PINCHER TOOL OTTO BOCK/=	\$ -
L6880	TERMINAL DEVICE HAND BOCK VO	\$ -
L6881	AUTO GRASP ADD UP LIMB PROSTH DEVC	\$ -
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	\$ -
L6883	REPLC SOCKT BELOW E/W DISA	\$ -
L6884	REPLC SOCKT ABOVE ELBOW DISA	\$ -
L6885	REPLC SOCKT SHLDR DIS/INTERC	\$ -
L6890	TERM DEVC GLOV ABVE HNDS PROD GLOV	\$ -
L6895	TERM DEVC GLOV ABVE HNDS CSTM GLOV	\$ -
L6900	HND REST PART W/GLOV THUMB/1 FNGR	\$ -
L6905	HND REST PART HND W/GLOV MX FNGR	\$ -
L6910	HND REST PART HND W/GLOV NO FNGR	\$ -
L6915	HAND REST REPLCMT GLOVE ABOVE	\$ -
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	\$ -
L6925	WRST DSRTC OTTO BOCK/=MYOELC CNTRL	\$ -
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL	\$ -
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL	\$ -
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	\$ -
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	\$ -
L6950	ABVE ELB OTTO BOCK/=SWITCH CONTROL	\$ -
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL	\$ -
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	\$ -
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	\$ -
L6970	INTERSCAP-THOR OTTO BOCK/=SWITCH	\$ -
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC	\$ -
L7007	ADULT ELECTRIC HAND	\$ -
L7008	PEDIATRIC ELECTRIC HAND	\$ -
L7009	ADULT ELECTRIC HOOK	\$ -
L7040	PREHENSL ACTUATR HOSMR/=SWTCH CNTRL	\$ -
L7045	ELEC HOOK CHLD MICHIGN/=SWTCH CNTRL	\$ -
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	\$ -
L7180	ELEC ELB BOSTON UT/= MYOELEC CNTRL	\$ -
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	\$ -
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH	\$ -
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	\$ -
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	\$ -
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	\$ -
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	\$ -
L7360	SIX VOLT BATTERY OTTO BOCK/EQUAL EA	\$ -
L7362	BATTRY CHARGER 6 VOLT OTTO BOCK/=	\$ -
L7364	TWELVE VOLT BATTERY UTAH/EQUAL EACH	\$ -
L7366	BATTRY CHARGER TWELVE VOLT UTAH/=	\$ -
L7367	LITHIUM ION BATTERY REPLACEMENT	\$ -
L7368	LITHIUM ION BATTERY CHARGER	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L7400	ADD UE PROST BE/WD- ULTLITE	\$ -
L7401	ADD UE PROST A/E ULTLITE MAT	\$ -
L7402	ADD UE PROST S/D ULTLITE MAT	\$ -
L7403	ADD UE PROST B/E ACRYLIC	\$ -
L7404	ADD UE PROST A/E ACRYLIC	\$ -
L7405	ADD UE PROST S/D ACRYLIC	\$ -
L7499	UPPER EXTREMITY PROSTHESIS NOS	\$ -
L7510	Prosthetic device repair rep	\$ -
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	\$ -
L7600	PROSTHETIC DONNING SLEEVE	\$ -
L7700	Pros soc insert gasket/seal	\$ -
L7900	VACUUM ERECTION SYSTEM	\$ -
L7902	TENSION RING VAC ERECT DEVC REPL EA	\$ -
L8000	BREAST PROSTHESIS MASTECTOMY BRA	\$ -
L8001	BREAST PROSTHES MASTECTOMY BRA UNI	\$ -
L8002	BREAST PROSTHES MASTECTOMY BRA BIL	\$ -
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	\$ -
L8015	EXT BREAST PROS GARMNT POST-MASTECT	\$ -
L8020	BREAST PROSTHESIS MASTECTOMY FORM	\$ -
L8030	BREAST PROSTHESIS SILICONE OR EQUAL	\$ -
L8031	BREAST PROS SILCON/= W/NTGRL ADHES	\$ -
L8032	NIPPLE PROSTH REUSABLE ANY TYPE EA	\$ -
L8033	Nipple prosthesis custom- ea	\$ -
L8035	CSTM BRST PROSTH POST MASTECT MOLD	\$ -
L8039	BREAST PROSTHESIS NOS	\$ -
L8040	NASL PROSTH PROVIDED NON-PHYSICIAN	\$ -
L8041	MIDFCE PROSTH PROV NON-PHYSICIAN	\$ -
L8042	ORB PROSTH PROVIDED NON-PHYSICIAN	\$ -
L8043	UPPER FCE PROSTH PROV NON-PHYSICIAN	\$ -
L8044	HEMI-FCE PROSTH PROV NON-PHYSICIAN	\$ -
L8045	AURICULAR PROSTH PROV NON-PHYSICIAN	\$ -
L8046	PART FCE PROSTH PROV NON-PHYSICIAN	\$ -
L8047	NASL SEPTAL PROSTH PROV NON-PHYS	\$ -
L8048	UNS MAXLOFCE PROSTH RPT PROV NON-MD	\$ -
L8049	REP MAXLOFCE PROS EA 15 MIN NON-MD	\$ -
L8300	TRUSS SINGLE WITH STANDARD PAD	\$ -
L8310	TRUSS DOUBLE WITH STANDARD PADS	\$ -
L8320	TRUSS ADDITION STANDARD PAD H2O PAD	\$ -
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	\$ -
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	\$ -
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	\$ -
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	\$ -
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	\$ -
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	\$ -
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	\$ -
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	\$ -
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	\$ -
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	\$ -
L8470	PROSTH SOCK 1 PLY FIT BELW KNEE EA	\$ -
L8480	PROSTH SOCK 1 PLY FIT ABVE KNEE EA	\$ -
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	\$ -
L8499	UNLIST PROC MISC PROSTHETIC SRVC	\$ -
L8500	ARTIFICIAL LARYNX ANY TYPE	\$ -
L8501	TRACHEOSTOMY SPEAKING VALVE	\$ -
L8505	ARTFICL LARYNX REPLCMT BATTERY/ACSS	\$ -
L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT	\$ -
L8509	TRACHEO-ESOPH VOICE PROS INSRT PROV	\$ -
L8510	VOICE AMPLIFIER	\$ -
L8511	Indwelling trach insert	\$ -
L8512	Gel cap for trach voice pros	\$ -
L8513	Trach pros cleaning device	\$ -
L8514	Repl trach puncture dilator	\$ -
L8515	GELATN CAP APPLC DEV TE VOICE PRSTH	\$ -
L8600	IMPL BREAST PROSTH SILICONE/EQUAL	\$ -
L8603	INJ COLL IMPL URIN TRACT 2.5 ML SYR	\$ -
L8604	INJ BULKING AGT URINARY TRACT 1 ML	\$ -
L8605	INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	\$ -
L8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR	\$ -
L8607	INJ BLK AGT VC MEDIALIZATION 0.1 ML	\$ -
L8608	Arg ii ext com/sup/acc misc	\$ -
L8609	ARTIFICIAL CORNEA	\$ -
L8610	OCULAR IMPLANT	\$ -
L8612	AQUEOUS SHUNT	\$ -
L8613	OSSICULA IMPLANT	\$ -
L8614	COCHLEAR IMPLANT SYSTEM	\$ -
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	\$ -
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	\$ -
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	\$ -
L8618	TRANSMITER CABLE COCHLEAR IMPL REPL	\$ -
L8619	COCHLEAR IMPL EXT SPCH PROC REPLCMT	\$ -
L8621	ZINC AIR BATT COCHLR IMPL REPL EA	\$ -
L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	\$ -
L8623	LITH ION BATT CID-NON-EARLVL	\$ -
L8624	LITH ION BATT CID- EAR LEVEL	\$ -
L8625	Charger coch impl/aoi battery	\$ -
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	\$ -
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	\$ -
L8630	METACARPOPHALANGEAL JOINT IMPLANT	\$ -
L8631	MCP joint repl 2 pc or more	\$ -
L8641	METATARSAL JOINT IMPLANT	\$ -
L8642	HALLUX IMPLANT	\$ -
L8658	INTERPHALANGEAL JOINT IMPLANT	\$ -
L8659	Interphalangeal joint repl	\$ -
L8670	VASC GRAFT MATERIAL SYNTH IMPLANT	\$ -
L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	\$ -
L8680	IMPLT NEUROSTIM ELCTR EACH	\$ -
L8681	PT PRGRM FOR IMPLT NEUROSTIM	\$ -
L8682	IMPLT NEUROSTIM RADIOFQ REC	\$ -
L8683	RADIOFQ TRSMTR FOR IMPLT NEU	\$ -
L8684	RADIOF TRSMTR IMPLT SCRL NEU	\$ -
L8685	IMPLT NROSTM PLS GEN SNG REC	\$ -
L8686	IMPLT NROSTM PLS GEN SNG NON	\$ -
L8687	IMPLT NROSTM PLS GEN DUA REC	\$ -
L8688	IMPLT NROSTM PLS GEN DUA NON	\$ -
L8689	EXTERNAL RECHARG SYS INTERN	\$ -
L8690	AUD OSSEO DEV- INT/EXT COMP	\$ -
L8691	AUD OSSEO DEV EXT SND PROCES	\$ -
L8692	AUDITORY OSSEOINTEGRAT DEV BDY WORN	\$ -
L8693	AUD OSSEOINTEGRATED DEVC ABUT REPL	\$ -
L8694	Aoi transducer/actuator repl	\$ -
L8695	EXTERNAL RECHARG SYS EXTERN	\$ -
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	\$ -
L8698	Misc used with tot art heart	\$ -
L8699	PROSTHETIC IMPLANT NOS	\$ -
L8701	Pow ue rom dev ewh uprt cust	\$ -
L8702	Pow ue rom dev ewhf uprt cus	\$ -
L9900	ORTHOT&PROSTH SPL INIT 30 MIN EA	\$ -
M0075	CELLULAR THERAPY	\$ -
M0076	PROLOTHERAPY	\$ -
M0100	INTRAGASTR HYPOTHM USE GASTR FREEZ	\$ -
M0201	Covid-19 vaccine home admin	\$ -
M0240	Casiri and imdev repeat	\$ -
M0241	Casiri and imdev repeat hm	\$ -
M0243	Casirivi and imdevi infusion	\$ -
M0244	Casirivi and imdevi inj hm	\$ -
M0245	Bamlan and etesev infusion	\$ -
M0246	Bamlan and etesev infus home	\$ -
M0247	Sotrovimab infusion	\$ -
M0248	Sotrovimab inf- home admin	\$ -
M0249	Adm tocilizu covid-19 1st	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
M0250	Adm tocilizu covid-19 2nd	\$ -
M0300	IV CHELATION THERAPY	\$ -
M0301	FABRIC WRAPPING ABDOMINAL ANEURYSM	\$ -
M1003	Tb scr 12 mo pri fst bio dz	\$ -
M1004	Doc med rsn no srn tb	\$ -
M1005	Tb scr no perf	\$ -
M1006	Dz not ases- no rsn	\$ -
M1007	>=50% total pt outpt ra enct	\$ -
M1008	<50% total pt outpt ra encts	\$ -
M1009	Pt tx and final eval comp	\$ -
M1010	Pt tx and final eval comp	\$ -
M1011	Pt tx and final eval comp	\$ -
M1012	Pt tx and final eval comp	\$ -
M1013	Pt tx and final eval comp	\$ -
M1014	Pt tx and final eval comp	\$ -
M1016	Pt dx meop or sur steri	\$ -
M1017	Pt admt to palitve serv	\$ -
M1018	Pt dx hst cr pt sk lg cr scr	\$ -
M1019	Adl pt mj dep ds rs 12 phq<5	\$ -
M1020	Adl pt mj dep ds no rs 12 mo	\$ -
M1021	Pt uc in pp	\$ -
M1027	Img head (ct or mri) obtnd	\$ -
M1028	Doc of pt prm hda dx and otr	\$ -
M1029	Doc sysm rsn img hd	\$ -
M1032	Adt tkng pharmthry for oud	\$ -
M1034	Adt 180 dys pharmthry oud	\$ -
M1035	Adt pd out mat pr 180 dys tx	\$ -
M1036	Adt no 180 dys pharmthry oud	\$ -
M1037	Pt dx lum sp reg cacr	\$ -
M1038	Pt dx lum sp reg fract	\$ -
M1039	Pt dx lum sp reg inf	\$ -
M1040	Pt dx lum idi or cong scol	\$ -
M1041	Pt cr ft inf lm or pt id sl	\$ -
M1043	Ftl st mea sco no ot odi	\$ -
M1045	Fsm wth scr oks pre and post	\$ -
M1046	Fsm wth scr no oks pre and p	\$ -
M1049	Fsm wth scr no odi pre and p	\$ -
M1051	Pt w/cancer scoliosis	\$ -
M1052	Lg pn nt msr vas scl pre/pst	\$ -
M1054	Pt uc in pp	\$ -
M1055	Aspirin used	\$ -
M1056	Presc antico med in pp	\$ -
M1057	Aspirin not used- no rsn	\$ -
M1058	Pt prm nurs hm res in pp	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
M1059	Pt no prm nurs hm res in pp	\$ -
M1060	Pt died in pp	\$ -
M1067	Hspc pt prv time meam per	\$ -
M1068	Pt not ambulatory	\$ -
M1069	Pt scr ft fall rsk	\$ -
M1070	Pt not scrn fut fall no rsn	\$ -
M1071	Pt had add'l sp pcr perf	\$ -
M1072	Rom rad therapy anal- pc	\$ -
M1073	Rom rad therapy anal- tc	\$ -
M1074	Rom rad therapy bladder- pc	\$ -
M1075	Rom rad therapy bladder- tc	\$ -
M1076	Rom rad ther bone mets- pc	\$ -
M1077	Rom rad ther bone mets- tc	\$ -
M1078	Rom rad ther brain mets- pc	\$ -
M1079	Rom rad ther brain mets- tc	\$ -
M1080	Rom rad therapy breast- pc	\$ -
M1081	Rom rad therapy breast- tc	\$ -
M1082	Rom rad therapy cervical- pc	\$ -
M1083	Rom rad therapy cervical- tc	\$ -
M1084	Rom rad therapy cns- pc	\$ -
M1085	Rom rad therapy cns- tc	\$ -
M1086	Rom rad ther colorectal- pc	\$ -
M1087	Rom rad ther colorectal- tc	\$ -
M1088	Rom rad ther head/neck- pc	\$ -
M1089	Rom rad ther head/neck- tc	\$ -
M1094	Rom rad therapy lung- pc	\$ -
M1095	Rom rad therapy lung- tc	\$ -
M1096	Rom rad therapy lymphoma- pc	\$ -
M1097	Rom rad therapy lymphoma- tc	\$ -
M1098	Rom rad therapy pancreas- pc	\$ -
M1099	Rom rad therapy pancreas- pc	\$ -
M1100	Rom rad therapy prostate- pc	\$ -
M1101	Rom rad therapy prostate- tc	\$ -
M1102	Rom rad therapy gi- pc	\$ -
M1103	Rom rad therapy gi- tc	\$ -
M1104	Rom rad therapy uterus- pc	\$ -
M1105	Rom rad therapy uterus- tc	\$ -
M1106	Start eoc doc med rec	\$ -
M1107	Docu dx degen neuro	\$ -
M1108	Oc ni pt 1-2 vis	\$ -
M1109	Oc ni pt dc 1-2 vis	\$ -
M1110	Oc ni pt selfdc 1-2 vis	\$ -
M1111	Start eoc doc med rec	\$ -
M1112	Docu dx degen neuro	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
M1113	Oc ni pt 1-2 vis	\$ -
M1114	Oc ni pt dc 1-2 vis	\$ -
M1115	Oc ni pt selfdc 1-2 vis	\$ -
M1116	Start eoc doc med rec	\$ -
M1117	Docu dx degen neuro	\$ -
M1118	Oc ni pt 1-2 vis	\$ -
M1119	Oc ni pt dc 1-2 vis	\$ -
M1120	Oc ni pt selfdc 1-2 vis	\$ -
M1121	Start eoc doc med rec	\$ -
M1122	Docu dx degen neuro	\$ -
M1123	Oc ni pt 1-2 vis	\$ -
M1124	Oc ni pt dc 1-2 vis	\$ -
M1125	Oc ni pt selfdc 1-2 vis	\$ -
M1126	Start eoc doc med rec	\$ -
M1127	Docu dx degen neuro	\$ -
M1128	Oc ni pt 1-2 vis	\$ -
M1129	Oc ni pt dc 1-2 vis	\$ -
M1130	Oc ni pt self dc 1-2 vis	\$ -
M1131	Docu dx degen neuro	\$ -
M1132	Oc ni pt 1-2 vis	\$ -
M1133	Oc ni pt dc 1-2 vis	\$ -
M1134	Oc ni pt self dc 1-2 vis	\$ -
M1135	Start eoc doc med rec	\$ -
M1141	Fs no oks	\$ -
M1142	Emerge cases	\$ -
M1143	Ni rehab med chiro	\$ -
M1145	Mfn drug add-on- per dose	\$ -
M1146	Ongoing care not ind	\$ -
M1147	Care not poss med rsn	\$ -
M1148	Pt self dschg	\$ -
M1149	No neck fs prom incap	\$ -
P2028	CEPHALIN FLOCCULATION BLOOD	\$ -
P2029	CONGO RED BLOOD	\$ -
P2031	HAIR ANALYSIS	\$ -
P2033	THYMOL TURBIDITY BLOOD	\$ -
P2038	MUCOPROTEIN BLOOD	\$ -
P3000	SCR PAP SMER UP TO 3 TECH W/MD SUPV	\$ -
P3001	SCR PAP SMER UP TO 3 RQR INTEPR MD	\$ -
P7001	CULT BACTERL URINE; QUAN SENS STUDY	\$ -
P9010	BLOOD FOR TRANSFUSION PER UNIT	\$ -
P9011	BLOOD SPECIFY AMOUNT	\$ -
P9012	CRYOPRECIPITATE EACH UNIT	\$ -
P9016	RBCS LEUKOCYTES REDUCED EACH UNIT	\$ -
P9017	FRESH FROZEN PLASMA EACH UNIT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
P9019	PLATELETS EACH UNIT	\$ -
P9020	PLATELET RICH PLASMA EACH UNIT	\$ -
P9021	RED BLOOD CELLS EACH UNIT	\$ -
P9022	RED BLOOD CELLS WASHED EACH UNIT	\$ -
P9023	PLASMA POOL MX DONOR FROZEN EA UNIT	\$ -
P9025	Plasma cryo redu path each	\$ -
P9026	Cryo fib comp path redu each	\$ -
P9031	PLATLTS LEUKOCYTES REDUCED EA UNIT	\$ -
P9032	PLATELETS IRRADIATED EACH UNIT	\$ -
P9033	PLATLTS LEUKOCYTES RDUC IRRADATD EA	\$ -
P9034	PLATELETS PHERESIS EACH UNIT	\$ -
P9035	PLATLTS PHERES LEUKOCYTES RDUC EA U	\$ -
P9036	PLATELETS PHERESIS IRRADATD EA UNIT	\$ -
P9037	PLATLT PHERES LEUKOCYT RDUC IRRADTD	\$ -
P9038	RBCS IRRADIATED EACH UNIT	\$ -
P9039	RBCS DEGLYCEROLIZED EACH UNIT	\$ -
P9040	RBCS LEUKOCYTES RDUC IRRADATD EA U	\$ -
P9041	INFUSION ALBUMIN 5% 50 ML	\$ -
P9043	INFUS PLASMA PROT FRACTION 5% 50 ML	\$ -
P9044	PLASMA CRYOPRECIPITATE RDUC EA UNIT	\$ -
P9045	INFUSION ALBUMIN 5% 250 ML	\$ -
P9046	INFUSION ALBUMIN 25% 20 ML	\$ -
P9047	INFUSION ALBUMIN 25% 50 ML	\$ -
P9048	INFUS PLASMA PROT FRACTION 5% 250ML	\$ -
P9050	GRANULOCYTES PHERESIS EACH UNIT	\$ -
P9051	Blood- l/r- cmv-neg	\$ -
P9052	Platelets- hla-m- l/r- unit	\$ -
P9053	Plt- pher- l/r cmv-neg- irr	\$ -
P9054	Blood- l/r- froz/degly/wash	\$ -
P9055	Plt- aph/pher- l/r- cmv-neg	\$ -
P9056	Blood- l/r- irradiated	\$ -
P9057	RBC- frz/deg/wsh- l/r- irradi	\$ -
P9058	RBC- l/r- cmv-neg- irradi	\$ -
P9059	Plasma- frz between 8-24hour	\$ -
P9060	Fr frz plasma donor retested	\$ -
P9070	PL POOLD MX DNR PATH RDUC FRZN EA U	\$ -
P9071	PLASMA PATHOGEN REDUCED FROZEN EA U	\$ -
P9073	Platelets- pathogen reduced	\$ -
P9099	Blood component/product noc	\$ -
P9100	Pathogen test for platelets	\$ -
P9603	TRAVL 1 WAY NEC LAB SPEC;ACTL MILE	\$ -
P9604	TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG	\$ -
P9612	CATH CLCT SPEC 1 PT ALL PLACES SRVC	\$ -
P9615	CATHETERIZATION COLLECTION SPECIMEN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
PHYEX	SNHD General Physical	\$ 91.00
Q0035	CARDIOKHYMOGRAPHY	\$ -
Q0081	INFUS TX OTH THAN CHEMO RX VISIT	\$ -
Q0083	CHEMO ADMIN NOT INFUS TECH ONLY VST	\$ -
Q0084	CHEMO ADMIN INFUS TECH ONLY VISIT	\$ -
Q0085	CHEMO ADMIN INFUS&OTH TECH VISIT	\$ -
Q0091	Pap Smear	\$ 74.00
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$ -
Q0111	WET MOUNTS W/PREP VAG CERV/SKN SPEC	\$ -
Q0112	ALL K+ HYDROXIDE PREPARATIONS	\$ -
Q0113	PINWORM EXAMINATION	\$ -
Q0114	FERN TEST	\$ -
Q0115	POST-COITAL DIRECT QUALATATIVE EX	\$ -
Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	\$ -
Q0139	INJ FERUMOXYTOL TX IDA 1 MG ESRD	\$ -
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0144	Azithromycin 600mg	\$ 15.99
Q0144	Azithromycin Powder 1gm	\$ 15.99
Q0144	Azithromycin 500mg	\$ 13.33
Q0161	Factor IX recombinant	\$ -
Q0162	ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	\$ -
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORAL	\$ -
Q0166	GRANISETRON HCL 1 MG ORAL	\$ -
Q0167	DRONABINOL 2.5 MG ORAL	\$ -
Q0169	PROMETHAZINE HCL 12.5 MG ORAL	\$ -
Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORAL	\$ -
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORL	\$ -
Q0175	PERPHENZAININE 4 MG ORAL	\$ -
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL	\$ -
Q0180	DOLASETRON MESYLATE 100 MG ORAL	\$ -
Q0181	UNS ORAL DOSAGE FORM	\$ -
Q0240	Casirivi and imdevi 600 mg	\$ -
Q0243	Casirivimab and imdevimab	\$ -
Q0244	Casirivi and imdevi 1200 mg	\$ -
Q0245	Bamlanivimab and etesevima	\$ -
Q0247	Sotrovimab	\$ -
Q0249	Tocilizumab for covid-19	\$ -
Q0477	Pwr module pt cable lvad rpl	\$ -
Q0478	PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP	\$ -
Q0479	POWER MODULE ELEC/PNEUMAT VAD REPL	\$ -
Q0480	DRIVER PNEUMATIC VAD- REP	\$ -
Q0481	MICROPRCSR CU ELEC VAD- REP	\$ -
Q0482	MICROPRCSR CU COMBO VAD- REP	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q0483	MONITOR ELEC VAD- REP	\$ -
Q0484	MONITOR ELEC OR COMB VAD REP	\$ -
Q0485	MONITOR CABLE ELEC VAD- REP	\$ -
Q0486	MON CABLE ELEC/PNEUM VAD REP	\$ -
Q0487	LEADS ANY TYPE VAD- REP ONLY	\$ -
Q0488	PWR PACK BASE ELEC VAD- REP	\$ -
Q0489	PWR PCK BASE COMBO VAD- REP	\$ -
Q0490	EMR PWR SOURCE ELEC VAD- REP	\$ -
Q0491	EMR PWR SOURCE COMBO VAD REP	\$ -
Q0492	EMR PWR CBL ELEC VAD- REP	\$ -
Q0493	EMR PWR CBL COMBO VAD- REP	\$ -
Q0494	EMR HD PMP ELEC/COMBO- REP	\$ -
Q0495	CHARGER ELEC/COMBO VAD- REP	\$ -
Q0496	BATTERY ELEC/COMBO VAD- REP	\$ -
Q0497	BAT CLPS ELEC/COMB VAD- REP	\$ -
Q0498	HOLSTER ELEC/COMBO VAD- REP	\$ -
Q0499	BELT/VEST ELEC/COMBO VAD REP	\$ -
Q0500	FILTERS ELEC/COMBO VAD- REP	\$ -
Q0501	SHWR COV ELEC/COMBO VAD- REP	\$ -
Q0502	MOBILITY CART PNEUM VAD- REP	\$ -
Q0503	BATTERY PNEUM VAD REPLACEMNT	\$ -
Q0504	PWR ADPT PNEUM VAD- REP VEH	\$ -
Q0506	BATT LITHIUM-ION ELEC VAD REPL	\$ -
Q0507	MISC SUPPLY/ACCESSORY USE W/EXT VAD	\$ -
Q0508	MISC SUPL/ACCSSRY USE W/IMPLANT VAD	\$ -
Q0509	MISC SPL IMPL VAD NO PAY MCR PRT A	\$ -
Q0510	DISPENS FEE IMMUNOSUPPRESSIVE	\$ -
Q0511	SUP FEE ANTIEM-ANTICA-IMMUNO	\$ -
Q0512	PX SUP FEE ANTI-CAN SUB PRES	\$ -
Q0513	DISP FEE INHAL DRUGS/30 DAYS	\$ -
Q0514	DISP FEE INHAL DRUGS/90 DAYS	\$ -
Q0515	SERMORELIN ACETATE INJECTION	\$ -
Q1004	NEW TECH IO LENS CATGY 4 FED REG	\$ -
Q1005	NEW TECH IO LENS CATGY 5 FED REG	\$ -
Q2004	IRRIG SOL EX RENACIDIN PER 500 ML	\$ -
Q2009	INJECTION FOSPHENYTOIN 50 MG	\$ -
Q2017	INJECTION TENIPOSIDE 50 MG	\$ -
Q2026	INJECTION RADIESSE 0.1ML	\$ -
Q2028	INJECTION SCULPTRA 0.5 MG	\$ -
Q2034	FLU VIRUS VAC SPLIT VRS IM AGRIFLU	\$ -
Q2035	FLU VACC SPLIT 3 YRS & > IM AFLURIA	\$ -
Q2036	FLU VACC SPLIT 3 YR & > IM FLULAVAL	\$ -
Q2037	FLU VACC SPLIT 3 YR & > IM FLUVIRIN	\$ -
Q2038	FLU VACC SPLIT 3 YRS & > IM FLUZONE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q2039	FLU VACC SPLIT VIRUS 3 YRS > IM NOS	\$ -
Q2041	Axicabtagene ciloleucel car+	\$ -
Q2042	Tisagenlecleucel car-pos t	\$ -
Q2043	SIPULEUCEL-T AUTO CD54+	\$ -
Q2049	INJ DOX HCI LIP IMPRT LIPODOX 10 MG	\$ -
Q2050	INJ DOXORUBICIN HCL LIPO NOS 10 MG	\$ -
Q2052	SERVICE SUPP HOME MEDICARE IVIG DEM	\$ -
Q2053	Brexucabtagene car pos t	\$ -
Q2054	Lisocabtagene mara car pos t	\$ -
Q2055	Idecabtagene vicleucel car	\$ -
Q3001	ADJUNCTIVE PROCEDURE	\$ -
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q3027	INJ INTERFERON BETA-1A 1 MCG IM USE	\$ -
Q3028	INJ INTERFERON BETA-1A 1 MCG SUBQ	\$ -
Q3031	Collagen skin test	\$ -
Q4001	CAST BDY CAST ADLT W/WO HEAD PLAST	\$ -
Q4002	CAST BDY CAST ADLT W/WO HEAD F-GLSS	\$ -
Q4003	CAST SPL SHLDR CAST ADULT PLASTR	\$ -
Q4004	CAST SPL SHLDR CAST ADULT FIBRGLS	\$ -
Q4005	CAST SPL LONG ARM CAST ADULT PLASTR	\$ -
Q4006	CAST SPL LONG ARM CAST ADLT FIBRGLS	\$ -
Q4007	CAST SPL LNG ARM CAST PED PLASTR	\$ -
Q4008	CAST SPL LNG ARM CAST PED FIBRGLS	\$ -
Q4009	CAST SPL SHORT ARM CAST ADLT PLASTR	\$ -
Q4010	CAST SPL SHRT ARM CAST ADLT FIBRGLS	\$ -
Q4011	CAST SPL SHORT ARM CAST PED PLASTR	\$ -
Q4012	CAST SPL SHORT ARM CAST PED FIBRGLS	\$ -
Q4013	CAST SPL GAUNTLT CAST ADULT PLASTR	\$ -
Q4014	CAST SPL GAUNTLET CAST ADLT F-GLASS	\$ -
Q4015	CAST SPL GAUNTLT CAST PED PLASTR	\$ -
Q4016	CAST SPL GAUNTLET CAST PED F-GLASS	\$ -
Q4017	CAST SPL LNG ARM SPLINT ADLT PLASTR	\$ -
Q4018	CAST SPL LNG ARM SPLNT ADLT FIBRGLS	\$ -
Q4019	CAST SPL LNG ARM SPLINT PED PLASTR	\$ -
Q4020	CAST SPL LNG ARM SPLINT PED FIBRGLS	\$ -
Q4021	CAST SPL SHRT ARM SPLINT ADLT PLAST	\$ -
Q4022	CAST SPL SHRT ARM SPLNT ADLT F-GLSS	\$ -
Q4023	CAST SPL SHORT ARM SPLINT PED PLAST	\$ -
Q4024	CAST SPL SHRT ARM SPLNT PED FIBRGLS	\$ -
Q4025	CAST SPL HIP SPICA ADULT PLASTR	\$ -
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$ 2,100.00
Q4027	CAST SPL HIP SPICA PEDIATRIC PLASTR	\$ -
Q4028	CAST SPL HIP SPICA PED FIBRGLS	\$ -
Q4029	CAST SPL LONG LEG CAST ADULT PLASTR	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q4030	CAST SPL LONG LEG CAST ADLT FIBRGLS	\$ -
Q4031	CAST SPL LNG LEG CAST PED PLASTR	\$ -
Q4032	CAST SPL LNG LEG CAST PED FIBRGLS	\$ -
Q4033	CAST LNG LEG CYCLE CAST ADLT PLAST	\$ -
Q4034	CAST LNG LEG CYCLE CAST ADLT F-GLSS	\$ -
Q4035	CAST LNG LEG CYCLE CAST PED PLAST	\$ -
Q4036	CAST LNG LEG CYCLE CAST PED F-GLSS	\$ -
Q4037	CAST SPL SHORT LEG CAST ADLT PLASTR	\$ -
Q4038	CAST SPL SHRT LEG CAST ADLT FIBRGLS	\$ -
Q4039	CAST SPL SHORT LEG CAST PED PLASTR	\$ -
Q4040	CAST SPL SHORT LEG CAST PED FIBRGLS	\$ -
Q4041	CAST SPL LNG LEG SPLINT ADLT PLASTR	\$ -
Q4042	CAST SPL LNG LEG SPLINT ADLT FIBRGLS	\$ -
Q4043	CAST SPL LNG LEG SPLINT PED PLASTR	\$ -
Q4044	CAST SPL LNG LEG SPLINT PED FIBRGLS	\$ -
Q4045	CAST SPL SHRT LEG SPLINT ADLT PLAST	\$ -
Q4046	CAST SPL SHRT LEG SPLINT ADLT F-GLSS	\$ -
Q4047	CAST SPL SHORT LEG SPLINT PED PLAST	\$ -
Q4048	CAST SPL SHRT LEG SPLINT PED FIBRGLS	\$ -
Q4049	FINGER SPLINT STATIC	\$ -
Q4050	CAST SPL UNLIST TYPES&MATL CASTS	\$ -
Q4051	SPLINT SUPPLIES MISCELLANEOUS	\$ -
Q4074	ILOPROST INHAL UNIT DOSE TO 20 MCG	\$ -
Q4081	EPOETIN ALFA- 100 UNITS ESRD	\$ -
Q4082	DRUG/BIO NOC PART B DRUG CAP	\$ -
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECI	\$ -
Q4101	SKIN SUBSTITUTE APLIGRAF PER SQ CM	\$ -
Q4102	SKIN SUBST OASIS WND MATRIX-SQ CM	\$ -
Q4103	SKIN SUBST OASIS BURN MATRIX-SQ CM	\$ -
Q4104	SKIN SUBST INTEGRA BMWD PER SQ CM	\$ -
Q4105	SKIN SUBST INTEGRA DRT PER SQ CM	\$ -
Q4106	SKIN SUBST DERMAGRAFT PER SQ CM	\$ -
Q4107	SKIN SUBST GRAFTJACKET PER SQ CM	\$ -
Q4108	SKIN SUBST INTEGRA MATRIX PER SQ CM	\$ -
Q4110	SKIN SUBSTITUTE PRIMATRIX PER SQ CM	\$ -
Q4111	SKIN SUBST GAMMAGRAFT PER SQ CM	\$ -
Q4112	ALLOGRAFT CYMETRA INJECTABLE 1 CC	\$ -
Q4113	ALLOGRFT GRAFTJACKET EXPRSS INJ 1CC	\$ -
Q4114	INTEGRA FLOWABL WND MATRIX INJ 1 CC	\$ -
Q4115	ALLOSKIN PER SQ CM	\$ -
Q4116	ALLODERM PER SQ CM	\$ -
Q4117	HYALOMATRIX PER SQ CM	\$ -
Q4118	MATRISTEM MICROMATRIX 1 MG	\$ -
Q4121	THERASKIN PER SQ CM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q4122	DERMACELL PER SQ CM	\$ -
Q4123	ALLOSKIN RT PER SQ CM	\$ -
Q4124	OASIS ULTRA TRI-LAY WND MATRX SQ CM	\$ -
Q4125	ARTHROFLEX PER SQ CM	\$ -
Q4126	MEMODERM TRANZGRAFT/INTEGUPLY SQ CM	\$ -
Q4127	TALYMED PER SQ CM	\$ -
Q4128	FLEX HD OR ALLOPATCH HD PER SQ CM	\$ -
Q4130	STRATTICE PER SQ CM	\$ -
Q4132	GRAFIX CORE PER SQUARE CENTIMETER	\$ -
Q4133	GRAFIX PRIME PER SQUARE CENTIMETER	\$ -
Q4134	HMATRIX PER SQUARE CENTIMETER	\$ -
Q4135	MEDISKIN PER SQUARE CENTIMETER	\$ -
Q4136	E-Z DERM PER SQUARE CENTIMETER	\$ -
Q4137	AMNIOEXCEL OR BIODEXCEL PER SQ CM	\$ -
Q4138	BIODFENCE DRYFLEX PER SQ CM	\$ -
Q4139	AMNIOMATRIX OR BIODMATRIX INJ 1 CC	\$ -
Q4140	BIODFENCE PER SQ CM	\$ -
Q4141	ALLOSKIN AC PER SQ CM	\$ -
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ C	\$ -
Q4143	REPRIZA PER SQ CM	\$ -
Q4145	EPIFIX INJECTABLE 1 MG	\$ -
Q4146	TENSIX PER SQ CM	\$ -
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER	\$ -
Q4148	NEOX 1K PER SQ CM	\$ -
Q4149	EXCELLAGEN 0.1 CC	\$ -
Q4150	ALLOWRAP DS/DRY PER SQ CENTIMETER	\$ -
Q4151	AMNIOBAND/GUARDIAN PER SQ CENTIMETR	\$ -
Q4152	DERMAPURE PER SQUARE CENTIMETER	\$ -
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	\$ -
Q4154	BIOVANCE PER SQUARE CENTIMETER	\$ -
Q4155	NEOXFLO OR CLARIFLO 1 MG	\$ -
Q4156	NEOX 100 PER SQUARE CENTIMETER	\$ -
Q4157	REVITALON PER SQUARE CENTIMETER	\$ -
Q4158	MARIGEN PER SQUARE CENTIMETER	\$ -
Q4159	AFFINITY PER SQUARE CENTIMETER	\$ -
Q4160	NUSHIELD PER SQUARE CENTIMETER	\$ -
Q4161	BIO-CONNKT WOUND MATRIX PER SQ CM	\$ -
Q4162	AMNIOPRO FLOW AMNIOGEN-C 0.5 CC	\$ -
Q4163	AMNIOPRO AMNIOGEN-200 PER SQ CM	\$ -
Q4164	HELICOLL PER SQUARE CENTIMETER	\$ -
Q4165	KERAMATRIX PER SQUARE CENTIMETER	\$ -
Q4166	CYTAL PER SQ CM	\$ -
Q4167	TRUSKIN PER SQ CM	\$ -
Q4168	AMNIOBAND 1 MG	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q4169	ARTACENT WOUND PER SQ CM	\$ -
Q4170	CYGNUS PER SQ CM	\$ -
Q4171	INTERFYL 1 MG	\$ -
Q4173	PALINGEN/PALINGEN XPLUS PER SQ CM	\$ -
Q4174	PALINGEN/PROMATRX 0.36 MG P 0.25 CC	\$ -
Q4175	MIRODERM PER SQ CM	\$ -
Q4176	Neopatch- per sq centimeter	\$ -
Q4177	Floweramnioflo- 0.1 cc	\$ -
Q4178	Floweramniopatch- per sq cm	\$ -
Q4179	Flowerderm- per sq cm	\$ -
Q4180	Revita- per sq cm	\$ -
Q4181	Amnio wound- per square cm	\$ -
Q4182	Transcyte- per sq centimeter	\$ -
Q4183	Surgrift- 1 sq cm	\$ -
Q4184	Cellesta- 1 sq cm	\$ -
Q4185	Cellesta flowab amnion 0.5cc	\$ -
Q4186	Epifix 1 sq cm	\$ -
Q4187	Epicord 1 sq cm	\$ -
Q4188	Amnioarmor 1 sq cm	\$ -
Q4189	Artacent ac- 1 mg	\$ -
Q4190	Artacent ac 1 sq cm	\$ -
Q4191	Restorigin 1 sq cm	\$ -
Q4192	Restorigin- 1 cc	\$ -
Q4193	Coll-e-derm 1 sq cm	\$ -
Q4194	Novachor 1 sq cm	\$ -
Q4195	Puraply 1 sq cm	\$ -
Q4196	Puraply am 1 sq cm	\$ -
Q4197	Puraply xt 1 sq cm	\$ -
Q4198	Genesis amnio membrane 1sqcm	\$ -
Q4199	Cygnus matrix- per sq cm	\$ -
Q4200	Skin te 1 sq cm	\$ -
Q4201	Matrion 1 sq cm	\$ -
Q4202	Keroxx (2.5g/cc)- 1cc	\$ -
Q4203	Derma-gide- 1 sq cm	\$ -
Q4204	Xwrap 1 sq cm	\$ -
Q4205	Membrane graft or wrap sq cm	\$ -
Q4206	Fluid flow or fluid gf 1 cc	\$ -
Q4208	Novafix per sq cm	\$ -
Q4209	Surgraft per sq cm	\$ -
Q4210	Axolotl graf dualgraf sq cm	\$ -
Q4211	Amnion bio or axobio sq cm	\$ -
Q4212	Allogen- per cc	\$ -
Q4213	Ascent- 0.5 mg	\$ -
Q4214	Cellesta cord per sq cm	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q4215	Axolotl ambient- cryo 0.1 mg	\$ -
Q4216	Artacent cord per sq cm	\$ -
Q4217	Woundfix biowound plus xplus	\$ -
Q4218	Surgicord per sq cm	\$ -
Q4219	Surgigraft dual per sq cm	\$ -
Q4220	Bellacell hd- surederm sq cm	\$ -
Q4221	Amniowrap2 per sq cm	\$ -
Q4222	Progenamatrix- per sq cm	\$ -
Q4226	Myown harv prep proc sq cm	\$ -
Q4227	Amniocore per sq cm	\$ -
Q4229	Cogenex amnio memb per sq cm	\$ -
Q4230	Cogenex flow amnion 0.5 cc	\$ -
Q4231	Corplex p- per cc	\$ -
Q4232	Corplex- per sq cm	\$ -
Q4233	Surfactor /nudyn per 0.5 cc	\$ -
Q4234	Xcellerate- per sq cm	\$ -
Q4235	Amniorepair or altiply sq cm	\$ -
Q4237	Cryo-cord- per sq cm	\$ -
Q4238	Derm-maxx- per sq cm	\$ -
Q4239	Amnio-maxx or lite per sq cm	\$ -
Q4240	Corecyte topical only 0.5 cc	\$ -
Q4241	Polycyte- topical only 0.5cc	\$ -
Q4242	Amniocyte plus- per 0.5 cc	\$ -
Q4244	Procenta- per 200 mg	\$ -
Q4245	Amniotext- per cc	\$ -
Q4246	Coretext or protext- per cc	\$ -
Q4247	Amniotext patch- per sq cm	\$ -
Q4248	Dermacyte amn mem allo sq cm	\$ -
Q4249	Amniply- per sq cm	\$ -
Q4250	Amnioamp-mp per sq cm	\$ -
Q4251	Vim- per square centimeter	\$ -
Q4252	Vendaje- per square centimet	\$ -
Q4253	Zenith amniotic membrane psc	\$ -
Q4254	Novafix dl per sq cm	\$ -
Q4255	Reguard- topical use per sq	\$ -
Q5001	HOSPICE IN PATIENT HOME	\$ -
Q5002	HOSPICE IN ASSISTED LIVING	\$ -
Q5003	HOSPICE IN LT/NON-SKILLED NF	\$ -
Q5004	HOSPICE IN SNF	\$ -
Q5005	HOSPICE- INPATIENT HOSPITAL	\$ -
Q5006	HOSPICE IN HOSPICE FACILITY	\$ -
Q5007	HOSPICE IN LTCH	\$ -
Q5008	HOSPICE IN INPATIENT PSYCH	\$ -
Q5009	HOSPICE CARE- NOS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q5010	HOSPICE HOME CARE PROV HOSPICE FACL	\$ -
Q5101	INJ FILGRASTIM BIOSIMILAR 1 MCG	\$ -
Q5103	Injection- inflectra	\$ -
Q5104	Injection- renflexis	\$ -
Q5105	Inj retacrit esrd on dialysi	\$ -
Q5106	Inj retacrit non-esrd use	\$ -
Q5107	Inj mvasi 10 mg	\$ -
Q5108	Injection- fulphila	\$ -
Q5109	Injection- ixifi- 10 mg	\$ -
Q5110	Nivestym	\$ -
Q5111	Injection- udenyca 0.5 mg	\$ -
Q5112	Inj ontruzant 10 mg	\$ -
Q5113	Inj herzuma 10 mg	\$ -
Q5114	Inj ogivri 10 mg	\$ -
Q5115	Inj truxima 10 mg	\$ -
Q5116	Inj.- trazimera- 10 mg	\$ -
Q5117	Inj.- kanjinti- 10 mg	\$ -
Q5118	Inj.- zirabev- 10 mg	\$ -
Q5119	Inj ruxience- 10 mg	\$ -
Q5120	Inj pegfilgrastim-bmez 0.5mg	\$ -
Q5121	Inj. avsola- 10 mg	\$ -
Q5122	Inj- nyvepria	\$ -
Q5123	Inj. riabni- 10 mg	\$ -
Q9001	Va chaplain assessment	\$ -
Q9002	Va chaplain counsel individu	\$ -
Q9003	Va chaplain counsel group	\$ -
Q9004	Va whole health partner serv	\$ -
Q9950	LOCM 350-399MG/ML IODINE-1ML	\$ -
Q9951	LOCM >= 400 MG/ML IODINE-1ML	\$ -
Q9953	INJ FE-BASED MR CONTRAST-1ML	\$ -
Q9954	ORAL MR CONTRAST- 100 ML	\$ -
Q9955	INJ PERFLEXANE LIP MICROS-ML	\$ -
Q9956	INJ OCTAFLUOROPROPANE MIC-ML	\$ -
Q9957	INJ PERFLUTREN LIP MICROS-ML	\$ -
Q9958	HOCM <=149 MG/ML IODINE- 1ML	\$ -
Q9959	HOCM 150-199MG/ML IODINE-1ML	\$ -
Q9960	HOCM 200-249MG/ML IODINE-1ML	\$ -
Q9961	HOCM 250-299MG/ML IODINE-1ML	\$ -
Q9962	HOCM 300-349MG/ML IODINE-1ML	\$ -
Q9963	HOCM 350-399MG/ML IODINE-1ML	\$ -
Q9964	HOCM>= 400MG/ML IODINE- 1ML	\$ -
Q9965	LOCM 100-199MG/ML IODINE-1ML	\$ -
Q9966	LOCM 200-299MG/ML IODINE-1ML	\$ -
Q9967	LOCM 300-399MG/ML IODINE-1ML	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
Q9968	INJ NONRA NONCNTRST VIZ ADJNCT 1 MG	\$ -
Q9969	TC-99M NON-HEU COST ADD-ON STDY DS	\$ -
Q9982	FLUTEMETAML F18 DX STDY DO TO 5 MCI	\$ -
Q9983	FLORBETABEN F18 DX P DO TO 8.1 MCI	\$ -
Q9991	Buprenorph xr 100 mg or less	\$ -
Q9992	Buprenorphine xr over 100 mg	\$ -
R0070	TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	\$ -
R0075	TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT	\$ -
R0076	TRANS PRTBLE EKG FACL/LOCATION-PT	\$ -
S0012	BUTORPHANL TARTRAT NASL SPRAY 25 MG	\$ -
S0013	Esketamine- nasal spray	\$ -
S0014	TACRINE HYDROCHLORIDE 10 MG	\$ -
S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS	\$ -
S0020	INJ BUPIVICAINE HYDROCHLORID 30 ML	\$ -
S0021	INJECTION CEFTOPERAZONE SODIUM 1 GM	\$ -
S0023	INJ CIMETIDINE HYDROCHLORID 300 MG	\$ -
S0028	INJECTION FAMOTIDINE 20 MG	\$ -
S0030	INJECTION METRONIDAZOLE 500 MG	\$ -
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	\$ -
S0034	INJECTION OFLOXACIN 400 MG	\$ -
S0039	INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	\$ -
S0040	INJ TICARCILLN & CLAVULANAT K+31 GM	\$ -
S0073	INJECTION AZTREONAM 500 MG	\$ -
S0074	INJECTION CEFOTETAN DISODIUM 500 MG	\$ -
S0077	INJ CLINDAMYCIN PHOSPHATE 300 MG	\$ -
S0078	INJ FOSPHENYTOIN SODIUM 750 MG	\$ -
S0080	INJ PENTAMIDINE ISETHIONATE 300 MG	\$ -
S0081	INJ PIPERACILLIN SODIUM 500 MG	\$ -
S0088	Imatinib 100 mg	\$ -
S0090	SILDENAFIL CITRATE 25 MG	\$ -
S0091	Granisetron 1mg	\$ -
S0092	INJECTION HYDROMORPHONE HCL 250 MG	\$ -
S0093	INJECTION MORPHINE SULFATE 500 MG	\$ -
S0104	Zidovudine- oral- 100 mg	\$ -
S0106	BUPROPION HCI SR TAB 150 MG 60 TABS	\$ -
S0108	MERCAPTOPYRINE ORAL 50 MG	\$ -
S0109	METHADONE ORAL 5MG	\$ -
S0117	TRETINOIN TOPICAL 5 GRAMS	\$ -
S0119	Ondansetron 4 mg	\$ -
S0122	INJECTION MENOTROPINS 75 IU	\$ -
S0126	INJECTION FOLLITROPIN ALFA 75 IU	\$ -
S0128	INJECTION FOLLITROPIN BETA 75 IU	\$ -
S0132	INJECTION GANIRELIX ACETATE 250 MCG	\$ -
S0136	Clozapine- 25 mg	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S0137	Didanosine- 25 mg	\$ -
S0138	Finasteride- 5 mg	\$ -
S0139	Minoxidil- 10 mg	\$ -
S0140	Saquinavir- 200 mg	\$ -
S0142	COLISTIMETHATE INH SOL MG	\$ -
S0145	PEG INTERFERON ALFA-2A/180	\$ -
S0148	INJ PEGYLATD INTRFER ALFA-2B 10 MCG	\$ -
S0155	STERILE DILUTANT EPOPROSTENOL 50 ML	\$ -
S0156	EXEMESTANE 25 MG	\$ -
S0157	BECAPLERMIN GEL 0.01% 0.5 GM	\$ -
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	\$ -
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	\$ -
S0166	INJECTION OLANZAPINE 2.5 MG	\$ -
S0169	CALCITROL 0.25 MICROGRAM	\$ -
S0170	ANASTROZOLE ORAL 1 MG	\$ -
S0171	INJECTION BUMETANIDE 0.5 MG	\$ -
S0172	CHLORAMBUCIL ORAL 2 MG	\$ -
S0174	DOLASETRON MESYLATE ORAL 50 MG	\$ -
S0175	FLUTAMIDE ORAL 125 MG	\$ -
S0176	HYDROXYUREA ORAL 500 MG	\$ -
S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	\$ -
S0178	LOMUSTINE ORAL 10 MG	\$ -
S0179	MEGESTROL ACETATE ORAL 20 MG	\$ -
S0182	PROCARBAZINE HYDROCHLORD ORAL 50 MG	\$ -
S0183	PROCHLORPERAZINE MALEATE ORAL 5 MG	\$ -
S0187	TAMOXIFEN CITRATE ORAL 10 MG	\$ -
S0189	TESTOSTERONE PELLETT 75 MG	\$ -
S0190	MIFEPRISTONE ORAL 200 MG	\$ -
S0191	MISOPROSTOL ORAL 200 MCG	\$ -
S0194	DIALYS/STRESS VIT SUPL ORAL 100 CAP	\$ -
S0197	PRENATAL VITAMINS 30 DAY	\$ -
S0199	MED INDUCED AB ORAL INGEST MED	\$ -
S0201	Partial hospitalization serv	\$ -
S0207	Paramedicintercep nonhospals	\$ -
S0208	PARAMED INTRCPT ALS NON-TRNSPRT	\$ -
S0209	WHEELCHAIR VAN MILEAGE PER MILE	\$ -
S0215	Nonemerg transp mileage	\$ -
S0220	MED CONF MD W/TEAM HLTH PROF;30 MIN	\$ -
S0221	MED CONF MD W/TEAM HLTH PROF;60 MIN	\$ -
S0250	COMP GERIATRIC ASSESS&TX PLANNING	\$ -
S0255	BY NRS SOCL WRKER/OTH DESNATD STAFF	\$ -
S0257	CNSL&DISCUSS AD/EOL PT&/SURROGATE	\$ -
S0260	HX & PHYS REL-SURG PROC	\$ -
S0265	GENETIC COUNSEL 15 MINS	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S0270	HOME STD CASE RATE 30 DAYS	\$ -
S0271	HOME HOSPICE CASE 30 DAYS	\$ -
S0272	HOME EPISODIC CASE 30 DAYS	\$ -
S0273	MD HOME VISIT OUTSIDE CAP	\$ -
S0274	NURSE PRACTR VISIT OUTS CAP	\$ -
S0280	MED HOME PROG COMP CARE COORD INIT	\$ -
S0281	MED HOME PROGRAM CARE COORD MAINT	\$ -
S0285	COL CNSLT PRFRM PRIOR SCR COL PROC	\$ -
S0302	CMPL EARLY PRD SCREEN DX&TX SRVC	\$ -
S0310	HOSPITALIST SERVICES	\$ -
S0311	COMP MGMT&CARE COORD ADV ILL CAL MO	\$ -
S0315	Disease management program	\$ -
S0316	Follow-up/reassessment	\$ -
S0317	Disease mgmt per diem	\$ -
S0320	RN telephone calls to DMP	\$ -
S0340	LIFESTYL MOD MGMT COR ART DZ; 1 QTR	\$ -
S0341	INCL ALL SUPP SRVC; 2/THIRD QTR	\$ -
S0342	LIFESTYL MOD MGMT COR ART DZ; 4 QTR	\$ -
S0353	TX PLAN CARE COORD MGMT CA INIT TX	\$ -
S0354	TX PLAN CARE MGMT CA EST PT CHG REG	\$ -
S0390	ROUTINE FOOT CARE; PER VISIT	\$ -
S0395	IMPRESSION CAST FOOT-PRACTITIONER	\$ -
S0400	GLOBL FEE XTRACORP SHOCK WAVE LITH	\$ -
S0500	DISPOSABLE CONTACT LENS PER LENS	\$ -
S0504	SINGLE VISION PRSC LENS PER LENS	\$ -
S0506	BIFOCAL VISION PRSC LENS PER LENS	\$ -
S0508	TRIFOCAL VISION PRSC LENS PER LENS	\$ -
S0510	NON-PRESCRIPTION LENS PER LENS	\$ -
S0512	DAILY WEAR SPCLTY CNTC LENS-LENS	\$ -
S0514	COLOR CONTACT LENS PER LENS	\$ -
S0515	SCLERAL LENS LQD BANDGE DEVICE-LENS	\$ -
S0516	SAFETY EYEGLASS FRAMES	\$ -
S0518	SUNGLASSES FRAMES	\$ -
S0580	POLYCARBONATE LENS	\$ -
S0581	NONSTANDARD LENS	\$ -
S0590	INTEGRL LENS SRVC MISC REPORTED SEP	\$ -
S0592	COMP CONTACT LENS EVALUATION	\$ -
S0595	NEW LENSES IN PTS OLD FRAME	\$ -
S0596	PHAKIC IOL CORRECT REFRACTIVE ERROR	\$ -
S0601	SCREENING PROCTOSCOPY	\$ -
S0610	ANNUAL GYN EXAMINATION NEW PATIENT	\$ -
S0612	ANNUAL GYN EXAMINATION EST PATIENT	\$ -
S0613	ANN BREAST EXAM	\$ -
S0618	AUDIOMETRY FOR HEARING AID EVAL	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S0620	ROUTINE OPHTH EX W/REFRAC; NEW PT	\$ -
S0621	ROUTINE OPHTH EX W/REFRAC; EST PT	\$ -
S0622	PHYSICAL EXAM COLLEGE NEW/EST PT	\$ -
S0630	REMOV SUTS; MD NOT MD WHO CLOS WND	\$ -
S0800	LASER IN SITU KERATOMILEUSIS	\$ -
S0810	PHOTOREFRACTIVE KERATECTOMY	\$ -
S0812	PHOTOTHERAPEUTIC KERATECTOMY	\$ -
S1001	DELUXE ITEM PATIENT AWARE	\$ -
S1002	CUSTOMIZED ITEM	\$ -
S1015	IV TUBING EXTENSION SET	\$ -
S1016	NON-PVC IV ADMN SET RX NOT STABLE	\$ -
S1030	CONT NONINVAS GLU MON DEVC PURCHASE	\$ -
S1031	SENSOR REPLACEMENT&DOWNLOAD MONITOR	\$ -
S1034	ARTIF PANC DEVC SYS CMNCT ALL DEVC	\$ -
S1035	SNSR;INVASV DSPBL ART PANC DEVC SYS	\$ -
S1036	TRANSMTTR;EXT USE ART PANC DEVC SYS	\$ -
S1037	RECVR; EXT USE ARTIF PANC DEVC SYS	\$ -
S1040	Cranial remolding orthosis	\$ -
S1091	Stent non-coronary propel	\$ -
S2053	TPLNT SM INTESTINE&LIVER ALLOGFTS	\$ -
S2054	TRANSPLANTATION MULTIVISCERAL ORGN	\$ -
S2055	HARV DONR MX-VSCRL ORGN; CADVR DONR	\$ -
S2060	LOBAR LUNG TRANSPLANTATION	\$ -
S2061	DONOR LOBECT TPLNT LIVING DONOR	\$ -
S2065	SIMULTANEOUS PANC KIDNEY TPLNT	\$ -
S2066	BREAST GAP FLAP RECONST	\$ -
S2067	BREAST "STACKED" DIEP/GAP	\$ -
S2068	BREAST DIEP FLAP RECONSTRUCT	\$ -
S2070	Cysto laser tx ureteral calc	\$ -
S2079	LAP ESOPHAGOMYOTOMY	\$ -
S2080	LASER-ASSISTED UVULOPALATOPLASTY	\$ -
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT	\$ -
S2095	Transcath emboliz microspher	\$ -
S2102	ISLET CELL TISS TPLNT PANC; ALLOGEN	\$ -
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	\$ -
S2107	ADOPTIVE IMMUNOTX COURSE TREATMENT	\$ -
S2112	ARTHROSCOPY KNEE SURG HARVEST CART	\$ -
S2115	OSTEOT PERIACETABULAR W/INTRL FIX	\$ -
S2117	ARTHROEREISIS- SUBTALAR	\$ -
S2118	MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	\$ -
S2120	LDL APHERES HEPARN XTRCRP LDL PRECP	\$ -
S2140	CORD BLD HARVEST TPLNT ALLOGENEIC	\$ -
S2142	CORD BLOOD STEM-CELL TPLNT ALLOGEN	\$ -
S2150	BN MARROW/STEM CELL HARVEST&TPLNT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S2152	SOLID ORGAN; TPLNT & RELATED COMP	\$ -
S2202	ECHOSCLEROTHERAPY	\$ -
S2205	MIN INVAS DIR CAB; ART GFT 1 CAG	\$ -
S2206	MIN INVAS DIR CAB; ART GFT 2 CAG	\$ -
S2207	MIN INVAS DIR CAB; VEN ONLY 1 CVG	\$ -
S2208	MIN INVAS DIR CAB; 1 ART&VG 1 VG	\$ -
S2209	MIN INVAS DIR CAB; 2 ART GFT&1 VG	\$ -
S2225	Myringotomy laser-assist	\$ -
S2230	Implant semi-imp hear	\$ -
S2235	Implant auditory brain imp	\$ -
S2260	INDUCD AB 17-24 WEEKS ANY SURG METH	\$ -
S2265	Abortion 25-28wks fetal indi	\$ -
S2266	Abortion 29-31wks fetal indi	\$ -
S2267	Abortion >=32wks fetal indic	\$ -
S2300	SCOPE SHLDR;W/THERML-INDUCD CPSLORR	\$ -
S2325	HIP CORE DECOMPRESSION	\$ -
S2340	CHEMODNERVAT ABDUCTR MUSC VOCL CORD	\$ -
S2341	CHEMODENERVAT ADDUCT MUSC VOCAL CRD	\$ -
S2342	NASL ENDO POSTOP DEBRID UNI/BIL	\$ -
S2348	DECOMP PERQ DISC RF 1/MX LUMB	\$ -
S2350	DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP	\$ -
S2351	DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	\$ -
S2400	Fetal surg congen hernia	\$ -
S2401	REPR URIN TRACT OBST FETUS-UTERO	\$ -
S2402	REPR CONGEN CYST MALF FETUS-UTERO	\$ -
S2403	REPR PULMONARY SEQUEST FETUS-UTERO	\$ -
S2404	REPR MYELOMENINGO FETUS PROC-UTERO	\$ -
S2405	REPR SACROCOC TRATOMA FETUS IN UTRO	\$ -
S2409	REP CONGN MALFORM FETUS-UTERO NOC	\$ -
S2411	FETOSCOPI LASER TX TREATMENT-TTTS	\$ -
S2900	ROBOTIC SURGICAL SYSTEM	\$ -
S3000	Bilat dil retinal exam	\$ -
S3005	EVAL SELF-ASSESS DEPRESSION	\$ -
S3600	STAT LABORATORY REQUEST	\$ -
S3601	EMERG STAT LAB CHRGT PT HB/NRS FACL	\$ -
S3620	NEWBORN METABOLIC SCREENING PANEL	\$ -
S3630	EOSINOPHIL COUNT BLOOD DIRECT	\$ -
S3645	HIV-1 ANTIBODY TEST ORAL MUCOSAL FL	\$ -
S3650	SALIVA TEST HORMONE LEVEL;MENOPAUSE	\$ -
S3652	SLIVA TST HORMONE LEVEL;PRTERM LABR	\$ -
S3655	Antisperm antibodies test	\$ -
S3708	GASTROINTESTINAL FAT ABSORB STUDY	\$ -
S3722	DOSE OPTIMIZATION AUC ANAL INF 5-FU	\$ -
S3800	GENETIC TESTING ALS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S3840	DNA analysis RET-oncogene	\$ -
S3841	Gene test retinoblastoma	\$ -
S3842	Gene test Hippel-Lindau	\$ -
S3844	DNA analysis deafness	\$ -
S3845	Gene test alpha-thalassemia	\$ -
S3846	Gene test beta-thalassemia	\$ -
S3849	Gene test Niemann-Pick	\$ -
S3850	Gene test sickle cell	\$ -
S3852	DNA analysis APOE alzheimer	\$ -
S3853	Gene test myo musclr dyst	\$ -
S3854	GENE PROFILE PANEL BREAST	\$ -
S3861	GENETIC TEST SCN5A&VARIANTS SPCT BS	\$ -
S3865	COMP GENE SEQUENCE ANALYSIS HCM	\$ -
S3866	GENETIC ANALYSIS GENE MUTAT HCM	\$ -
S3870	CGH MICROARRAY TEST DD ASD AND/ MR	\$ -
S3900	SURFACE ELECTROMYOGRAPHY	\$ -
S3902	BALLISTOCARDIOGRAM	\$ -
S3904	MASTERS TWO STEP	\$ -
S4005	INTERIM LABOR FACILITY GLOBAL	\$ -
S4011	IN VITRO FERTILIZATION;	\$ -
S4013	COMPLETE CYCLE GIFT CASE RATE	\$ -
S4014	COMPLETE CYCLE ZIFT CASE RATE	\$ -
S4015	Complete IVF nos case rate	\$ -
S4016	FROZEN IVF CYCLE CASE RATE	\$ -
S4017	INCPL CYCL TX CANCELLED PRIOR TO STIM	\$ -
S4018	FRZN EMB TRANS CANCL CASE RATE	\$ -
S4020	IVF PROC CANCL BEFR ASPIR CASE RATE	\$ -
S4021	IVF PROC CANCL AFTR ASPIR CASE RATE	\$ -
S4022	ASSIST OOCYTE FERTILIZ CASE RATE	\$ -
S4023	DONOR EGG CYCLE INCPL CASE RATE	\$ -
S4025	DONOR SRVC IN VITRO FERTILIZATION	\$ -
S4026	PROCUREMENT DONR SPERM SPERM BANK	\$ -
S4027	STORAGE PREVIOUSLY FROZEN EMBRYOS	\$ -
S4028	MICSURG EPIDIDYMAL SPERM ASPIR	\$ -
S4030	SPERM PROCUREMENT&CRYOPRES; 1 VISIT	\$ -
S4031	SPERM PROCURE&CRYOPRES; SUBSQT VST	\$ -
S4035	STIM INTRAUTERINE INSEMIN CASE RATE	\$ -
S4037	CRYOPRESERVD EMBRYO TRNSF CASE RATE	\$ -
S4040	MON & STOR CRYOPRESRV EMBRYOS 30 DA	\$ -
S4042	MGMT OVULATION INDUCTION PER CYCLE	\$ -
S4981	INSRT LEVONORGESTREL INTRAUTRN SYS	\$ -
S4989	CONTRACEPT IUD INCL IMPL&SUPPLIES	\$ -
S4990	NICOTINE PATCHES LEGEND	\$ -
S4991	NICOTINE PATCHES NON-LEGEND	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$ 122.35
S4993	Birth Control Pills - Micronor (28 tabs)	\$ 56.12
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Nora - B (28 tabs)	\$ 34.54
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$ 33.68
S4993	Birth Control Pills - Aviane (28 tabs)	\$ 33.13
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 31.94
S4993	Emergency Birth Control - Plan B	\$ 31.20
S4993	Birth Control Pills - Sprintec (28 tabs)	\$ 30.78
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$ 29.41
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
S4995	SMOKING CESSATION GUM	\$ -
S5000	PRESCRIPTION DRUG GENERIC	\$ -
S5001	PRESCRIPTION DRUG BRAND NAME	\$ -
S5010	5% DXTROS&045% NL SALINE 1000 ML	\$ -
S5012	5% DXTROS W/K+ CHLORID 1000 ML	\$ -
S5013	5% DXTROS/0.45% NL SALINE 1000 ML	\$ -
S5014	5% DXTROS/0.45% NL SALIN-KCL&MGSO4	\$ -
S5035	HOME INFUS TX ROUTINE INFUS DEVC	\$ -
S5036	HOME INFUS TX REPAIR INFUS DEVICE	\$ -
S5100	Adult daycare services 15min	\$ -
S5101	Adult day care per half day	\$ -
S5102	Adult day care per diem	\$ -
S5105	Centerbased day care per diem	\$ -
S5108	Homecare train pt 15 min	\$ -
S5109	Homecare train pt session	\$ -
S5110	Family homecare training 15m	\$ -
S5111	Family homecare train/session	\$ -
S5115	Nonfamily homecare train/15m	\$ -
S5116	Nonfamily HC train/session	\$ -
S5120	Chore services per 15 min	\$ -
S5121	Chore services per diem	\$ -
S5125	Attendant care service /15m	\$ -
S5126	Attendant care service /diem	\$ -
S5130	Homaker service nos per 15m	\$ -
S5131	Homemaker service nos /diem	\$ -
S5135	Adult companioncare per 15m	\$ -
S5136	Adult companioncare per diem	\$ -
S5140	Adult foster care per diem	\$ -
S5141	Adult foster care per month	\$ -
S5145	Child fostercare th per diem	\$ -
S5146	Ther fostercare child /month	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S5150	Unskilled respite care /15m	\$ -
S5151	Unskilled respitecare /diem	\$ -
S5160	Emer response sys instal&tst	\$ -
S5161	Emer rspns sys serv permonth	\$ -
S5162	Emer rspns system purchase	\$ -
S5165	Home modifications per serv	\$ -
S5170	Homedelivered prepared meal	\$ -
S5175	Laundry serv-ext-prof-/order	\$ -
S5180	HH respiratory thrpy in eval	\$ -
S5181	HH respiratory thrpy nos/day	\$ -
S5185	Med reminder serv per month	\$ -
S5190	Wellness assessment by nonph	\$ -
S5199	Personal care item nos each	\$ -
S5497	HOME INFUS TX CATH CARE NOC; DIEM	\$ -
S5498	HOME INFUS TX CATH CARE SIMPLE DIEM	\$ -
S5501	HOME INFUS TX CATH CARE COMPLX DIEM	\$ -
S5502	HIT CATH CARE IMPL ACCESS DEVC DIEM	\$ -
S5517	HIT SPL RESTOR CATH PATENCY/DELOT	\$ -
S5518	HIT ALL SPL NECESSARY CATH REPAIR	\$ -
S5520	HIT ALL SPL NECES PICC LINE INSERT	\$ -
S5521	HIT SPL NECES MIDLINE CATH INSERT	\$ -
S5522	HOM INFUS TX INSRT PICC NURSE SRVC	\$ -
S5523	HIT INSERT MIDLN CVC NRS SRVC ONLY	\$ -
S5550	Insulin rapid 5 u	\$ -
S5551	Insulin most rapid 5 u	\$ -
S5552	Insulin intermed 5 u	\$ -
S5553	Insulin long acting 5 u	\$ -
S5560	Insulin reuse pen 1.5 ml	\$ -
S5561	Insulin reuse pen 3 ml	\$ -
S5565	Insulin cartridge 150 u	\$ -
S5566	Insulin cartridge 300 u	\$ -
S5570	Insulin dispos pen 1.5 ml	\$ -
S5571	Insulin dispos pen 3 ml	\$ -
S8030	SCLERAL APPLICATION TANTALUM RING	\$ -
S8035	MAGNETIC SOURCE IMAGING	\$ -
S8037	MR CHOLANGIOPANCREATOGRAPHY	\$ -
S8040	TOPOGRAPHIC BRAIN MAPPING	\$ -
S8042	MAGNETIC RESONANCE IMAG LOW-FIELD	\$ -
S8055	US GUID MXIFETL PG RDUC TECH CMPNT	\$ -
S8080	SCINTIMAMMO UNILAT W/SPL RADOPHRM	\$ -
S8085	F-18 FDG IMAG 2-HD COINCDENC DETCT	\$ -
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	\$ -
S8096	PORTABLE PEAK FLOW METER	\$ -
S8097	ASTHMA KIT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S8100	HOLD CHAMB W/INHAL/NEBULIZR;NO MASK	\$ -
S8101	HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	\$ -
S8110	PEAK EXPIRATORY FLOW RATE	\$ -
S8120	O2 contents gas cubic ft	\$ -
S8121	O2 contents liquid lb	\$ -
S8130	INTERFERENTIAL CURR STIM 2 CHANNEL	\$ -
S8131	INTERFERENTIAL CURR STIM 4 CHANNEL	\$ -
S8185	FLUTTER DEVICE	\$ -
S8186	SWIVEL ADAPTOR	\$ -
S8189	TRACHEOST SUPPLY NOT OTHWISE CLASS	\$ -
S8210	MUCUS TRAP	\$ -
S8265	HABERMAN FEEDER CLEFT LIP/PALATE	\$ -
S8270	ENURESIS ALARM	\$ -
S8301	INFECTION CONTROL SUPPLIES NOS	\$ -
S8415	SUPPLIES HOME DELIVERY OF INFANT	\$ -
S8420	GRADENT PRESS AID SLEEVE&GLOVE CSTM	\$ -
S8421	GRADENT PRESS AID SLV&GLOV RDY MADE	\$ -
S8422	GRADENT PRESS AID SLEEV CSTM MED WT	\$ -
S8423	GRADENT PRESS AID SLEEV CSTM HVY WT	\$ -
S8424	GRADENT PRESS AID SLEEVE READY MADE	\$ -
S8425	GRADENT PRESS AID GLOVE CSTM MED WT	\$ -
S8426	GRADENT PRESS AID GLOVE CSTM HVY WT	\$ -
S8427	GRADENT PRESS AID GLOVE READY MADE	\$ -
S8428	GRADENT PRESS AID GAUNTLET RDY MADE	\$ -
S8429	GRADIENT PRESSURE EXTERIOR WRAP	\$ -
S8430	PADDING COMPRESSION BANDAGE ROLL	\$ -
S8431	COMPRESSION BANDAGE ROLL	\$ -
S8450	SPLINT PREFABRICATED DIGIT	\$ -
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	\$ -
S8452	SPLINT PREFABRICATED ELBOW	\$ -
S8460	Camisole post-mast	\$ -
S8490	INSULIN SYRINGES	\$ -
S8930	E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT	\$ -
S8940	HIPPOTHERAPY PER SESSION	\$ -
S8948	Low-level laser trmt 15 min	\$ -
S8950	COMPLEX LYMPHEDEMA TX EA 15 MIN	\$ -
S8990	Pt or manip for maint	\$ -
S8999	RESUSCITATION BAG	\$ -
S9001	HOME UTERIN MON W/WO ASSOC NRS SRVC	\$ -
S9007	ULTRAFILTRATION MONITOR	\$ -
S9024	PARANASAL SINUS ULTRASOUND	\$ -
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	\$ -
S9034	ESWL FOR GALL STONES	\$ -
S9055	PROCUREN/OTH GROWTH FACTOR PREP	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S9056	COMA STIMULATION PER DIEM	\$ -
S9061	HOME ADMIN AEROSOLIZED DRUG TX DIEM	\$ -
S9083	GLOBAL FEE URGENT CARE CENTERS	\$ -
S9088	SERVICES PROV AN URGENT CARE CENTER	\$ -
S9090	VERT AXIAL DECOMPRS PER SESSION	\$ -
S9097	HOME VISIT FOR WOUND CARE	\$ -
S9098	HOME VISIT PHOTOTHERAPY SRVC DIEM	\$ -
S9110	TELEMON PT HOME ALL EQUIP; PER MTH	\$ -
S9117	BACK SCHOOL PER VISIT	\$ -
S9122	HOM HLTH AIDE/CNA PROV CARE HOM; HR	\$ -
S9123	Nursing care in home RN	\$ -
S9124	NURSING CARE THE HOME; LPN PER HOUR	\$ -
S9125	RESPIRE CARE IN THE HOME PER DIEM	\$ -
S9126	HOSPICE CARE IN THE HOME PER DIEM	\$ -
S9127	SOCIAL WORK VISIT THE HOME PER DIEM	\$ -
S9128	SPEECH THERAPY IN THE HOME PER DIEM	\$ -
S9129	OCCUPATIONAL THERAPY HOME PER DIEM	\$ -
S9131	PHYSICAL THERAPY; HOME PER DIEM	\$ -
S9140	DM MGMT PROGM F/U VST NON-MD PROV	\$ -
S9141	DIAB MGMT PROGM F/U VISIT MD PROV	\$ -
S9145	INSULIN PUMP INIT INSTRUCT USE PUMP	\$ -
S9150	Evaluation by ocularist	\$ -
S9152	SPEECH THERAPY- RE-EVAL	\$ -
S9208	HOME MGMT PRETERM LABOR PER DIEM	\$ -
S9209	HOME MANGEMENT PPROM DIEM	\$ -
S9211	HOME MGMT GESTATIONAL HTN; DIEM	\$ -
S9212	HOME MANAGEMENT POSTPARTUM HTN DIEM	\$ -
S9213	HOME MANAGEMENT PREECLAMPSIA; DIEM	\$ -
S9214	HOME MGMT GESTATIONAL DIABETES;DIEM	\$ -
S9325	HIT PAIN MANAGEMENT INFUS; PER DIEM	\$ -
S9326	HIT CONT PAIN MGMT INFUS; PER DIEM	\$ -
S9327	HIT INTERMIT PAIN MGMT INFUS; DIEM	\$ -
S9328	HIT IMPLANTED PUMP PAIN MGMT; DIEM	\$ -
S9329	HIT CHEMOTHERAPY INFUSION; PER DIEM	\$ -
S9330	HIT CONT CHEMOTHERAPY INFUS; DIEM	\$ -
S9331	HIT INTERMIT CHEMOTX INFUS; DIEM	\$ -
S9335	HT hemodialysis diem	\$ -
S9336	HIT CONT ANTICOAGULNT INFUS TX DIEM	\$ -
S9338	HIT IMMUNOTHERAPY; PER DIEM	\$ -
S9339	HOME TX; PERITONL DIALYSIS PER DIEM	\$ -
S9340	HOME TX; ENTERAL NUTRITION; DIEM	\$ -
S9341	HT; ENTERL NUTRIT VIA GRAVITY; DIEM	\$ -
S9342	HT; ENTERAL NUTRIT VIA PUMP; DIEM	\$ -
S9343	HT; ENTERAL NUTRIT VIA BOLUS; DIEM	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S9345	HIT ANTI-HEMOPHILIC AGENT; PER DIEM	\$ -
S9346	HIT ALPHA-1-PROTENAS INHIBITR; DIEM	\$ -
S9347	HIT longterm infusion diem	\$ -
S9348	HIT SYMPATHOMIMETIC/INOTROPIC DIEM	\$ -
S9349	HOME INFUS TX TOCOLYTIC; PER DIEM	\$ -
S9351	HIT CONT ANTI-EMETIC; PER DIEM	\$ -
S9353	HOME INFUS TX CONT INSULIN; DIEM	\$ -
S9355	HOME INFUS TX CHELATION; PER DIEM	\$ -
S9357	HIT ENZYME REPL IV TX; PER DIEM	\$ -
S9359	HIT ANTI-TUMR NECROS FACTOR IV TX;	\$ -
S9361	HIT DIURETIC IV TX; PER DIEM	\$ -
S9363	HIT ANTI-SPASMOTIC IV TX; PER DIEM	\$ -
S9364	HIT TOT PARENTERAL NUTRITION; DIEM	\$ -
S9365	HIT TPN; ONE LITER PER DAY PER DIEM	\$ -
S9366	HIT TPN; >1 LITER NO >2 LITERS DAY	\$ -
S9367	HIT TPN; >2LITERS NO>3 LITERS DAY	\$ -
S9368	HOME INFUS TX TPN; >3 LITERS DAY	\$ -
S9370	HT INTERMITTENT ANTI-EMETIC INJ TX;	\$ -
S9372	HT; INTERMIT ANTICOAGULANT INJ TX;	\$ -
S9373	HIT HYDRATION TX; PER DIEM	\$ -
S9374	HIT HYDRATION TX; 1 LITER DAY	\$ -
S9375	HIT HYDRAT; >1 LITR NO>2 LITR DAY	\$ -
S9376	HIT HYDRAT; >2 LITR NO>3 LITR DAY	\$ -
S9377	HIT HYDRATION TX; >3 LITERS DAY	\$ -
S9379	HOME INFUS TX INFUSION TX NOC; DIEM	\$ -
S9381	DEL/HI RISK REQ ESCRT/PROTECT VST	\$ -
S9401	ANTICOAGULAT CLIN NO LAB PER SESS	\$ -
S9430	PHARM COMPOUNDING & DISPENSING SERV	\$ -
S9432	Med food non inborn err meta	\$ -
S9433	MED FOOD NUTR ORAL 100% NUTR INTAKE	\$ -
S9434	Mod solid food suppl	\$ -
S9435	MEDICAL FOODS INBORN ERRORS METAB	\$ -
S9436	CHLDBRTH PREP/LAMAZE CLASS PER SESS	\$ -
S9437	CHILDBIRTH REFRESH CLASS PER SESS	\$ -
S9438	CESAREAN BRTH CLASS NON-MD PER SESS	\$ -
S9439	VBAC CLASSES NON-MD PER SESSION	\$ -
S9441	ASTHMA ED NON-MD PROV PER SESSION	\$ -
S9442	BIRTHING CLASSES NON-PHYS PROV-SESS	\$ -
S9443	LACTATION CLASS NON-PHYS PROV-SESS	\$ -
S9444	PARENTING CLASSES NON-MD PER SESS	\$ -
S9445	PT ED NOC NON-MD PROV IND SESSION	\$ -
S9446	PT ED NOC NON-MD PROV GROUP SESSION	\$ -
S9447	INFANT SAFETY CLASS NON-MD PER SESS	\$ -
S9449	WEIGHT MGMT CLASS NON-PHYS PER SESS	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S9451	EXERCISE CLASSES NON-PHYS PER SESS	\$ -
S9452	NUTRITION CLASSES NON-PHYS PER SESS	\$ -
S9453	SMOKING CESSATION CLASS NON-MD SESS	\$ -
S9454	STRESS MGMT CLASS NON-PHYS PER SESS	\$ -
S9455	DIABETIC MGMT PROGM GROUP SESSION	\$ -
S9460	DIABETIC MGMT PROGM NURSE VISIT	\$ -
S9465	DIABETIC MGMT PROGM DIETITIAN VISIT	\$ -
S9470	NUTRITIONAL CNSL DIETITIAN VISIT	\$ -
S9472	CARD REHAB PROGM NON-PHYS PROV DIEM	\$ -
S9473	PULM REHAB PROGM NON-PHYS PROV DIEM	\$ -
S9474	ENTRSTML TX RN CERT ENTRSTML TX DAY	\$ -
S9475	AMB SET SBSTNC ABS TX/DTOX SRVC DAY	\$ -
S9476	Vestibular rehab per diem	\$ -
S9480	INTENSIVE OP PSYC SERVICES PER DIEM	\$ -
S9482	FAMILY STABILIZATN SRVC PER 15 MIN	\$ -
S9484	CRISIS INTERVEN MENTL HLTH SERV HR	\$ -
S9485	CRISIS INTERVENT MENTAL HEALTH SERV	\$ -
S9490	HIT CORTICOSTEROID INFUS PER DIEM	\$ -
S9494	HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	\$ -
S9497	HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	\$ -
S9500	HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	\$ -
S9501	HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	\$ -
S9502	HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	\$ -
S9503	HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	\$ -
S9504	HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	\$ -
S9529	HOME OR SNF PATIENT	\$ -
S9537	HT; HEMATOPOETC HORMONE INJ TX DIEM	\$ -
S9538	HOME TRANSFUSION BLOOD PROD; DIEM	\$ -
S9542	HOME INJECTABLE THERAPY; NOC DIEM	\$ -
S9558	HOME INJ TX; GROWTH HORMONE DIEM	\$ -
S9559	HOME INJ TX; INTERFERON PER DIEM	\$ -
S9560	HOME INJ TX; HORMONAL THERAPY DIEM	\$ -
S9562	HOM INJ TX PALIVIZUMAB-PER DIEM	\$ -
S9590	HOM TX IRRIG TX; W/ADMN-PER DIEM	\$ -
S9810	HOME THERAPY; NOC PER HOUR	\$ -
S9900	SERV BY CHRISTIAN SC PRAC PER DIEM	\$ -
S9901	SERVICES JNL-LISTED CS NURSE PER HR	\$ -
S9960	AMB SERVC AIR NON-ER 1 WAY FIX WING	\$ -
S9961	AMB SERVC AIR NON-ER 1 WAY ROT WING	\$ -
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	\$ -
S9975	TPLNT REL LODG MEALS & TRNSPRT DIEM	\$ -
S9976	LODGING PER DIEM NOS	\$ -
S9977	MEALS PER DIEM NOS	\$ -
S9981	MEDICAL RECORDS COPYING FEE ADMIN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
S9982	MEDICAL RECORDS COPYING FEE-PAGE	\$ -
S9986	NOT MEDICALLY NECESSARY SERVICE	\$ -
S9988	SERV PART OF PHASE 1 CLINICAL TRIAL	\$ -
S9989	SERVICES PROVIDED OUTSIDE USA	\$ -
S9990	SRVC PROV PART PHASE II CLIN TRIAL	\$ -
S9991	SRVC PROV PART PHASE III CLIN TRIAL	\$ -
S9992	TRANSP COSTS CLIN TRIAL PRTCP&COMP	\$ -
S9994	LODG COST CLIN TRIAL PRTCP&CAREGVR	\$ -
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	\$ -
S9999	SALES TAX	\$ -
T1000	PRIV DUTY/INDEPENDENT NRS TO 15 MIN	\$ -
T1001	NURSING ASSESSMENT/EVALUATION	\$ -
T1002	RN SERVICES UP TO 15 MINUTES	\$ -
T1003	LPN/LVN SERVICES UP TO 15 MINUTES	\$ -
T1004	SRVC QUALIFIED NRS AIDE TO 15 MIN	\$ -
T1005	SRVC QUAL NURSING AIDE UP TO 15 MIN	\$ -
T1006	ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL	\$ -
T1007	ALCOHOL&/SUBSTANCE ABUSE SERVICES	\$ -
T1009	CHILD SIT IND ALC&/SUBSTNC ABS SRVC	\$ -
T1010	MEALS REC ALCOHL&/SUBSTNC ABS SRVC	\$ -
T1012	ALCOHOL&/SBSTNC ABS SRVC SKL DVLP	\$ -
T1013	Sign Lang/Oral Interpreter	\$ 23.00
T1014	TELEHEALTH TRANS MIN PROF SRVC	\$ -
T1015	CLINIC VST/ENCOUNTER ALL-INCLUSIVE	\$ -
T1016	CASE MANAGEMENT EACH 15 MINS	\$ -
T1017	TARGETED CASE MANAGEMENT EA 15 MINS	\$ -
T1018	SCHOOL-BASD IND ED PROG SERV BUNDLD	\$ -
T1019	PERSONAL CARE SERVICES PER 15 MINS	\$ -
T1020	PERSONAL CARE SERVICES PER DIEM	\$ -
T1021	HOME HLTH AIDE/CERT NURSE ASST VST	\$ -
T1022	CONTRACT HOME HEALTH AGCY SRVC DAY	\$ -
T1023	SCR IND PARTICIP SPEC PROG PROJ/TX	\$ -
T1024	EVAL&TX TEAM MX/SEV HANDICAP CHILD	\$ -
T1025	MXDISCIPLIN CHILD CMLX IMPAIR DIEM	\$ -
T1026	MXDISCIPLIN CHILD W/CMLX IMPAIR HR	\$ -
T1027	FAM TRAIN & CNSL CHILD DVLP 15 MINS	\$ -
T1028	ASSESS HOME PHYSICAL & FAMILY ENVIR	\$ -
T1029	COMP ENVIR LEAD INVESTIGAT-DWELL	\$ -
T1030	NRS CARE HOME REGISTERED NURSE-DIEM	\$ -
T1031	NURSING CARE THE HOME LPN PER DIEM	\$ -
T1040	MEDICAID CERT COM BH CLINIC SRVC PD	\$ -
T1041	MEDICAID CERT COM BH CLINIC SRVC PM	\$ -
T1502	ADMN ORL IM	\$ -
T1503	MED ADMIN- NOT ORAL/INJECT	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
T1505	ELECTRON MED COMPL MANAGE DEVC NOS	\$ -
T1999	MISC TX ITEMS&SUPPLIES RETAIL NOC	\$ -
T2001	N-EMERG TRNSPRT; PT ATTENDNT/ESCORT	\$ -
T2002	NON-EMERG TRANSPORTATION; PER DIEM	\$ -
T2003	NON-EMERG TRNSPRT; ENCOUNTER/TRIP	\$ -
T2004	N-EMERG TRNSPRT;COMMER CARR MX-PASS	\$ -
T2005	N-EMRG TRNSPRT;NON-AMB STRETCHR VAN	\$ -
T2007	TRNSPRT WAIT TIME NON-ER VEH 1/2 HR	\$ -
T2010	PASRR Level I	\$ -
T2011	PASRR Level II	\$ -
T2012	Habil ed waiver- per diem	\$ -
T2013	Habil ed waiver per hour	\$ -
T2014	Habil prevoc waiver- per d	\$ -
T2015	Habil prevoc waiver per hr	\$ -
T2016	Habil res waiver per diem	\$ -
T2017	Habil res waiver 15 min	\$ -
T2018	Habil sup empl waiver/diem	\$ -
T2019	Habil sup empl waiver 15min	\$ -
T2020	Day habil waiver per diem	\$ -
T2021	Day habil waiver per 15 min	\$ -
T2022	Case management- per month	\$ -
T2023	Targeted case mgmt per month	\$ -
T2024	Serv asmnt/care plan waiver	\$ -
T2025	Waiver service- nos	\$ -
T2026	Special childcare waiver/d	\$ -
T2027	Spec childcare waiver 15 min	\$ -
T2028	Special supply- nos waiver	\$ -
T2029	Special med equip- noswaiver	\$ -
T2030	Assist living waiver/month	\$ -
T2031	Assist living waiver/diem	\$ -
T2032	Res care- nos waiver/month	\$ -
T2033	Res- nos waiver per diem	\$ -
T2034	Crisis interven waiver/diem	\$ -
T2035	Utility services waiver	\$ -
T2036	Camp overnite waiver/session	\$ -
T2037	Camp day waiver/session	\$ -
T2038	Comm trans waiver/service	\$ -
T2039	Vehicle mod waiver/service	\$ -
T2040	Financial mgt waiver/15min	\$ -
T2041	Support broker waiver/15 min	\$ -
T2042	Hospice routine home care	\$ -
T2043	Hospice continuous home care	\$ -
T2044	Hospice respite care	\$ -
T2045	Hospice general care	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
T2046	Hospice long term care- r&b	\$ -
T2047	Hab prevo waiver per 15	\$ -
T2048	Bh ltc res r&b- per diem	\$ -
T2049	NON-EMERG TRNSPRT; VAN MILEAGE;MILE	\$ -
T2101	Breast milk proc/store/dist	\$ -
T4521	ADLT SZ DISPBL INCONT BRF/DIAPER SM	\$ -
T4522	ADLT SZ DISPBL INCONT BRF/DIAPER MD	\$ -
T4523	ADLT SZ DISPBL INCONT BRF/DIAPER LG	\$ -
T4524	ADLT DISPBL INCONT BRF/DIAPER X-LG	\$ -
T4525	ADLT SZD DISPBL INCONT UNWEAR SM	\$ -
T4526	ADLT SZD DISPBL INCONT UNWEAR MED	\$ -
T4527	ADLT SZD DISPBL INCONT UNWEAR LG	\$ -
T4528	ADLT SZD DISPBL INCONT UNWEAR X-LG	\$ -
T4529	PED SZ DISPBL INCONT BRF/DIAPER S/M	\$ -
T4530	PED SZ DISPBL INCONT BRF/DIAPER LG	\$ -
T4531	PED SZ DISPBL INCONT UNWEAR SM/MED	\$ -
T4532	PED SZ DISPBL INCONT UNWEAR LG EA	\$ -
T4533	YOUTH SZD DISPBL INCONT BRF/DIAPER	\$ -
T4534	YOUTH SZD DISPBL INCONT UNWEAR EA	\$ -
T4535	DISPBL LINER/PAD/UNDGRMNT INCONT EA	\$ -
T4536	INCONT PROD UNWEAR/PULLON REUSE SZ	\$ -
T4537	INCONT PROD UNDPAD REUSBL BED SZ EA	\$ -
T4538	DIAPER SRVC REUSBL DIAPER EA DIAPER	\$ -
T4539	INCONT PROD DIAPER/BRF REUSBL SZ EA	\$ -
T4540	INCONT PROD UNDPAD REUSBL CHAIR SZ	\$ -
T4541	INCONT PRODUCT DISPBL UNDPAD LG EA	\$ -
T4542	INCONT PROD DISPBL UNDPAD SM SZ EA	\$ -
T4543	DISP BARIATRIC BRIEF/DIAPER	\$ -
T4544	ADULT SIZE DISPBL PULLUP ABVE XL EA	\$ -
T4545	Incon disposable penile wrap	\$ -
T5001	Special position seat/vehicl	\$ -
T5999	Supply- nos	\$ -
TBCB1	TBCB1 CHARGE	\$ 100.00
TBCB2	TBCB2 CHARGE	\$ 200.00
U0001	2019-ncov diagnostic p	\$ -
U0002	Covid-19 lab test non-cdc	\$ 100.00
U0003	Cov-19 amp prb hgh thrupt	\$ 100.00
U0004	Cov-19 test non-cdc hgh thru	\$ -
U0005	Infec agen detec ampli probe	\$ -
V2020	FRAMES PURCHASES	\$ -
V2020	Patient supplied frame	\$ -
V2025	DELUXE FRAME	\$ -
V2100	SPHER 1 VISN PLANO +/- 4.00-LENS	\$ -
V2101	SPHER 1 VISN +/- 4.12 +/- 7.00D EA	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
V2102	SPHER 1 VISN +/- 7.12 +/- 20.00D EA	\$ -
V2103	1 VISN PLANO+/-4.00D 0.12-2.00D EA	\$ -
V2104	1 VISN PLANO+/-4.00D 2.12-4.00D EA	\$ -
V2105	1 VISN PLANO- /-4.00D 4.25-6.00D EA	\$ -
V2106	1 VISN PLANO+/-4.00D OVR 6.00D EA	\$ -
V2107	1 VISN +/-4.25+/-7.00 0.12-2.00D	\$ -
V2108	1 VSN /-4.25D- /-7.00D 2.12-4.00D	\$ -
V2109	1 VISN /- 4.25- /- 7.00D 4.25-6.00D	\$ -
V2110	1 VISN /- 4.25-7.00D OVER 6.00D	\$ -
V2111	1 VISN /-7.25- /-12.00D 0.25-2.25D	\$ -
V2112	1 VSN /-7.25- /-12.00D 2.25D-400D	\$ -
V2113	1 VISN /-7.25- /-12.00D 4.25-6.00D	\$ -
V2114	1 VISN SPHERE > /-12.00D PER LENS	\$ -
V2115	LENTICULAR PER LENS SINGLE VISION	\$ -
V2118	ANISEIKONIC LENS SINGLE VISION	\$ -
V2121	Lenticular lens- single	\$ -
V2199	NOT OTHWISE CLASS 1 VISION LENS	\$ -
V2200	SPHERE BIFOCL PLANO- /-4.00D LENS	\$ -
V2201	SPHERE BIFOCL +/-4.12+/-7.00D LENS	\$ -
V2202	SPHERE BIFOCL /-7.12- /-20.00D EA	\$ -
V2203	BIFOCL PLANO+/-4.00D 0.12-2.00D EA	\$ -
V2204	BIFOCL PLANO- /-4.00D 2.12-4.00D EA	\$ -
V2205	BIFOCL PLANO- /-4.00D 4.25-6.00D EA	\$ -
V2206	BIFOCL PLANO- /-4.00D OVER 6.00D EA	\$ -
V2207	BIFOCL +/-4.25+/-7.00D 0.12-2.00D	\$ -
V2208	BIFOCL /-4.25- /-7.00D 2.12-4.00D	\$ -
V2209	BIFOCL /-4.25- /-7.00D 4.25-6.00D	\$ -
V2210	BIFOCL /-4.25- /-7.00D OVER 6.00D	\$ -
V2211	BIFOCL /-7.25- /-12.00D 0.25-2.25D	\$ -
V2212	BIFOCL /-7.25- /-12.00D 2.25-4.00D	\$ -
V2213	BIFOCL /-7.25- /-12.00D 4.25-6.00D	\$ -
V2214	BIFOCL SPHER OVR /-12.00D PER LENS	\$ -
V2215	LENTICULAR PER LENS BIFOCAL	\$ -
V2218	ANISEIKONIC PER LENS BIFOCAL	\$ -
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$ -
V2220	BIFOCAL ADD OVER 3.25D	\$ -
V2221	Lenticular lens- bifocal	\$ -
V2299	SPECIALTY BIFOCAL	\$ -
V2300	SPHERE TRIFOCL /-4.12- /- 7.00D EA	\$ -
V2301	SPHERE TRIFOCL /- 7.12- /-20.00 EA	\$ -
V2302	SPHER TRIFOCL /- 7.12- /-20.00 EA	\$ -
V2303	TRIFOCL PLANO /-4.00D 0.12-2.00D	\$ -
V2304	TRIFOCL PLANO +/-4.00D 2.25-4.00D	\$ -
V2305	TRIFOCL PLANO /-4.00D 4.25-6.00	\$ -



2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
V2306	TRIFOCL PLANO +/-4.00D OVR 6.00D	\$ -
V2307	TRIFCL /-4.25- /-7.00D 0.12-2.00D	\$ -
V2308	TRIFOCL /-4.25- /-7.00D 2.12-4.00D	\$ -
V2309	TRIFOCL /-4.25- /-7.00D 4.25-6.00D	\$ -
V2310	TRIFOCL /-4.25- /-7.00D OVR 6.00D	\$ -
V2311	TRIFCL /-7.25- /-12.00D 0.25-2.25D	\$ -
V2312	TRIFCL /-7.25- /-12.00D 2.25-4.00D	\$ -
V2313	TRIFCL /-7.25- /-12.00D 4.25-6.00D	\$ -
V2314	TRIFOCL SPHER > /-12.00D PER LENS	\$ -
V2315	LENTICULAR PER LENS TRIFOCAL	\$ -
V2318	ANISEIKONIC LENS TRIFOCAL	\$ -
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$ -
V2320	TRIFOCAL ADD OVER 3.25D	\$ -
V2321	Lenticular lens- trifocal	\$ -
V2399	SPECIALTY TRIFOCAL	\$ -
V2410	VARIBL ASPHCITY 1 FULL FIELD-LENS	\$ -
V2430	VRIBL ASPHRC BIFOCL FULL FIELD-LENS	\$ -
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	\$ -
V2500	CNTC LENS PMMA SPHERICAL PER LENS	\$ -
V2501	CNTC LENS PMMA/PRISM BALLST-LENS	\$ -
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	\$ -
V2503	CNTC LENS PMMA COLR VISN DEFIC-LENS	\$ -
V2510	CNTC LENS GAS PRMEABL SPHERICL-LENS	\$ -
V2511	CNTC LENS GAS PRMEABL PRSM BLLST-EA	\$ -
V2512	CNTC LENS GAS PERMEABLE BIFOCL-LENS	\$ -
V2513	CNTC LENS GAS PRMEABL EXT WEAR-LENS	\$ -
V2520	CNTC LENS HYDROPHIL SPHERICAL-LENS	\$ -
V2521	CNTC LENS HYDROPHL/PRISM BLLST-LENS	\$ -
V2522	CNTC LENS HYDROPHIL BIFOCAL-LENS	\$ -
V2523	CNTC LENS HYDROPHIL EXT WEAR-LENS	\$ -
V2524	Cntct lens hydrophil photoch	\$ -
V2530	CNTC LENS SCLERL GAS IMPRMEABL-LENS	\$ -
V2531	CNTC LENS SCLERL GAS PERMEABLE-LENS	\$ -
V2599	CONTACT LENS OTHER TYPE	\$ -
V2600	HAND HELD LW VISN	\$ -
V2610	1 LENS SPECTACLE MOUNTED LOWAIDS	\$ -
V2615	TELESCOPIC	\$ -
V2623	PROSTHETIC EYE PLASTIC CUSTOM	\$ -
V2624	POLISHING/RESURFACING OCULR PROSTH	\$ -
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$ -
V2626	REDUCTION OF OCULAR PROSTHESIS	\$ -
V2627	SCLERAL COVER SHELL	\$ -
V2628	FABRICATION	\$ -
V2629	PROSTHETIC EYE OTHER TYPE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$ -
V2631	IRIS SUPPORTED INTRAOCULAR LENS	\$ -
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$ -
V2700	BALANCE LENS PER LENS	\$ -
V2702	DELUXE LENS FEATURE	\$ -
V2710	SLAB OFF PRISM GLASS/PLSTC PER LENS	\$ -
V2715	PRISM PER LENS	\$ -
V2718	PRESS-ON LENS FRESNELL PRISM-LENS	\$ -
V2730	SPCL BASE CURVE GLASS/PLSTC-LENS	\$ -
V2744	TINT PHOTOCHROMATIC PER LENS	\$ -
V2745	Tint- any color/solid/grad	\$ -
V2750	ANTIREFLECTIVE COATING PER LENS	\$ -
V2755	U-V LENS PER LENS	\$ -
V2756	Eye glass case	\$ -
V2760	SCRATCH RESISTANT COATING PER LENS	\$ -
V2761	Mirror coating	\$ -
V2762	Polarization- any lens	\$ -
V2770	OCCLUDER LENS PER LENS	\$ -
V2780	OVERSIZE LENS PER LENS	\$ -
V2781	PROGRESSIVE LENS PER LENS	\$ -
V2782	Lens- 1.54-1.65 p/1.60-1.79g	\$ -
V2783	Lens- >= 1.66 p/>=1.80 g	\$ -
V2784	Lens polycarb or equal	\$ -
V2785	PRC PRES	\$ -
V2786	Occupational multifocal lens	\$ -
V2787	ASTIGMATISM-CORRECT FUNCTION	\$ -
V2788	PRESBYOPIA-CORRECT FUNCTION	\$ -
V2790	AMNIOTIC MEMBRANE SURG RECNSTR-PROC	\$ -
V2797	Vis item/svc in other code	\$ -
V2799	VISION SERVICE MISCELLANEOUS	\$ -
V5008	HEARING SCREENING	\$ -
V5010	ASSESSMENT FOR HEARING AID	\$ -
V5011	FIT/ORIENTATION/CHECK HEARING AID	\$ -
V5014	REPAIR/MODIFICATION OF HEARING AID	\$ -
V5020	CONFORMITY EVALUATION	\$ -
V5030	HEAR AID MONAURL BDY WRN AIR CONDCT	\$ -
V5040	HEAR AID MONAURL BDY WORN BN CONDCT	\$ -
V5050	HEARING AID MONAURAL IN THE EAR	\$ -
V5060	HEARING AID MONAURAL BEHIND THE EAR	\$ -
V5070	GLASSES AIR CONDUCTION	\$ -
V5080	GLASSES BONE CONDUCTION	\$ -
V5090	DISPENSING FEE UNSPEC HEARING AID	\$ -
V5095	SEMI-IMPL MID EAR HEARING PROSTH	\$ -
V5100	HEARING AID BILATERAL BODY WORN	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
V5110	DISPENSING FEE BILATERAL	\$ -
V5120	BINAURAL BODY	\$ -
V5130	BINAURAL IN THE EAR	\$ -
V5140	BINAURAL BEHIND THE EAR	\$ -
V5150	BINAURAL GLASSES	\$ -
V5160	DISPENSING FEE BINAURAL	\$ -
V5171	Hearing aid monaural ite	\$ -
V5172	Hearing aid monaural itc	\$ -
V5181	Hearing aid monaural bte	\$ -
V5190	HEARING AID CROS GLASSES	\$ -
V5200	DISPENSING FEE CROS	\$ -
V5211	Hearing aid binaural ite/ite	\$ -
V5212	Hearing aid binaural ite/itc	\$ -
V5213	Hearing aid binaural ite/bte	\$ -
V5214	Hearing aid binaural itc/itc	\$ -
V5215	Hearing aid binaural itc/bte	\$ -
V5221	Hearing aid binaural bte/bte	\$ -
V5230	HEARING AID BICROS GLASSES	\$ -
V5240	DISPENSING FEE BICROS	\$ -
V5241	DISPNS FEE MONAURL HEARING AID TYPE	\$ -
V5242	HEARING AID ANALOG MONAURAL CIC	\$ -
V5243	HEARING AID ANALOG MONAURAL ITC	\$ -
V5244	HEARING AID PROG ANALOG MONAURL CIC	\$ -
V5245	HEARING AID PROG ANALOG MONAURL ITC	\$ -
V5246	HEARING AID PROG ANALOG MONAURL ITE	\$ -
V5247	HEARING AID PROG ANALOG MONAURL BTE	\$ -
V5248	HEARING AID ANALOG BINAURAL CIC	\$ -
V5249	HEARING AID ANALOG BINAURAL ITC	\$ -
V5250	HEARING AID PROG ANALOG BINAURL CIC	\$ -
V5251	HEARING AID PROG ANALOG BINAURL ITC	\$ -
V5252	HEARING AID PROG BINAURAL ITE	\$ -
V5253	HEARING AID PROG BINAURAL BTE	\$ -
V5254	HEARING AID DIGITAL MONAURAL CIC	\$ -
V5255	HEARING AID DIGITAL MONAURAL ITC	\$ -
V5256	HEARING AID DIGITAL MONAURAL ITE	\$ -
V5257	HEARING AID DIGITAL MONAURAL BTE	\$ -
V5258	HEARING AID DIGITAL BINAURAL CIC	\$ -
V5259	HEARING AID DIGITAL BINAURAL ITC	\$ -
V5260	HEARING AID DIGITAL BINAURAL ITE	\$ -
V5261	HEARING AID DIGITAL BINAURAL BTE	\$ -
V5262	HEARING AID DISPBL TYPE MONAURAL	\$ -
V5263	HEARING AID DISPBL TYPE BINAURAL	\$ -
V5264	EAR MOLD/INSERT NOT DISPBL ANY TYPE	\$ -
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE	\$ -

2023 MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
V5266	BATTERY FOR USE IN HEARING DEVICE	\$ -
V5267	HEARING AID SUPPLIES/ACCESSORIES	\$ -
V5268	ASST LISTENING DEVICE TEL AMP TYPE	\$ -
V5269	ASST LISTENING DEVICE ALERTING TYPE	\$ -
V5270	ASST LISTENING DEVICE TV AMP TYPE	\$ -
V5271	ASST LISTEN DEVC TV CAPTION DECODER	\$ -
V5272	ASSISTIVE LISTENING DEVICE TDD	\$ -
V5273	ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	\$ -
V5274	ASSISTIVE LEARNING DEVICE NOS	\$ -
V5275	EAR IMPRESSION EACH	\$ -
V5281	ALD PERS FM/DM SYS MONAURL ANY TYPE	\$ -
V5282	ALD PERS FM/DM SYS BINAURL ANY TYPE	\$ -
V5283	ALD PERS FM/DM NCK LOOP INDUCT RECV	\$ -
V5284	ALD PERS FM/DM EAR LEVEL RECEIVER	\$ -
V5285	ALD PERS FM/DM DIR AUDIO INPUT RECV	\$ -
V5286	ALD PERS BLUE TOOTH FM/DM RECEIVR	\$ -
V5287	ALD PERS FM/DM RECEIVER NOS	\$ -
V5288	ALD PERS FM/DM TRANSMITTER ALD	\$ -
V5289	ALD PERS FM/DM ADPTR/BOOT CPLG RECV	\$ -
V5290	ALD TRANSMITT MICROPHONE ANY TYPE	\$ -
V5298	HEARING AID NOC	\$ -
V5299	HEARING SERVICE MISCELLANEOUS	\$ -
V5336	REPR/MOD AUGMENTATIV CMNCT SYS/DEVC	\$ -
V5362	SPEECH SCREENING	\$ -
V5363	LANGUAGE SCREENING	\$ -
V5364	DYSPHAGIA SCREENING	\$ -

Proposed fee change for 2023

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
10060	I&D Abscess	\$ 267.00
10120	Foreign Body- SKIN- Simple	\$ 340.00
11981	Implant - Insertion	\$ 304.00
11982	Implant - Removal	\$ 320.00
11983	Implant Removal and Reinsertion	\$ 497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$ 551.00
16000	Burn Care- Initial	\$ 306.00
36415	Collection of Venous Blood	\$ 23.00
36416	Collection of Capillary Blood	\$ 22.00
36416	Newborn Screening (Capillary specimen)	\$ 22.00
41899	DENTAL SURGERY PROCEDURE	\$ 286.00
57410	PELVIC EXAMINATION	\$ 112.31
58300	IUD Insertion	\$ 207.00
58301	IUD Removal	\$ 211.00
69209	Cerumen removal w/o instrument	\$ 49.00
69210	Cerumen removal w/ instrument	\$ 137.50
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 33.33
80053	COMPREHEN METABOLIC PANEL	\$ 12.00
80061	LIPID PANEL	\$ 15.00
80074	Acute Hepatitis Panel w/reflex	\$ 105.00
80076	Hepatic Function Panel (Liver Panel)	\$ 18.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 14.21
81002	UA Dipstick	\$ 18.00
81025	Urine Pregnancy Test	\$ 34.00
82044	Microalbumin	\$ 11.00
82270	Hemocult - Clia	\$ 8.00
82465	Cholesterol - Clia	\$ 7.00
82465	SNHD Cholesterol - Clia	\$ 6.00
82947	Blood glucose- monitoring device	\$ 22.00
83036	Hemoglobin A1c - Clia	\$ 22.00
83036	SNHD Hemoglobin A1c - Clia	\$ 19.98
83655	Lead - Clia	\$ 50.00
83718	ASSAY OF LIPOPROTEIN	\$ 9.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 14.00
84478	ASSAY OF TRIGLYCERIDES	\$ 6.00
85018	Hemoglobin - Clia	\$ 23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 9.00
86308	Mononucleosis	\$ 12.00
86317	Hepatitis B surface Ab- quantitative	\$ 33.00
86403	Strep A	\$ 39.00
86480	Quantiferon	\$ 65.00
86580	Tuberculosis Skin Testing	\$ 32.00
86592	RPR- non treponemal qualitative	\$ 42.00
86593	RPR titer- non-treponemal quantitative	\$ 50.00
86701	HIV-1 antibody (Multispot)	\$ 220.00
86702	HIV-2 antibody (Multispot)	\$ 117.00
86703	(STD Use) HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 37.00
86704	Hep b core antibody total	\$ 0.01
86705	Hepatitis B core IgM	\$ 12.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
86706	Hepatitis B surface Ab- qualitative	\$ 18.00
86708	Hepatitis A Total Ab	\$ 18.00
86709	Hepatitis A IgM	\$ 12.00
86769	Sars-cov-2 covid-19 antibody	\$ 0.01
86780	Syphilis IgG antibody (treponemal)	\$ 65.00
86780	TPPA antibody (treponemal)	\$ 65.00
86803	Hep C- Rapid- Oraquick	\$ 32.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$ 120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$ 151.00
87210	Smear- Wet Mount for Inf Agents	\$ 23.00
87340	Hepatitis B Surface Antigen	\$ 19.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87390	HIV-1 AG- EIA	\$ 73.00
87490	Chlmyd trach dna dir probe	\$ 0.01
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 53.00
87521	Hepatitis c probe&rvrs trnsc	\$ 0.01
87522	Hepatitis C Quantitative RNA	\$ 43.00
87536	HIV-1- DNA- QUANT	\$ 95.00
87563	M. GENITALIUM AMP PROBE	\$ 139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 53.00
87624	HPV (AMP)	\$ 36.00
87635	SARS-CoV-2 NAAT	\$ 52.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 135.00
87804	Influenza - Clia	\$ 43.00
87806	HIV - 1/2	\$ 80.00
87807	RSV - Clia	\$ 43.00
87808	Trichomonas Vaginalis - Clia	\$ 48.00
87905	Bacterial Vaginosis	\$ 17.00
87905	SNHD Bacterial Vaginosis	\$ 15.00
88150	Pap Smear	\$ 56.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 48.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 17.00
90619	Meningococcal MenACWY MenQuadfi	\$ 270.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 340.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 280.00
90625	Cholera- live oral	\$ 431.00
90632	Hepatitis A (Adult)	\$ 135.00
90633	Hepatitis A (Child)	\$ 79.00
90634	HEP A VACC- PED/ADOL- 3 DOSE	\$ 0.01
90636	Hepatitis A & B (Twinrix)	\$ 203.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	\$ 0.01
90647	Hib PRP-OMP	\$ 60.00
90648	Hib PRP-T	\$ 57.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 0.01
90650	HPV TYP BIVAL 3 DOSE IM	\$ 0.01
90653	Influenza-trivalent-adjuvanted (Fluad)	\$ 105.00
90662	Influenza- High Dose Seasonal	\$ 88.00
90670	Pneumococcal (Pevnar 13)	\$ 420.00
90671	PCV15 (Vaxneuvance)	\$ 420.00
90672	Influenza-live- intranasal- quadrivalent	\$ 45.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
90674	Flu- MDCK-pfree-Quad PFS	\$ 45.00
90675	Rabies	\$ 570.00
90677	PCV20 (Prevnar 20)	\$ 472.00
90680	Rotavirus- Pentavalent	\$ 165.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 240.00
90685	Infl.- Quad- Adjuvanted Afluria	\$ 35.00
90686	Influenza Inj. Quad Pres/Free Fluarix	\$ 35.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 35.00
90688	Influenza- Inj- quad- P-free Fluzone PFS	\$ 35.00
90688	Influenza- inj- quad- pres Fluzone MDV	\$ 35.00
90691	Typhoid	\$ 187.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90696	DTaP-IPV (Kinrix)	\$ 116.00
90696	DTaP-IPV - Quadracel	\$ 116.00
90697	DTaP-IPV-HepB-Hib - PFS	\$ 245.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 245.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 195.00
90700	DTap	\$ 62.00
90702	DT	\$ 120.00
90707	MMR	\$ 160.00
90710	MMRV	\$ 450.00
90713	IPV (Polio)	\$ 70.00
90714	Td Grifols	\$ 65.00
90715	Tdap	\$ 89.00
90715	Tdap Boostrix	\$ 75.00
90715	Tdap Boostrix PFS	\$ 75.00
90716	Chicken Pox (Varicella)	\$ 275.00
90717	Yellow Fever	\$ 325.00
90717	Yellow Fever Stamaril	\$ 325.00
90723	DTaP-Hep B- IPV (Pedarix)	\$ 166.00
90732	Pneumococcal (Pneumovax 23)	\$ 215.00
90732	Pneumococcal - Pneumovax 23 PFS	\$ 215.00
90734	Meningococcal (MCV4) Menactra	\$ 230.00
90734	Meningococcal (MCV4) Menveo	\$ 230.00
90738	Japanese encephalitis IM	\$ 520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 218.00
90744	Hepatitis B (Child)	\$ 70.00
90746	Hepatitis B (Adult)	\$ 141.00
90750	Zoster- recombinant (Shingrix)	\$ 325.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 48.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 228.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 341.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 117.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 158.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 181.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 213.00
90839	PSYTX CRISIS INITIAL 60 MIN NEW	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 90.00
90845	PSYCHOANALYSIS	\$ 167.00
92551	Audiometry/screening test- pure tone- air only	\$ 34.00



2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
92567	TYMPANOMETRY	\$ 18.00
93000	ECG w/interpretation	\$ 34.00
93040	ECG- Rhythm Strip	\$ 76.00
94010	SPIROMETRY	\$ 135.00
94060	Spirometry- Pre and Post	\$ 132.00
94640	Nebulizer/Inhalation Treatment	\$ 51.00
94664	Nebulizer - demo/eval of pt use	\$ 70.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 6.00
96110	ASQ (developmental screening)	\$ 59.00
96372	Therapeutic IM/SC Injection	\$ 65.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 67.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 35.00
97804	MEDICAL NUTRITION- GROUP	\$ 18.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 18.34
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 8.82
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 6.44
99000	Collection of Other Lab Spec	\$ 22.00
99070	Vandazole Vaginal Gel TUBE	\$ 135.43
99173	Vision screen- Bilateral	\$ 28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$ 52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$ 28.00
99188	Fluoride Varnish Administered (Medical)	\$ 45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$ 160.00
99203	New Patient Detailed Problem Focused	\$ 234.00
99204	Class B (Peds) E&M New Outpatient Comprehensive Problem	\$ 357.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 469.00
99211	E&M Established Outpatient - RN Only	\$ 60.00
99212	E&M Established Outpatient - Problem Focused	\$ 96.00
99213	Class B (Peds) E&M Established Outpatient Expanded Problem Focused	\$ 159.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 230.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 330.00
99241	Office Consultation Level 1	\$ 183.00
99242	Office Consultation Level 2	\$ 289.00
99243	Office Consultation Level 3	\$ 375.00
99244	Office Consultation Level 4	\$ 536.00
99245	Office Consultation Level 5	\$ 689.00
99324	DOMICIL/R-HOME VISIT NEW PAT	\$ 126.00
99325	DOMICIL/R-HOME VISIT NEW PAT	\$ 199.00
99326	DOMICIL/R-HOME VISIT NEW PAT	\$ 340.00
99327	DOMICIL/R-HOME VISIT NEW PAT	\$ 456.00
99334	DOMICIL/R-HOME VISIT EST PAT	\$ 157.00
99335	DOMICIL/R-HOME VISIT EST PAT	\$ 237.00
99336	DOMICIL/R-HOME VISIT EST PAT	\$ 322.00
99337	DOMICIL/R-HOME VISIT EST PAT	\$ 422.00
99354	Prolonged/30-74 min additional	\$ 178.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 202.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 206.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 211.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 234.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 264.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 294.00
99387	Preventive Medicine- New patient- 65+ Years Old	\$ 301.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 181.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 192.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 189.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 203.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 229.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 243.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 253.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 78.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 117.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 163.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 160.00
99406	Tobacco counseling/3-10 min	\$ 32.00
99407	Tobacco counseling></div>10 min	\$ 62.00
99421	OL DIG E/M SVC 5-10 MIN	\$ 93.02
99422	OL DIG E/M SVC 11-20 MIN	\$ 93.02
99423	OL DIG E/M SVC 21+ MIN	\$ 107.00
99441	PHONE E/M BY PHYS 5-10 MIN	\$ 47.00
99442	PHONE E/M BY PHYS 11-20 MIN	\$ 142.00
99443	PHONE E/M BY PHYS 21-30 MIN	\$ 157.00
99606	Medications Management Therapy	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00
99608	Medications Management Therapy	\$ 41.00
*90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 23.00
*90471	Admin Fee 1st Vaccine	\$ 23.00
*90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 15.00
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	\$ 40.00
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	\$ 28.39
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	\$ 40.00
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	\$ 40.00
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	\$ 40.00
0031A	ADM SARSCOV2 VAC AD26 .5ML	\$ 40.00
0034A	ADM SARSCOV2 VAC AD26 .5ML B	\$ 40.00
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	\$ 40.00
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	\$ 40.00
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	\$ 40.00
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	\$ 40.00
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	\$ 40.00
0054A	ADM SARSCV2 30MCG TRS-SUCR B	\$ 40.00
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	\$ 40.00
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	\$ 40.00
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	\$ 40.00
0074A	ADM SARSBV 10 MCG TRS-SUCR	\$ 40.00
0081A	ADM SARSCOV 2 PFIZER 6MO-4 YRS 1ST	\$ 40.00
0082A	ADM SARSCOV 2 PFIZER 6MOS-4YR 2ND	\$ 40.00
0083A	ADM SARSCOV 2 PFIZER 6MOS-4YRS 3RD	\$ 40.00
0091A	ADM SARSCOV MOD 6-11YR 1ST	\$ 40.00
0093A	ADM SARSCOV2 6-11YRS 3RD	\$ 40.00
0094A	ADM SARSCOV2 6-11 YRS BOOSTER	\$ 40.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
0111A	ADM SARSCOV2 MOD 6MO-5YR	\$ 40.00
0112A	ADM SARSCOV2 MOD 6MO-5YR 2ND	\$ 40.00
0124A	ADM SARSCO2 BV 12+	\$ 40.00
0134A	ADM SARSCOV2 MOD BIVALENT BOOSTER	\$ 40.00
0144A	ADM SARSCOV2 MOD 6-11 BV	\$ 40.00
0154A	ADM SARSCOV2 BV 5-11YR	\$ 40.00
0164A	ADM SARSCOV2 MOD BV 6OS-5YRS	\$ 40.00
0173A	ADM SARSCOV2 BV 6mo - 4yr	\$ 40.00
A4266	Diaphragm Device	\$ 109.00
A4267	Condoms (Male) (1 pk = 12)	\$ 0.50
A6250	Silver Sulfadiazine 1% cream	\$ 0.26
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
D0120	PERIODIC ORAL EXAMINATION	\$ 44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$ 43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$ 41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 52.00
D0190	Screening of Patient	\$ 41.00
D0191	ASSESSMENT OF A PATIENT	\$ 44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$ 83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$ 25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$ 20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$ 15.00
D0270	BITEWING - SINGLE FILM	\$ 12.00
D0272	BITEWINGS - TWO FILMS	\$ 28.00
D0273	BITEWINGS - THREE FILMS	\$ 41.00
D0274	BITEWINGS - FOUR FILMS	\$ 45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$ 5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$ 5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$ 5.00
D1110	PROPHYLAXIS - ADULT	\$ 75.00
D1120	PROPHYLAXIS - CHILD	\$ 75.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 1.00
D1351	Dental Sealant - per tooth	\$ 37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$ 11.00
D1353	SEALANT REPAIR - PER TOOTH	\$ 25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$ 13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$ 116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$ 132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$ 169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$ 211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ 755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$ 328.00
D3110	PULP CAP - DIRECT	\$ 53.00
D3120	PULP CAP - INDIRECT	\$ 56.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$ 138.00
D4341	Periodontal scaling & root	\$ 155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$ 130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$ 277.00
D4355	Full mouth debridement	\$ 112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$ 105.00
D4910	Periodontal maint procedures	\$ 103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$ 1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$ 1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$ 1,175.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$ 41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$ 266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$ 266.00
D5820	INTERIM PARTIAL DENTURE	\$ 205.00
D5821	INTERIM PARTIAL DENTURE	\$ 205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$ 201.00
D9311	Consultation with a Medical Health Care Professional	\$ 95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$ 69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$ 15.00
D9992	Dental Case Management - Care Coordination	\$ 31.00
D9993	Dental Case Management - Motivational Interviewing	\$ 15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$ 15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 84.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 90.00
G0071	Comm svcs by rhc/fqhc 5 min	\$ 24.31
G0101	CA Screen/Breast Exam	\$ 58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00
G0344	Welcome to Medicare Exam	\$ 275.00
G0366	ECG w/ Welcome to Medicare exam	\$ 29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQVT VST	\$ 139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$ 60.00
G0466	FQHC VISIT NEW PATIENT	\$ 244.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00
G0468	FQHC VISIT IPPE/AWV	\$ 244.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00
G2010	Remot image submit by pt	\$ 14.00
G2012	Brief check in by md/qhp	\$ 16.00
G2025	Telehealth	\$ 92.03
G8598	Aspirin 325mg (ASA)	\$ 0.02
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.43
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.32
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$ 14.98
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	\$ 312.58
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	\$ 160.50
J0558	Penicillin G benz/G procaine (CR) 1.2 mil u/2mL (100-000 per unit)	\$ 128.85
J0561	Bicillin 2.4 Long Acting	\$ 13.80
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 13.80
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.17
J0696	Ceftriaxone 250mg/mL- IM	\$ 12.68
J1030	Methylprednisolone 40mg INJ	\$ 8.94
J1040	Methylprednisolone 80mg INJ	\$ 14.69
J1050	Medroxyprogesterone 150mg/ml IM	\$ 57.80
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 38.25
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.49
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.84
J1324	Nevirapine 50mg/5mL	\$ 0.79
J1580	Gentamicin 80mg/mL 2ML	\$ 1.14
J1741	Ibuprofen 200mg CAP	\$ 0.06
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 2.96
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.80
J2001	Xylocaine-Mpf 1% VIAL	\$ 6.96
J2001	Lidocaine 2% Viscous SOLN	\$ 0.11
J2405	Ondansetron ODT 4mg TAB	\$ 19.07
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.48
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 30.57
J3301	Triamcinolone acetonide 40mg/mL INJ (10mg per unit)	\$ 8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.48
J3490	Capastat Injectable (1gr = 10ml)	\$ 221.31
J3490	Sulfamet Trimet 800/160mg (100 tabs)	\$ 117.18
J3490	Triumeq 600/50/300mg (30 tabs)	\$ 96.05
J3490	Tivicay 50mg (30 tabs)	\$ 56.76
J3490	Metronidazole Vaginal Gel TUBE	\$ 23.28
J3490	Clotrimazole vag Cream 1%	\$ 8.84
J3490	Paser 4gm	\$ 6.85
J7296	Kyleena- 19.5 mg	\$ 1,180.00
J7297	IUD Device - Liletta	\$ 200.00
J7298	IUD Device - Mirena	\$ 753.00
J7300	IUD Device - Paragard	\$ 568.00
J7301	IUD Device - Skyla	\$ 550.00

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J7307	Implant Device - Nexplanon	\$ 825.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.41
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.14
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 1.97
J7620	Ipratropium BR 0.02% SOLN	\$ 1.51
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.48
J7627	Budesonide 1mg/2mL INH SUSP	\$ 19.76
J8499	Linezolid 600mg Tab	\$ 146.94
J8499	Genvoya 150-200-10	\$ 100.86
J8499	Triumeq 600/50/300mg	\$ 96.05
J8499	Odefsey 200-25-25	\$ 91.79
J8499	Streptomycin 1 gram VIAL	\$ 80.00
J8499	Erythromycin 500mg	\$ 73.52
J8499	Cycloserine 250mg	\$ 66.88
J8499	Prezcobix 800/150mg	\$ 61.86
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 60.83
J8499	Descovy 200mg/25mg (30 tabs)	\$ 57.38
J8499	Truvada 200-300mg	\$ 57.38
J8499	Tivicay 50mg	\$ 56.76
J8499	Prezista 800mg	\$ 54.12
J8499	Avelox 400mg	\$ 31.27
J8499	Levaquin 750mg	\$ 30.88
J8499	Moxifloxacin 400 mg Tab	\$ 26.76
J8499	Cefixime 400mg	\$ 23.83
J8499	Levaquin 500mg	\$ 17.20
J8499	Rifampin 150mg	\$ 16.95
J8499	Fluconazole 150mg	\$ 15.87
J8499	Mycobutin 150mg	\$ 14.98
J8499	Tindamax 500mg	\$ 14.66
J8499	Levaquin 250mg	\$ 14.39
J8499	Rifampin 300mg	\$ 14.03
J8499	Azithromycin 500mg	\$ 13.33
J8499	Zyvox 600mg	\$ 10.97
J8499	Ethambutol 100mg	\$ 8.20
J8499	Diflucan 100mg	\$ 7.54
J8499	Fluconazole 100mg	\$ 7.54
J8499	Hurricane Gyno-Gel	\$ 7.40
J8499	Ethionamide 250 mg	\$ 5.67
J8499	Metronidazole 500 mg	\$ 5.55
J8499	Priftin 150mg	\$ 3.90
J8499	Rifapentine 150mg	\$ 3.90
J8499	Acyclovir 800mg	\$ 3.14
J8499	Dapsone 100mg	\$ 2.59
J8499	Pyrazinamide 500mg	\$ 2.45
J8499	Acyclovir 400mg	\$ 1.61
J8499	Cephalexin 500mg	\$ 1.14
J8499	Ethambutol 400 mg	\$ 1.13
J8499	Bactrim DS 800/160mg	\$ 0.99
J8499	Penicillin VK 500mg	\$ 0.67
J8499	Isoniazid 300mg	\$ 0.43

2023 SNHD BILLING FEE SCHEDULE with Proposed Fee Changes

CPTCODE	Description	Fee
J8499	Metronidazole 250 mg	\$ 0.41
J8499	Doxycycline 100mg	\$ 0.20
J8499	Zidovud Syrp 50mg/5mL 240mL	\$ 0.20
J8499	Isoniazid 100mg	\$ 0.13
J8499	Mylanta	\$ 0.09
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Vitamin B-6 50mg	\$ 0.02
PHYEX	SNHD General Physical	\$ 91.00
Q0091	Pap Smear	\$ 74.00
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0144	Azithromycin 600mg	\$ 15.99
Q0144	Azithromycin Powder 1gm	\$ 15.99
Q0144	Azithromycin 500mg	\$ 13.33
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$ 2,100.00
S4993	Birth Control Pills - Tri Lo Sprintec (28 tabs)	\$ 122.35
S4993	Birth Control Pills - Micronor (28 tabs)	\$ 56.12
S4993	Birth Control Pills - Orth Cyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Ortho Trycyclen Lo (28 tabs)	\$ 51.30
S4993	Birth Control Pills - Nora - B (28 tabs)	\$ 34.54
S4993	Birth Control Pills - Reclipsen (28 tabs)	\$ 33.68
S4993	Birth Control Pills - Aviane (28 tabs)	\$ 33.13
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 31.94
S4993	Emergency Birth Control - Plan B	\$ 31.20
S4993	Birth Control Pills - Sprintec (28 tabs)	\$ 30.78
S4993	Birth Control Pills - Apri (28 tabs) - Brand	\$ 29.41
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
T1013	Sign Lang/Oral Interpreter	\$ 23.00
TBCB1	TBCB1 CHARGE	\$ 100.00
TBCB2	TBCB2 CHARGE	\$ 200.00
U0002	Covid-19 lab test non-cdc	\$ 100.00
U0003	Cov-19 amp prb hgh thruput	\$ 100.00

Proposed fee change for 2023