

PROVIDER BULLETIN

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February 5, 2010

PHYSICIAN PROGRAM FEE UPDATE

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PHYSICIAN PROGRAM FEE UPDATES

The MO HealthNet Division's (MHD) on-line fee schedule was updated as announced in the December 10, 2009 provider information bulletin, Volume 32, No. 22. Physician reimbursement for the majority of MO HealthNet services is benchmarked when possible to a Medicare rate. Given the need to balance maintenance of access to services, and in particular primary care services, and the requirement to actively implement measures to balance the budget for state fiscal year 2010, effective January 1, 2010 CPT and HCPCS codes reimbursed at greater than 90% of the Medicare fee schedule were reduced to 90% of the Medicare fee schedule.

MO HealthNet reimburses approximately 8,600 physician program codes. Of these codes, 93% have a Medicare comparison. After exhaustive review of all physician program codes, 1,364 of the codes benchmarked to Medicare were identified as being in excess of 90% of the Medicare fee schedule. These targeted codes represent about 16% of the 8,600 physician codes billed by physician program providers. This reduction represents an estimated savings to the State of \$3 million on an annual basis.

Provider types affected by this change include Advanced Practice Nurses, Anesthesiologists, Anesthesiologist Assistants, Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives, Physicians, Podiatrists, Psychologists, and Laboratory and Radiology providers.

For ease of reference, attached is a list of the codes affected for dates of service on or after January 1, 2010.

The entire fee schedule is available at <http://dss.mo.gov/mhd/providers/index.htm>.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery-Post-Operative Services	11041	Debride Skin, Full			\$10.00	\$8.76
Surgery- Without Post-Operative Services	11041	Debride Skin, Full			\$40.00	\$35.06
Podiatry	11041	Debride Skin, Full			\$50.00	\$43.82
Surgery and Epidurals	11041	Debride Skin, Full			\$50.00	\$43.82
Surgery-Post-Operative Services	11042	Debride Skin/Tissue			\$13.20	\$11.84
Surgery- Without Post-Operative Services	11042	Debride Skin/Tissue			\$52.80	\$47.37
Podiatry	11042	Debride Skin/Tissue			\$66.00	\$59.21
Surgery and Epidurals	11042	Debride Skin/Tissue			\$66.00	\$59.21
Surgery-Post-Operative Services	11450	Removal, Sweat Gland Lesion			\$55.00	\$53.52
Surgery- Without Post-Operative Services	11450	Removal, Sweat Gland Lesion			\$220.00	\$214.08
Surgery and Epidurals	11450	Removal, Sweat Gland Lesion			\$275.00	\$267.61
Surgery-Post-Operative Services	11462	Removal, Sweat Gland Lesion			\$55.00	\$52.74
Surgery- Without Post-Operative Services	11462	Removal, Sweat Gland Lesion			\$220.00	\$210.96
Surgery and Epidurals	11462	Removal, Sweat Gland Lesion			\$275.00	\$263.70
Surgery-Post-Operative Services	15760	Composite Skin Graft			\$132.00	\$131.51
Surgery- Without Post-Operative Services	15760	Composite Skin Graft			\$528.00	\$526.05
Surgery and Epidurals	15760	Composite Skin Graft			\$660.00	\$657.56
Surgery-Post-Operative Services	17003	Destruct Premalg Les, 2-14			\$2.00	\$1.19
Surgery- Without Post-Operative Services	17003	Destruct Premalg Les, 2-14			\$8.00	\$4.76
Podiatry	17003	Destruct Premalg Les, 2-14			\$10.00	\$5.95
Surgery and Epidurals	17003	Destruct Premalg Les, 2-14			\$10.00	\$5.95
Surgery-Post-Operative Services	17107	Destruction of Skin Lesions			\$73.35	\$71.83
Surgery- Without Post-Operative Services	17107	Destruction of Skin Lesions			\$293.40	\$287.32
Surgery and Epidurals	17107	Destruction of Skin Lesions			\$366.74	\$359.15
Surgery- Without Post-Operative Services	19300	Removal of Breast Tissue			\$316.80	\$309.26
Surgery and Epidurals	19300	Removal of Breast Tissue			\$396.00	\$386.58
Surgery- Without Post-Operative Services	19300	Removal of Breast Tissue	50		\$475.20	\$463.89
Surgery and Epidurals	19300	Removal of Breast Tissue	50		\$594.00	\$579.87
Podiatry	20525	Removal of Foreign			\$467.48	\$360.50

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		Body				
Surgery-Post-Operative Services	20900	Removal of Bone for Graft			\$68.31	\$67.20
Surgery- Without Post-Operative Services	20900	Removal of Bone for Graft	62		\$170.77	\$167.99
Surgery and Epidurals	20900	Removal of Bone for Graft	62		\$213.46	\$209.99
Surgery- Without Post-Operative Services	20900	Removal of Bone for Graft			\$273.23	\$268.78
Podiatry	20900	Removal of Bone for Graft			\$341.54	\$335.98
Surgery and Epidurals	20900	Removal of Bone for Graft			\$341.54	\$335.98
Surgery-Assistant Surgeon	20902	Removal of Bone for Graft			\$68.53	\$61.47
Surgery and Epidurals	20902	Removal of Bone for Graft			\$342.66	\$307.36
Surgery and Epidurals	20902	Removal of Bone for Graft	62		\$214.16	\$192.10
Surgery-Post-Operative Services	20910	Remove Cartilage for Graft			\$77.00	\$69.63
Surgery- Without Post-Operative Services	20910	Remove Cartilage for Graft			\$308.00	\$278.52
Surgery and Epidurals	20910	Remove Cartilage for Graft			\$385.00	\$348.16
Surgery-Post-Operative Services	21557	Remove Tumor, Neck/Chest			\$95.00	\$94.69
Surgery-Assistant Surgeon	21557	Remove Tumor, Neck/Chest			\$104.50	\$94.69
Surgery- Without Post-Operative Services	21557	Remove Tumor, Neck/Chest	62		\$261.25	\$236.74
Surgery and Epidurals	21557	Remove Tumor, Neck/Chest	62		\$326.56	\$295.92
Surgery- Without Post-Operative Services	21557	Remove Tumor, Neck/Chest			\$418.00	\$378.78
Surgery and Epidurals	21557	Remove Tumor, Neck/Chest			\$522.50	\$473.47
Surgery-Assistant Surgeon	22534	Lat Thor/Lumb, Addl Seg			\$158.53	\$63.33
Surgery- Without Post-Operative Services	22534	Lat Thor/Lumb, Addl Seg			\$634.13	\$253.30
Surgery and Epidurals	22534	Lat Thor/Lumb, Addl Seg			\$792.67	\$316.63
Surgery-Post-Operative Services	22900	Remove Abdominal Wall Lesion			\$75.00	\$66.44
Surgery-Assistant Surgeon	22900	Remove Abdominal Wall Lesion			\$75.00	\$66.44
Surgery- Without Post-Operative Services	22900	Remove Abdominal Wall Lesion	62		\$187.50	\$166.10
Surgery and Epidurals	22900	Remove Abdominal Wall Lesion	62		\$234.38	\$207.62
Surgery- Without Post-Operative Services	22900	Remove Abdominal Wall Lesion			\$300.00	\$265.76
Surgery and Epidurals	22900	Remove Abdominal Wall Lesion			\$375.00	\$332.20

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery- Without Post-Operative Services	25000	Incision of Tendon Sheath			\$408.85	\$219.28
Surgery and Epidurals	25000	Incision of Tendon Sheath			\$511.07	\$274.10
Surgery- Without Post-Operative Services	25000	Incision of Tendon Sheath	50		\$613.28	\$328.91
Surgery and Epidurals	25000	Incision of Tendon Sheath	50		\$766.60	\$411.14
Surgery-Post-Operative Services	27250	Treat Hip Dislocation			\$47.50	\$39.52
Surgery- Without Post-Operative Services	27250	Treat Hip Dislocation			\$190.00	\$158.09
Surgery and Epidurals	27250	Treat Hip Dislocation			\$266.05	\$197.61
Surgery- Without Post-Operative Services	27250	Treat Hip Dislocation	50		\$285.00	\$237.14
Surgery and Epidurals	27250	Treat Hip Dislocation	50		\$356.25	\$296.42
Surgery-Assistant Surgeon	27418	Repair Degenerated Kneecap			\$140.41	\$136.67
Surgery-Assistant Surgeon	27418	Repair Degenerated Kneecap	50		\$210.62	\$205.00
Surgery- Without Post-Operative Services	27418	Repair Degenerated Kneecap	62		\$351.03	\$341.66
Surgery and Epidurals	27418	Repair Degenerated Kneecap	62		\$438.79	\$427.08
Surgery- Without Post-Operative Services	27418	Repair Degenerated Kneecap	62	50	\$526.64	\$512.49
Surgery- Without Post-Operative Services	27418	Repair Degenerated Kneecap			\$561.65	\$546.66
Surgery and Epidurals	27418	Repair Degenerated Kneecap	62	50	\$658.18	\$640.62
Surgery and Epidurals	27418	Repair Degenerated Kneecap			\$702.06	\$683.33
Surgery- Without Post-Operative Services	27418	Repair Degenerated Kneecap	50		\$842.47	\$819.99
Surgery and Epidurals	27418	Repair Degenerated Kneecap	50		\$1,053.09	\$1,024.99
Surgery- Without Post-Operative Services	28010	Incision of Toe Tendon			\$155.56	\$150.13
Surgery and Epidurals	28010	Incision of Toe Tendon			\$194.45	\$187.67
Surgery- Without Post-Operative Services	28310	Revision of Big Toe	62		\$229.69	\$206.32
Surgery and Epidurals	28310	Revision of Big Toe	62		\$287.11	\$257.90
Surgery- Without Post-Operative Services	28310	Revision of Big Toe			\$367.51	\$330.11
Surgery and Epidurals	28310	Revision of Big Toe			\$459.38	\$412.64
Surgery- Without Post-Operative Services	28400	Treatment of Heel Fracture			\$405.94	\$149.38
Surgery and Epidurals	28400	Treatment of Heel Fracture			\$507.43	\$186.72
Surgery- Without Post-Operative Services	28400	Treatment of Heel Fracture	50		\$608.92	\$224.07
Surgery and Epidurals	28400	Treatment of Heel	50		\$761.15	\$280.08

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		Fracture				
Surgery and Epidurals	28530	Treat Sesamoid Bone Fracture			\$100.00	\$86.79
Surgery and Epidurals	29819	Shoulder Arthroscopy/Surgery			\$528.72	\$478.49
Surgery-Post-Operative Services	31254	Revision of Ethmoid Sinus			\$55.60	\$46.86
Surgery-Post-Operative Services	31254	Revision of Ethmoid Sinus	50		\$83.40	\$70.29
Surgery- Without Post-Operative Services	31254	Revision of Ethmoid Sinus			\$222.40	\$187.45
Surgery and Epidurals	31254	Revision of Ethmoid Sinus			\$278.00	\$234.32
Surgery- Without Post-Operative Services	31254	Revision of Ethmoid Sinus	50		\$333.60	\$281.18
Surgery and Epidurals	31254	Revision of Ethmoid Sinus	50		\$417.00	\$351.48
Surgery-Post-Operative Services	31255	Removal of Ethmoid Sinus			\$79.20	\$69.43
Surgery-Post-Operative Services	31255	Removal of Ethmoid Sinus	50		\$118.80	\$104.15
Surgery- Without Post-Operative Services	31255	Removal of Ethmoid Sinus			\$316.80	\$277.73
Surgery and Epidurals	31255	Removal of Ethmoid Sinus			\$396.00	\$347.17
Surgery- Without Post-Operative Services	31255	Removal of Ethmoid Sinus	50		\$475.20	\$416.60
Surgery and Epidurals	31255	Removal of Ethmoid Sinus	50		\$594.00	\$520.75
Surgery-Post-Operative Services	31513	Injection Into Vocal Cord			\$30.00	\$22.19
Surgery- Without Post-Operative Services	31513	Injection Into Vocal Cord			\$120.00	\$88.78
Surgery and Epidurals	31513	Injection Into Vocal Cord			\$150.00	\$110.97
Surgery-Post-Operative Services	31526	Dx Laryngoscopy w Oper Scope			\$30.36	\$26.67
Surgery- Without Post-Operative Services	31526	Dx Laryngoscopy w Oper Scope			\$121.43	\$106.69
Surgery and Epidurals	31526	Dx Laryngoscopy w Oper Scope			\$151.79	\$133.36
Surgery-Post-Operative Services	31528	Laryngoscopy & Dilation			\$30.00	\$24.33
Surgery- Without Post-Operative Services	31528	Laryngoscopy & Dilation			\$120.00	\$97.31
Surgery and Epidurals	31528	Laryngoscopy & Dilation			\$150.00	\$121.64
Surgery-Post-Operative Services	31561	Larynscoop, Remve Cart + Scop			\$80.00	\$58.75
Surgery- Without Post-Operative Services	31561	Larynscoop, Remve Cart + Scop			\$320.00	\$234.99
Surgery and Epidurals	31561	Larynscoop, Remve Cart + Scop			\$400.00	\$293.73
Surgery-Post-Operative Services	31579	Diagnostic Laryngoscopy			\$36.30	\$34.66

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery- Without Post-Operative Services	31579	Diagnostic Laryngoscopy			\$145.20	\$138.66
Surgery and Epidurals	31579	Diagnostic Laryngoscopy			\$181.50	\$173.32
Surgery-Post-Operative Services	31715	Injection for Bronchus X-Ray			\$10.46	\$9.69
Surgery-Post-Operative Services	31715	Injection for Bronchus X-Ray	50		\$15.69	\$14.53
Surgery- Without Post-Operative Services	31715	Injection for Bronchus X-Ray			\$41.85	\$38.76
Surgery and Epidurals	31715	Injection for Bronchus X-Ray			\$52.31	\$48.45
Surgery- Without Post-Operative Services	31715	Injection for Bronchus X-Ray	50		\$62.77	\$58.14
Surgery and Epidurals	31715	Injection for Bronchus X-Ray	50		\$78.47	\$72.67
Surgery-Post-Operative Services	31725	Clearance of Airways			\$20.00	\$16.48
Surgery- Without Post-Operative Services	31725	Clearance of Airways			\$80.00	\$65.92
Surgery and Epidurals	31725	Clearance of Airways			\$100.00	\$82.40
Surgery-Post-Operative Services	32853	Lung Transplant, Double			\$586.09	\$532.71
Surgery-Assistant Surgeon	32853	Lung Transplant, Double			\$586.09	\$532.71
Surgery- Without Post-Operative Services	32853	Lung Transplant, Double	62		\$1,465.24	\$1,331.77
Surgery and Epidurals	32853	Lung Transplant, Double	62		\$1,831.54	\$1,664.71
Surgery- Without Post-Operative Services	32853	Lung Transplant, Double			\$2,344.38	\$2,130.83
Surgery and Epidurals	32853	Lung Transplant, Double			\$2,930.47	\$2,663.53
Surgery-Post-Operative Services	32854	Lung Transplant w Bypass			\$633.93	\$578.48
Surgery-Assistant Surgeon	32854	Lung Transplant w Bypass			\$633.93	\$578.48
Surgery- Without Post-Operative Services	32854	Lung Transplant w Bypass	62		\$1,584.84	\$1,446.19
Surgery and Epidurals	32854	Lung Transplant w Bypass	62		\$1,981.04	\$1,807.73
Surgery- Without Post-Operative Services	32854	Lung Transplant w Bypass			\$2,535.74	\$2,313.90
Surgery and Epidurals	32854	Lung Transplant w Bypass			\$3,169.67	\$2,892.38
Surgery-Assistant Surgeon	33141	Heart Tmr w Other Procedure			\$30.62	\$27.53
Surgery-Post-Operative Services	33141	Heart Tmr w Other Procedure			\$30.62	\$27.53
Surgery-Post-Operative Services	33141	Heart Tmr w Other Procedure	50		\$45.93	\$41.30
Surgery- Without Post-Operative Services	33141	Heart Tmr w Other Procedure	62		\$76.55	\$68.83

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery and Epidurals	33141	Heart Tmr w Other Procedure	62		\$95.69	\$86.03
Surgery- Without Post-Operative Services	33141	Heart Tmr w Other Procedure	62	50	\$114.82	\$103.24
Surgery- Without Post-Operative Services	33141	Heart Tmr w Other Procedure			\$122.48	\$110.12
Surgery and Epidurals	33141	Heart Tmr w Other Procedure	62	50	\$143.53	\$129.05
Surgery and Epidurals	33141	Heart Tmr w Other Procedure			\$153.10	\$137.66
Surgery- Without Post-Operative Services	33141	Heart Tmr w Other Procedure	50		\$183.72	\$165.19
Surgery and Epidurals	33141	Heart Tmr w Other Procedure	50		\$229.65	\$206.48
Surgery-Post-Operative Services	33206	Insertion of Heart Pacemaker			\$100.00	\$81.12
Surgery- Without Post-Operative Services	33206	Insertion of Heart Pacemaker	62		\$250.00	\$202.81
Surgery and Epidurals	33206	Insertion of Heart Pacemaker	62		\$312.50	\$253.51
Surgery- Without Post-Operative Services	33206	Insertion of Heart Pacemaker			\$406.82	\$324.50
Surgery and Epidurals	33206	Insertion of Heart Pacemaker			\$500.00	\$405.62
Surgery-Post-Operative Services	33207	Insertion of Heart Pacemaker			\$101.71	\$87.00
Surgery- Without Post-Operative Services	33207	Insertion of Heart Pacemaker	62		\$254.27	\$217.50
Surgery and Epidurals	33207	Insertion of Heart Pacemaker	62		\$317.83	\$271.87
Surgery- Without Post-Operative Services	33207	Insertion of Heart Pacemaker			\$406.82	\$348.00
Surgery and Epidurals	33207	Insertion of Heart Pacemaker			\$508.53	\$435.00
Surgery-Post-Operative Services	33208	Insertion of Heart Pacemaker			\$100.00	\$93.58
Surgery- Without Post-Operative Services	33208	Insertion of Heart Pacemaker	62		\$250.00	\$233.95
Surgery and Epidurals	33208	Insertion of Heart Pacemaker	62		\$312.50	\$292.44
Surgery- Without Post-Operative Services	33208	Insertion of Heart Pacemaker			\$400.00	\$374.31
Surgery and Epidurals	33208	Insertion of Heart Pacemaker			\$500.00	\$467.89
Surgery-Post-Operative Services	33222	Revise Pocket, Pacemaker			\$66.00	\$61.39
Surgery- Without Post-Operative Services	33222	Revise Pocket, Pacemaker			\$264.00	\$245.54
Surgery and Epidurals	33222	Revise Pocket, Pacemaker			\$330.00	\$306.93
Surgery-Post-Operative Services	33233	Removal of Pacemaker System			\$45.32	\$42.68
Surgery- Without Post-Operative Services	33233	Removal of Pacemaker System			\$181.28	\$170.70
Surgery and Epidurals	33233	Removal of			\$226.60	\$213.38

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		Pacemaker System				
Surgery-Post-Operative Services	33517	CABG, Artery-Vein, Single			\$110.00	\$32.81
Surgery-Assistant Surgeon	33517	CABG, Artery-Vein, Single			\$110.00	\$32.81
Surgery- Without Post-Operative Services	33517	CABG, Artery-Vein, Single			\$440.00	\$131.23
Surgery and Epidurals	33517	CABG, Artery-Vein, Single			\$550.00	\$164.03
Surgery-Post-Operative Services	33518	CABG, Artery-Vein, Two			\$130.00	\$70.72
Surgery-Assistant Surgeon	33518	CABG, Artery-Vein, Two			\$130.00	\$70.72
Surgery- Without Post-Operative Services	33518	CABG, Artery-Vein, Two			\$520.00	\$282.87
Surgery and Epidurals	33518	CABG, Artery-Vein, Two			\$650.00	\$353.59
Surgery-Post-Operative Services	33519	CABG, Artery-Vein, Three			\$150.00	\$94.52
Surgery-Assistant Surgeon	33519	CABG, Artery-Vein, Three			\$150.00	\$94.52
Surgery- Without Post-Operative Services	33519	CABG, Artery-Vein, Three			\$600.00	\$378.07
Surgery and Epidurals	33519	CABG, Artery-Vein, Three			\$750.00	\$472.59
Surgery-Post-Operative Services	33521	CABG, Artery-Vein, Four			\$170.00	\$114.69
Surgery-Assistant Surgeon	33521	CABG, Artery-Vein, Four			\$170.00	\$114.69
Surgery- Without Post-Operative Services	33521	CABG, Artery-Vein, Four			\$680.00	\$458.74
Surgery and Epidurals	33521	CABG, Artery-Vein, Four			\$850.00	\$573.43
Surgery-Post-Operative Services	33522	CABG, Artery-Vein, Five			\$190.00	\$131.05
Surgery-Assistant Surgeon	33522	CABG, Artery-Vein, Five			\$190.00	\$131.05
Surgery- Without Post-Operative Services	33522	CABG, Artery-Vein, Five			\$760.00	\$524.22
Surgery and Epidurals	33522	CABG, Artery-Vein, Five			\$950.00	\$655.27
Surgery-Post-Operative Services	33523	CABG, Art-Vein, Six or More			\$220.00	\$149.84
Surgery-Assistant Surgeon	33523	CABG, Art-Vein, Six or More			\$220.00	\$149.84
Surgery- Without Post-Operative Services	33523	CABG, Art-Vein, Six or More			\$880.00	\$599.36
Surgery and Epidurals	33523	CABG, Art-Vein, Six or More			\$1,100.00	\$749.20
Surgery-Post-Operative Services	33572	Open Coronary Endarterectomy			\$110.00	\$42.06
Surgery-Assistant Surgeon	33572	Open Coronary Endarterectomy			\$110.00	\$42.06

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery- Without Post-Operative Services	33572	Open Coronary Endarterectomy			\$440.00	\$168.26
Surgery and Epidurals	33572	Open Coronary Endarterectomy			\$550.00	\$210.32
Surgery-Post-Operative Services	33924	Remove Pulmonary Shunt			\$81.60	\$51.64
Surgery-Assistant Surgeon	33924	Remove Pulmonary Shunt			\$81.60	\$51.64
Surgery- Without Post-Operative Services	33924	Remove Pulmonary Shunt	62		\$204.00	\$129.10
Surgery and Epidurals	33924	Remove Pulmonary Shunt	62		\$255.00	\$161.37
Surgery- Without Post-Operative Services	33924	Remove Pulmonary Shunt			\$326.40	\$206.55
Surgery and Epidurals	33924	Remove Pulmonary Shunt			\$408.00	\$258.19
Surgery-Assistant Surgeon	33945	Transplantation of Heart			\$831.29	\$803.13
Surgery-Post-Operative Services	33945	Transplantation of Heart			\$831.21	\$803.13
Surgery- Without Post-Operative Services	33945	Transplantation of Heart	62		\$2,078.22	\$2,007.84
Surgery and Epidurals	33945	Transplantation of Heart	62		\$2,597.77	\$2,509.80
Surgery- Without Post-Operative Services	33945	Transplantation of Heart			\$3,325.14	\$3,212.54
Surgery and Epidurals	33945	Transplantation of Heart			\$4,156.43	\$4,015.67
Surgery-Post-Operative Services	35306	Rechanneling of Artery			\$110.00	\$83.97
Surgery-Assistant Surgeon	35306	Rechanneling of Artery			\$110.00	\$83.97
Surgery-Post-Operative Services	35306	Rechanneling of Artery	50		\$165.00	\$125.95
Surgery- Without Post-Operative Services	35306	Rechanneling of Artery	62		\$275.00	\$209.92
Surgery and Epidurals	35306	Rechanneling of Artery	62		\$343.75	\$262.40
Surgery- Without Post-Operative Services	35306	Rechanneling of Artery	62	50	\$990.00	\$314.88
Surgery- Without Post-Operative Services	35306	Rechanneling of Artery			\$440.00	\$335.87
Surgery and Epidurals	35306	Rechanneling of Artery			\$550.00	\$419.84
Surgery-Assistant Surgeon	35454	Repair Arterial Blockage			\$63.06	\$57.43
Surgery-Post-Operative Services	35454	Repair Arterial Blockage	50		\$94.58	\$86.14
Surgery-Assistant Surgeon	35454	Repair Arterial Blockage	50		\$94.58	\$86.14
Surgery and Epidurals	35454	Repair Arterial Blockage	62		\$197.05	\$179.46
Surgery and Epidurals	35454	Repair Arterial Blockage	62	50	\$295.58	\$269.19
Surgery and Epidurals	35454	Repair Arterial			\$315.28	\$287.14

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		Blockage				
Surgery and Epidurals	35454	Repair Arterial Blockage	50		\$472.92	\$430.70
Surgery-Assistant Surgeon	35456	Repair Arterial Blockage			\$77.00	\$69.47
Surgery-Post-Operative Services	35456	Repair Arterial Blockage	50		\$115.50	\$104.21
Surgery-Assistant Surgeon	35456	Repair Arterial Blockage	50		\$115.50	\$104.21
Surgery and Epidurals	35456	Repair Arterial Blockage	62		\$240.63	\$217.11
Surgery and Epidurals	35456	Repair Arterial Blockage	62	50	\$360.94	\$325.66
Surgery and Epidurals	35456	Repair Arterial Blockage			\$385.00	\$347.37
Surgery- Without Post-Operative Services	35456	Repair Arterial Blockage	50		\$462.00	\$416.85
Surgery and Epidurals	35456	Repair Arterial Blockage	50		\$577.50	\$521.06
Surgery-Assistant Surgeon	35681	Composite Bypass Graft			\$42.20	\$14.77
Surgery-Post-Operative Services	35681	Composite Bypass Graft			\$42.20	\$14.77
Surgery-Assistant Surgeon	35681	Composite Bypass Graft	50		\$63.30	\$22.16
Surgery-Post-Operative Services	35681	Composite Bypass Graft	50		\$63.30	\$22.16
Surgery- Without Post-Operative Services	35681	Composite Bypass Graft	62		\$105.50	\$36.93
Surgery and Epidurals	35681	Composite Bypass Graft	62		\$131.88	\$46.16
Surgery- Without Post-Operative Services	35681	Composite Bypass Graft	62	50	\$379.80	\$55.40
Surgery- Without Post-Operative Services	35681	Composite Bypass Graft			\$168.80	\$59.09
Surgery and Epidurals	35681	Composite Bypass Graft	62	50	\$197.81	\$69.25
Surgery and Epidurals	35681	Composite Bypass Graft			\$211.00	\$73.86
Surgery- Without Post-Operative Services	35681	Composite Bypass Graft	50		\$253.20	\$88.64
Surgery and Epidurals	35681	Composite Bypass Graft	50		\$316.50	\$110.79
Surgery-Post-Operative Services	35761	Exploration of Artery/Vein			\$73.17	\$65.33
Surgery-Assistant Surgeon	35761	Exploration of Artery/Vein			\$73.17	\$65.33
Surgery-Post-Operative Services	35761	Exploration of Artery/Vein	50		\$109.76	\$97.99
Surgery-Assistant Surgeon	35761	Exploration of Artery/Vein	50		\$109.76	\$97.99
Surgery- Without Post-Operative Services	35761	Exploration of Artery/Vein	62		\$182.93	\$163.32
Surgery and Epidurals	35761	Exploration of Artery/Vein	62		\$228.66	\$204.15

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery- Without Post-Operative Services	35761	Exploration of Artery/Vein	62	50	\$274.39	\$244.98
Surgery- Without Post-Operative Services	35761	Exploration of Artery/Vein			\$292.68	\$261.32
Surgery and Epidurals	35761	Exploration of Artery/Vein	62	50	\$342.98	\$306.23
Surgery and Epidurals	35761	Exploration of Artery/Vein			\$365.85	\$326.65
Surgery- Without Post-Operative Services	35761	Exploration of Artery/Vein	50		\$439.02	\$391.98
Surgery and Epidurals	35761	Exploration of Artery/Vein	50		\$548.78	\$489.97
Surgery-Post-Operative Services	36000	Place Needle in Vein			\$5.60	\$4.14
Surgery-Post-Operative Services	36000	Place Needle in Vein	50		\$8.40	\$6.21
Surgery- Without Post-Operative Services	36000	Place Needle in Vein			\$22.40	\$16.56
Surgery and Epidurals	36000	Place Needle in Vein			\$28.00	\$20.70
Surgery- Without Post-Operative Services	36000	Place Needle in Vein	50		\$33.60	\$24.84
Surgery and Epidurals	36000	Place Needle in Vein	50		\$42.00	\$31.05
Surgery-Post-Operative Services	36406	BI Draw < 3 Yrs Other Vein			\$3.30	\$2.81
Surgery- Without Post-Operative Services	36406	BI Draw < 3 Yrs Other Vein			\$13.20	\$11.24
Surgery and Epidurals	36406	BI Draw < 3 Yrs Other Vein			\$16.50	\$14.05
Surgery-Post-Operative Services	36450	BI Exchange/Transfuse, NB			\$30.00	\$20.78
Surgery- Without Post-Operative Services	36450	BI Exchange/Transfuse, NB			\$120.00	\$83.11
Surgery and Epidurals	36450	BI Exchange/Transfuse, NB			\$150.00	\$103.89
Surgery-Post-Operative Services	36511	Apheresis WBC			\$17.39	\$15.60
Surgery- Without Post-Operative Services	36511	Apheresis WBC			\$69.54	\$62.41
Surgery and Epidurals	36511	Apheresis WBC			\$86.93	\$78.01
Surgery-Post-Operative Services	36512	Apheresis RBC			\$17.53	\$15.84
Surgery- Without Post-Operative Services	36512	Apheresis RBC			\$70.12	\$63.37
Surgery and Epidurals	36512	Apheresis RBC			\$87.65	\$79.22
Surgery-Post-Operative Services	36680	Insert Needle, Bone Cavity			\$25.00	\$10.49
Surgery- Without Post-Operative Services	36680	Insert Needle, Bone Cavity			\$100.00	\$41.97
Surgery and Epidurals	36680	Insert Needle, Bone Cavity			\$125.00	\$52.46

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery-Post-Operative Services	36810	Insertion of Cannula			\$38.50	\$37.13
Surgery- Without Post-Operative Services	36810	Insertion of Cannula			\$154.00	\$148.51
Surgery and Epidurals	36810	Insertion of Cannula			\$192.50	\$185.64
Surgery-Post-Operative Services	36822	Insertion of Cannula(s)			\$73.79	\$65.40
Surgery- Without Post-Operative Services	36822	Insertion of Cannula(s)			\$295.16	\$261.60
Surgery and Epidurals	36822	Insertion of Cannula(s)			\$368.95	\$327.00
Surgery and Epidurals	38205	Harvest Allogenic Stem Cells			\$74.49	\$69.26
Surgery and Epidurals	38206	Harvest Auto Stem Cells			\$74.85	\$69.26
Surgery-Assistant Surgeon	38230	Bone Marrow Collection			\$58.72	\$53.55
Surgery and Epidurals	38230	Bone Marrow Collection	62		\$183.51	\$167.34
Surgery and Epidurals	38230	Bone Marrow Collection			\$293.62	\$267.75
Surgery-Assistant Surgeon	38240	Bone Marrow/Stem Transplant			\$22.88	\$21.41
Surgery and Epidurals	38240	Bone Marrow/Stem Transplant			\$114.42	\$107.07
Surgery-Assistant Surgeon	38241	Bone Marrow/Stem Transplant			\$22.96	\$21.54
Surgery and Epidurals	38241	Bone Marrow/Stem Transplant			\$114.78	\$107.68
Surgery and Epidurals	38242	Lymphocyte Infuse Transplant			\$86.78	\$81.57
Surgery-Post-Operative Services	38792	Identify Sentinel Node			Manually Priced	\$6.70
Surgery-Post-Operative Services	38792	Identify Sentinel Node	50		Manually Priced	\$10.04
Surgery- Without Post-Operative Services	38792	Identify Sentinel Node			Manually Priced	\$26.78
Surgery and Epidurals	38792	Identify Sentinel Node			Manually Priced	\$33.48
Surgery- Without Post-Operative Services	38792	Identify Sentinel Node	50		Manually Priced	\$40.18
Surgery and Epidurals	38792	Identify Sentinel Node	50		Manually Priced	\$50.22
Podiatry	38792	Identify Sentinel Node			Manually Priced	\$33.48
Podiatry	38792	Identify Sentinel Node	50		Manually Priced	\$50.22
Surgery-Post-Operative Services	40818	Excise Oral Mucosa for Graft			\$55.00	\$53.51
Surgery- Without Post-Operative Services	40818	Excise Oral Mucosa for Graft			\$220.00	\$214.06
Surgery and Epidurals	40818	Excise Oral Mucosa for Graft			\$275.00	\$267.57
Surgery-Post-Operative Services	42830	Removal of Adenoids			\$36.08	\$33.26

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery- Without Post-Operative Services	42830	Removal of Adenoids			\$144.32	\$133.06
Surgery and Epidurals	42830	Removal of Adenoids			\$180.40	\$166.32
Surgery-Post-Operative Services	42831	Removal of Adenoids			\$36.08	\$35.89
Surgery- Without Post-Operative Services	42831	Removal of Adenoids			\$144.32	\$143.55
Surgery and Epidurals	42831	Removal of Adenoids			\$180.40	\$179.44
Surgery-Post-Operative Services	43215	Esophagus Endoscopy			\$28.12	\$26.21
Surgery- Without Post-Operative Services	43215	Esophagus Endoscopy			\$112.48	\$104.85
Surgery and Epidurals	43215	Esophagus Endoscopy			\$140.60	\$131.06
Surgery-Post-Operative Services	43220	Esoph Endoscopy, Dilation			\$22.00	\$21.53
Surgery- Without Post-Operative Services	43220	Esoph Endoscopy, Dilation			\$88.00	\$86.11
Surgery and Epidurals	43220	Esoph Endoscopy, Dilation			\$110.00	\$107.64
Surgery-Post-Operative Services	43226	Esoph Endoscopy, Dilation			\$27.60	\$24.01
Surgery- Without Post-Operative Services	43226	Esoph Endoscopy, Dilation			\$110.40	\$96.05
Surgery and Epidurals	43226	Esoph Endoscopy, Dilation			\$138.00	\$120.06
Surgery-Post-Operative Services	43241	Upper GI Endoscopy w Tube			\$30.00	\$26.56
Surgery- Without Post-Operative Services	43241	Upper GI Endoscopy w Tube			\$120.00	\$106.24
Surgery and Epidurals	43241	Upper GI Endoscopy w Tube			\$150.00	\$132.80
Surgery-Post-Operative Services	43245	Uppr GI Scope Dilate Strictr			\$33.00	\$32.01
Surgery- Without Post-Operative Services	43245	Uppr GI Scope Dilate Strictr			\$132.00	\$128.04
Surgery and Epidurals	43245	Uppr GI Scope Dilate Strictr			\$165.00	\$160.05
Surgery and Epidurals	43250	Upper GI Endoscopy/Tumor			\$162.80	\$160.09
Surgery-Post-Operative Services	43251	Operative Upper GI Endoscopy			\$40.00	\$37.22
Surgery- Without Post-Operative Services	43251	Operative Upper GI Endoscopy			\$160.00	\$148.88
Surgery and Epidurals	43251	Operative Upper GI Endoscopy			\$200.00	\$186.10
Surgery-Assistant Surgeon	43635	Removal of Stomach, Partial			\$88.00	\$18.82
Surgery-Post-Operative Services	43635	Removal of Stomach, Partial			\$88.00	\$18.82
Surgery- Without Post-Operative Services	43635	Removal of Stomach, Partial	62		\$220.00	\$47.06
Surgery and Epidurals	43635	Removal of Stomach, Partial	62		\$275.00	\$58.83

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		Partial				
Surgery- Without Post-Operative Services	43635	Removal of Stomach, Partial			\$352.00	\$75.30
Surgery and Epidurals	43635	Removal of Stomach, Partial			\$440.00	\$94.12
Surgery-Assistant Surgeon	44015	Insert Needle Cath Bowel			\$44.00	\$24.17
Surgery and Epidurals	44015	Insert Needle Cath Bowel	62		\$137.50	\$75.52
Surgery and Epidurals	44015	Insert Needle Cath Bowel			\$220.00	\$120.83
Surgery-Post-Operative Services	44360	Small Bowel Endoscopy			\$30.00	\$26.84
Surgery- Without Post-Operative Services	44360	Small Bowel Endoscopy			\$120.00	\$107.37
Surgery and Epidurals	44360	Small Bowel Endoscopy			\$150.00	\$134.22
Surgery-Post-Operative Services	44361	Small Bowel Endoscopy/Biopsy			\$35.00	\$29.59
Surgery- Without Post-Operative Services	44361	Small Bowel Endoscopy/Biopsy			\$140.00	\$118.35
Surgery and Epidurals	44361	Small Bowel Endoscopy/Biopsy			\$175.00	\$147.93
Surgery-Post-Operative Services	44364	Small Bowel Endoscopy			\$39.10	\$37.76
Surgery- Without Post-Operative Services	44364	Small Bowel Endoscopy			\$156.39	\$151.06
Surgery and Epidurals	44364	Small Bowel Endoscopy			\$195.49	\$188.82
Surgery-Post-Operative Services	44365	Small Bowel Endoscopy			\$34.76	\$33.62
Surgery- Without Post-Operative Services	44365	Small Bowel Endoscopy			\$139.04	\$134.48
Surgery and Epidurals	44365	Small Bowel Endoscopy			\$173.80	\$168.10
Surgery-Post-Operative Services	44373	Small Bowel Endoscopy			\$36.56	\$35.12
Surgery- Without Post-Operative Services	44373	Small Bowel Endoscopy			\$146.26	\$140.47
Surgery and Epidurals	44373	Small Bowel Endoscopy			\$182.82	\$175.59
Surgery-Post-Operative Services	44380	Small Bowel Endoscopy			\$30.00	\$11.67
Surgery- Without Post-Operative Services	44380	Small Bowel Endoscopy			\$120.00	\$46.66
Surgery and Epidurals	44380	Small Bowel Endoscopy			\$150.00	\$58.33
Surgery-Post-Operative Services	44382	Small Bowel Endoscopy			\$30.00	\$14.10
Surgery- Without Post-Operative Services	44382	Small Bowel Endoscopy			\$120.00	\$56.40
Surgery and Epidurals	44382	Small Bowel Endoscopy			\$150.00	\$70.50
Surgery-Post-Operative Services	44955	Appendectomy Add-On			\$16.40	\$14.11

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery-Post-Operative Services	44955	Appendectomy Add-On	EP		\$16.40	\$14.11
Surgery- Without Post-Operative Services	44955	Appendectomy Add-On	62		\$41.00	\$35.27
Surgery and Epidurals	44955	Appendectomy Add-On	62		\$51.25	\$44.09
Surgery and Epidurals	44955	Appendectomy Add-On	62	EP	\$51.25	\$44.09
Surgery- Without Post-Operative Services	44955	Appendectomy Add-On	EP		\$65.60	\$56.43
Surgery- Without Post-Operative Services	44955	Appendectomy Add-On			\$65.60	\$56.43
Surgery and Epidurals	44955	Appendectomy Add-On			\$82.00	\$70.54
Surgery and Epidurals	44955	Appendectomy Add-On	EP		\$82.00	\$70.54
Surgery-Post-Operative Services	45330	Diagnostic Sigmoidoscopy			\$37.00	\$21.48
Surgery- Without Post-Operative Services	45330	Diagnostic Sigmoidoscopy			\$148.00	\$85.91
Surgery and Epidurals	45330	Diagnostic Sigmoidoscopy			\$185.00	\$107.39
Surgery-Post-Operative Services	45331	Sigmoidoscopy & Biopsy			\$37.00	\$27.25
Surgery- Without Post-Operative Services	45331	Sigmoidoscopy & Biopsy			\$148.00	\$109.02
Surgery and Epidurals	45331	Sigmoidoscopy & Biopsy			\$185.00	\$136.27
Surgery-Post-Operative Services	45334	Sigmoidoscopy for Bleeding			\$37.00	\$27.94
Surgery- Without Post-Operative Services	45334	Sigmoidoscopy for Bleeding			\$148.00	\$111.77
Surgery and Epidurals	45334	Sigmoidoscopy for Bleeding			\$185.00	\$139.72
Surgery-Post-Operative Services	45337	Sigmoidoscopy & Decompress			\$30.00	\$24.04
Surgery- Without Post-Operative Services	45337	Sigmoidoscopy & Decompress			\$120.00	\$96.16
Surgery and Epidurals	45337	Sigmoidoscopy & Decompress			\$150.00	\$120.20
Surgery-Post-Operative Services	47135	Transplantation of Liver			\$847.59	\$789.98
Surgery-Assistant Surgeon	47135	Transplantation of Liver			\$847.59	\$789.98
Surgery- Without Post-Operative Services	47135	Transplantation of Liver	62		\$2,118.98	\$1,974.94
Surgery and Epidurals	47135	Transplantation of Liver	62		\$2,648.73	\$2,468.68
Surgery- Without Post-Operative Services	47135	Transplantation of Liver			\$3,390.37	\$3,159.91
Surgery and Epidurals	47135	Transplantation of Liver			\$4,237.96	\$3,949.88
Surgery and Epidurals	47146	Prep Donor Liver/Venous			\$297.03	\$276.31
Surgery-Assistant	47147	Prep Donor			\$69.26	\$64.48

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgeon		Liver/Arterial				
Surgery-Post-Operative Services	47147	Prep Donor Liver/Arterial			\$69.26	\$64.48
Surgery- Without Post-Operative Services	47147	Prep Donor Liver/Arterial			\$277.04	\$221.05
Surgery and Epidurals	47147	Prep Donor Liver/Arterial			\$346.30	\$322.42
Surgery-Post-Operative Services	50327	Prep Renal Graft/Venous			\$37.79	\$35.43
Surgery and Epidurals	50327	Prep Renal Graft/Venous	62		\$118.09	\$110.71
Surgery and Epidurals	50327	Prep Renal Graft/Venous			\$188.94	\$177.13
Surgery-Assistant Surgeon	50328	Prep Renal Graft/Arterial			\$33.20	\$31.12
Surgery-Post-Operative Services	50328	Prep Renal Graft/Arterial			\$33.20	\$31.12
Surgery- Without Post-Operative Services	50328	Prep Renal Graft/Arterial			\$132.81	\$124.50
Surgery and Epidurals	50328	Prep Renal Graft/Arterial			\$166.01	\$155.62
Surgery-Post-Operative Services	50360	Transplantation of Kidney			\$423.15	\$400.11
Surgery-Assistant Surgeon	50360	Transplantation of Kidney			\$423.15	\$400.11
Surgery- Without Post-Operative Services	50360	Transplantation of Kidney	62		\$1,057.87	\$1,000.27
Surgery and Epidurals	50360	Transplantation of Kidney	62		\$1,322.34	\$1,250.33
Surgery- Without Post-Operative Services	50360	Transplantation of Kidney			\$1,692.59	\$1,600.43
Surgery and Epidurals	50360	Transplantation of Kidney			\$2,115.74	\$2,000.54
Surgery-Assistant Surgeon	51040	Incise & Drain Bladder			\$54.15	\$52.38
Surgery-Post-Operative Services	51040	Incise & Drain Bladder			\$54.15	\$52.38
Surgery- Without Post-Operative Services	51040	Incise & Drain Bladder	62		\$135.38	\$130.95
Surgery and Epidurals	51040	Incise & Drain Bladder	62		\$169.23	\$163.69
Surgery- Without Post-Operative Services	51040	Incise & Drain Bladder			\$216.61	\$209.52
Surgery and Epidurals	51040	Incise & Drain Bladder			\$270.76	\$261.90
Surgery-Post-Operative Services	51797	Intraabdominal Pressure Test			\$28.78	\$26.08
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	51797	Intraabdominal Pressure Test			\$100.60	\$89.08
Surgery- Without Post-Operative Services	51797	Intraabdominal Pressure Test			\$115.11	\$104.34
Surgery and Epidurals	51797	Intraabdominal Pressure Test			\$143.89	\$130.42

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery-Post-Operative Services	52214	Cystoscopy & Treatment			\$148.59	\$101.87
Surgery- Without Post-Operative Services	52214	Cystoscopy & Treatment			\$594.37	\$407.48
Surgery and Epidurals	52214	Cystoscopy & Treatment			\$742.96	\$509.35
Surgery-Post-Operative Services	52235	Cystoscopy & Treatment			\$55.00	\$53.75
Surgery- Without Post-Operative Services	52235	Cystoscopy & Treatment			\$220.00	\$215.01
Surgery and Epidurals	52235	Cystoscopy & Treatment			\$275.00	\$268.77
Surgery-Post-Operative Services	52327	Cystoscopy, Inject Material			\$133.72	\$94.47
Surgery- Without Post-Operative Services	52327	Cystoscopy, Inject Material			\$534.87	\$377.90
Surgery and Epidurals	52327	Cystoscopy, Inject Material			\$668.59	\$472.37
Surgery-Post-Operative Services	52330	Cystoscopy & Treatment			\$156.65	\$136.34
Surgery-Post-Operative Services	52330	Cystoscopy & Treatment	50		\$234.97	\$204.52
Surgery- Without Post-Operative Services	52330	Cystoscopy & Treatment			\$626.60	\$545.38
Surgery and Epidurals	52330	Cystoscopy & Treatment			\$783.24	\$681.72
Surgery- Without Post-Operative Services	52330	Cystoscopy & Treatment	50		\$939.89	\$818.07
Surgery and Epidurals	52330	Cystoscopy & Treatment	50		\$1,174.87	\$1,022.58
Surgery-Post-Operative Services	55250	Removal of Sperm Duct(s)			\$100.72	\$75.88
Surgery- Without Post-Operative Services	55250	Removal of Sperm Duct(s)			\$402.87	\$303.52
Surgery and Epidurals	55250	Removal of Sperm Duct(s)			\$503.59	\$379.40
Surgery-Post-Operative Services	57513	Laser Surgery of Cervix			\$26.40	\$23.86
Surgery- Without Post-Operative Services	57513	Laser Surgery of Cervix			\$105.60	\$95.44
Surgery and Epidurals	57513	Laser Surgery of Cervix			\$132.00	\$119.30
Surgery-Assistant Surgeon	58600	Division of Fallopian Tube			\$100.00	\$61.02
Surgery-Post-Operative Services	58600	Division of Fallopian Tube			\$100.00	\$61.02
Surgery- Without Post-Operative Services	58600	Division of Fallopian Tube	62		\$250.00	\$152.56
Surgery and Epidurals	58600	Division of Fallopian Tube	62		\$312.50	\$190.70
Surgery- Without Post-Operative Services	58600	Division of Fallopian Tube			\$400.00	\$244.09
Surgery and Epidurals	58600	Division of Fallopian Tube			\$500.00	\$305.12
Surgery and Epidurals	58605	Division of Fallopian			\$500.00	\$277.13

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		Tube				
Surgery-Post-Operative Services	58611	Ligate Oviduct(s) Add-On			\$50.00	\$13.45
Surgery-Assistant Surgeon	58611	Ligate Oviduct(s) Add-On			\$50.00	\$13.45
Surgery- Without Post-Operative Services	58611	Ligate Oviduct(s) Add-On			\$200.00	\$53.80
Surgery and Epidurals	58611	Ligate Oviduct(s) Add-On			\$250.00	\$67.25
Surgery-Post-Operative Services	58615	Occlude Fallopian Tube(s)			\$100.00	\$41.96
Surgery-Assistant Surgeon	58615	Occlude Fallopian Tube(s)			\$100.00	\$41.96
Surgery- Without Post-Operative Services	58615	Occlude Fallopian Tube(s)			\$400.00	\$167.84
Surgery and Epidurals	58615	Occlude Fallopian Tube(s)			\$500.00	\$209.80
Surgery-Assistant Surgeon	58660	Laparoscopy, Lysis			\$125.24	\$91.15
Surgery- Without Post-Operative Services	58660	Laparoscopy, Lysis			\$500.95	\$455.77
Surgery and Epidurals	58660	Laparoscopy, Lysis			\$626.19	\$569.71
Surgery-Assistant Surgeon	58662	Laparoscopy, Excise Lesions			\$128.70	\$95.72
Surgery- Without Post-Operative Services	58662	Laparoscopy, Excise Lesions	62		\$321.75	\$299.13
Surgery and Epidurals	58662	Laparoscopy, Excise Lesions	62		\$402.19	\$373.91
Surgery- Without Post-Operative Services	58662	Laparoscopy, Excise Lesions			\$514.80	\$478.60
Surgery and Epidurals	58662	Laparoscopy, Excise Lesions			\$643.50	\$598.26
Surgery-Post-Operative Services	58670	Laparoscopy, Tubal Cautery			\$100.00	\$61.46
Surgery- Without Post-Operative Services	58670	Laparoscopy, Tubal Cautery	62		\$250.00	\$153.64
Surgery and Epidurals	58670	Laparoscopy, Tubal Cautery	62		\$312.50	\$192.05
Surgery- Without Post-Operative Services	58670	Laparoscopy, Tubal Cautery			\$400.00	\$245.83
Surgery and Epidurals	58670	Laparoscopy, Tubal Cautery			\$500.00	\$307.28
Surgery-Post-Operative Services	58671	Laparoscopy, Tubal Block			\$100.00	\$61.46
Surgery- Without Post-Operative Services	58671	Laparoscopy, Tubal Block	62		\$250.00	\$153.66
Surgery and Epidurals	58671	Laparoscopy, Tubal Block	62		\$312.50	\$192.08
Surgery- Without Post-Operative Services	58671	Laparoscopy, Tubal Block			\$400.00	\$245.86
Surgery and Epidurals	58671	Laparoscopy, Tubal Block			\$500.00	\$307.32
Surgery-Post-Operative Services	59320	Revision of Cervix			\$57.00	\$26.81

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery-Assistant Surgeon	59320	Revision of Cervix			\$57.00	\$26.81
Surgery- Without Post-Operative Services	59320	Revision of Cervix			\$228.00	\$107.22
Surgery and Epidurals	59320	Revision of Cervix			\$285.00	\$134.03
Surgery-Post-Operative Services	59325	Revision of Cervix			\$70.00	\$42.17
Surgery- Without Post-Operative Services	59325	Revision of Cervix			\$280.00	\$168.67
Surgery and Epidurals	59325	Revision of Cervix			\$350.00	\$210.84
Surgery-Post-Operative Services	59414	Deliver Placenta			\$18.00	\$16.19
Surgery- Without Post-Operative Services	59414	Deliver Placenta			\$72.00	\$64.75
Surgery and Epidurals	59414	Deliver Placenta			\$90.00	\$80.94
Certified Nurse Midwife	59414	Deliver Placenta			\$90.00	\$80.94
Certified Nurse Midwife	59425	Antepartum Care Only			\$525.00	\$371.32
Surgery and Epidurals	59425	Antepartum Care Only			\$525.00	\$371.32
Surgery-Post-Operative Services	61215	Insert Brain-Fluid Device			\$80.80	\$76.83
Surgery- Without Post-Operative Services	61215	Insert Brain-Fluid Device	62		\$202.00	\$192.09
Surgery and Epidurals	61215	Insert Brain-Fluid Device	62		\$252.50	\$240.11
Surgery- Without Post-Operative Services	61215	Insert Brain-Fluid Device			\$323.20	\$307.34
Surgery and Epidurals	61215	Insert Brain-Fluid Device			\$404.00	\$384.17
Surgery-Post-Operative Services	61316	Implt Cran Bone Flap to Abdo			\$121.35	\$14.85
Surgery- Without Post-Operative Services	61316	Implt Cran Bone Flap to Abdo			\$485.40	\$59.41
Surgery and Epidurals	61316	Implt Cran Bone Flap to Abdo			\$606.75	\$74.26
Surgery-Post-Operative Services	62225	Replace/Irrigate Catheter			\$99.00	\$79.41
Surgery- Without Post-Operative Services	62225	Replace/Irrigate Catheter			\$396.00	\$317.62
Surgery and Epidurals	62225	Replace/Irrigate Catheter			\$495.00	\$397.03
Surgery-Post-Operative Services	62319	Inject Spine w Cath L/S (Cd)			\$45.75	\$33.22
Surgery- Without Post-Operative Services	62319	Inject Spine w Cath L/S (Cd)			\$183.00	\$132.86
Surgery and Epidurals	62319	Inject Spine w Cath L/S (Cd)			\$228.75	\$166.08
Surgery-Post-Operative Services	64416	N Block Cont Infuse, B Plex			\$20.45	\$16.09
Surgery- Without Post-Operative Services	64416	N Block Cont Infuse, B Plex			\$81.78	\$64.36
Surgery and Epidurals	64416	N Block Cont Infuse,			\$102.23	\$80.45

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
		B Plex				
Surgery-Post-Operative Services	64446	N Blk Inj, Sciatic, Cont Inf			\$19.42	\$15.74
Surgery- Without Post-Operative Services	64446	N Blk Inj, Sciatic, Cont Inf			\$77.66	\$62.98
Surgery and Epidurals	64446	N Blk Inj, Sciatic, Cont Inf			\$97.08	\$78.72
Surgery-Post-Operative Services	64448	N Block Inj Fem, Cont Inf			\$17.64	\$13.95
Surgery- Without Post-Operative Services	64448	N Block Inj Fem, Cont Inf			\$70.58	\$55.81
Surgery and Epidurals	64448	N Block Inj Fem, Cont Inf			\$88.22	\$69.77
Surgery-Post-Operative Services	64449	N Block Inj, Lumbar Plexus			\$17.38	\$15.46
Surgery- Without Post-Operative Services	64449	N Block Inj, Lumbar Plexus			\$69.53	\$61.83
Surgery and Epidurals	64449	N Block Inj, Lumbar Plexus			\$86.91	\$77.28
Surgery-Post-Operative Services	64550	Apply Neurostimulator			\$30.00	\$2.51
Surgery- Without Post-Operative Services	64550	Apply Neurostimulator			\$120.00	\$10.03
Surgery and Epidurals	64550	Apply Neurostimulator			\$150.00	\$12.54
Surgery-Post-Operative Services	64555	Implant Neuroelectrodes			\$40.00	\$34.39
Surgery- Without Post-Operative Services	64555	Implant Neuroelectrodes			\$160.00	\$137.54
Surgery and Epidurals	64555	Implant Neuroelectrodes			\$200.00	\$171.93
Surgery-Post-Operative Services	64565	Implant Neuroelectrodes			\$40.00	\$27.09
Surgery- Without Post-Operative Services	64565	Implant Neuroelectrodes			\$160.00	\$108.36
Surgery and Epidurals	64565	Implant Neuroelectrodes			\$200.00	\$135.45
Surgery-Post-Operative Services	64727	Internal Nerve Revision			\$33.00	\$31.57
Surgery- Without Post-Operative Services	64727	Internal Nerve Revision			\$132.00	\$126.30
Surgery and Epidurals	64727	Internal Nerve Revision			\$165.00	\$157.87
Surgery-Post-Operative Services	65410	Biopsy of Cornea			\$35.00	\$20.97
Surgery-Post-Operative Services	65410	Biopsy of Cornea	50		\$52.50	\$31.46
Surgery- Without Post-Operative Services	65410	Biopsy of Cornea			\$140.00	\$83.89
Surgery and Epidurals	65410	Biopsy of Cornea			\$175.00	\$104.86
Surgery- Without Post-Operative Services	65410	Biopsy of Cornea	50		\$210.00	\$125.83
Surgery and Epidurals	65410	Biopsy of Cornea	50		\$262.50	\$157.29
Surgery-Post-Operative	65772	Correction of			\$74.41	\$64.61

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Services		Astigmatism				
Surgery-Post-Operative Services	65772	Correction of Astigmatism	50		\$111.61	\$96.92
Surgery- Without Post-Operative Services	65772	Correction of Astigmatism			\$297.62	\$258.44
Surgery and Epidurals	65772	Correction of Astigmatism			\$372.03	\$323.06
Surgery- Without Post-Operative Services	65772	Correction of Astigmatism	50		\$446.44	\$387.67
Surgery and Epidurals	65772	Correction of Astigmatism	50		\$558.05	\$484.58
Surgery-Post-Operative Services	65855	Laser Surgery of Eye			\$79.00	\$49.49
Surgery-Post-Operative Services	65855	Laser Surgery of Eye	50		\$118.50	\$74.24
Surgery- Without Post-Operative Services	65855	Laser Surgery of Eye			\$316.00	\$197.96
Surgery and Epidurals	65855	Laser Surgery of Eye			\$395.00	\$247.46
Surgery- Without Post-Operative Services	65855	Laser Surgery of Eye	50		\$474.00	\$296.95
Surgery and Epidurals	65855	Laser Surgery of Eye	50		\$592.50	\$371.18
Surgery-Post-Operative Services	66850	Removal of Lens Material			\$121.00	\$115.23
Surgery-Post-Operative Services	66850	Removal of Lens Material	50		\$181.50	\$172.84
Surgery- Without Post-Operative Services	66850	Removal of Lens Material			\$484.00	\$460.91
Surgery and Epidurals	66850	Removal of Lens Material			\$605.00	\$576.14
Surgery- Without Post-Operative Services	66850	Removal of Lens Material	50		\$726.00	\$691.36
Surgery and Epidurals	66850	Removal of Lens Material	50		\$907.50	\$864.20
Surgery-Post-Operative Services	67320	Revise Eye Muscle(s) Add-On			\$52.36	\$49.16
Surgery-Post-Operative Services	67320	Revise Eye Muscle(s) Add-On	50		\$78.54	\$73.75
Surgery- Without Post-Operative Services	67320	Revise Eye Muscle(s) Add-On			\$209.44	\$196.65
Surgery and Epidurals	67320	Revise Eye Muscle(s) Add-On			\$261.80	\$245.82
Surgery- Without Post-Operative Services	67320	Revise Eye Muscle(s) Add-On	50		\$314.16	\$294.98
Surgery and Epidurals	67320	Revise Eye Muscle(s) Add-On	50		\$392.70	\$368.73
Surgery-Post-Operative Services	67331	Eye Surgery Follow-Up Add-On			\$47.96	\$46.56
Surgery-Post-Operative Services	67331	Eye Surgery Follow-Up Add-On	50		\$71.94	\$69.83
Surgery- Without Post-Operative Services	67331	Eye Surgery Follow-Up Add-On	62		\$119.90	\$116.39
Surgery and Epidurals	67331	Eye Surgery Follow-Up Add-On	62		\$149.88	\$145.49

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery- Without Post-Operative Services	67331	Eye Surgery Follow-Up Add-On	62	50	\$179.85	\$174.58
Surgery- Without Post-Operative Services	67331	Eye Surgery Follow-Up Add-On			\$191.84	\$186.22
Surgery and Epidurals	67331	Eye Surgery Follow-Up Add-On	62	50	\$224.81	\$218.23
Surgery and Epidurals	67331	Eye Surgery Follow-Up Add-On			\$239.80	\$232.78
Surgery- Without Post-Operative Services	67331	Eye Surgery Follow-Up Add-On	50		\$287.76	\$279.33
Surgery and Epidurals	67331	Eye Surgery Follow-Up Add-On	50		\$359.70	\$349.16
Surgery-Post-Operative Services	67332	Rerevise Eye Muscles Add-On			\$53.24	\$50.63
Surgery-Post-Operative Services	67332	Rerevise Eye Muscles Add-On	50		\$79.86	\$75.95
Surgery- Without Post-Operative Services	67332	Rerevise Eye Muscles Add-On	62		\$133.10	\$126.59
Surgery- Without Post-Operative Services	67332	Rerevise Eye Muscles Add-On	62	50	\$199.65	\$189.88
Surgery- Without Post-Operative Services	67332	Rerevise Eye Muscles Add-On			\$212.96	\$202.54
Surgery and Epidurals	67332	Rerevise Eye Muscles Add-On			\$266.20	\$253.17
Surgery and Epidurals	67332	Rerevise Eye Muscles Add-On	50		\$399.30	\$379.76
Surgery-Post-Operative Services	67415	Aspiration, Orbital Contents			\$60.00	\$16.23
Surgery-Post-Operative Services	67415	Aspiration, Orbital Contents	50		\$90.00	\$24.34
Surgery- Without Post-Operative Services	67415	Aspiration, Orbital Contents			\$240.00	\$64.90
Surgery and Epidurals	67415	Aspiration, Orbital Contents			\$300.00	\$81.13
Surgery- Without Post-Operative Services	67415	Aspiration, Orbital Contents	50		\$360.00	\$97.35
Surgery and Epidurals	67415	Aspiration, Orbital Contents	50		\$450.00	\$121.69
Surgery-Post-Operative Services	69421	Incision of Eardrum			\$27.50	\$24.13
Surgery-Post-Operative Services	69421	Incision of Eardrum	50		\$41.25	\$36.20
Surgery- Without Post-Operative Services	69421	Incision of Eardrum			\$110.00	\$96.53
Surgery and Epidurals	69421	Incision of Eardrum			\$137.50	\$120.66
Surgery- Without Post-Operative Services	69421	Incision of Eardrum	50		\$165.00	\$144.80
Surgery and Epidurals	69421	Incision of Eardrum	50		\$206.25	\$181.00
Surgery-Post-Operative Services	69436	Create Eardrum Opening			\$35.35	\$26.33
Surgery-Post-Operative Services	69436	Create Eardrum Opening	50		\$53.03	\$39.49
Surgery- Without Post-Operative Services	69436	Create Eardrum Opening			\$141.40	\$105.31

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Surgery and Epidurals	69436	Create Eardrum Opening			\$176.75	\$131.64
Surgery- Without Post-Operative Services	69436	Create Eardrum Opening	50		\$212.10	\$157.97
Surgery and Epidurals	69436	Create Eardrum Opening	50		\$226.75	\$197.47
Surgery-Post-Operative Services	69801	Incise Inner Ear			\$121.00	\$118.86
Surgery- Without Post-Operative Services	69801	Incise Inner Ear			\$484.00	\$475.42
Surgery and Epidurals	69801	Incise Inner Ear			\$605.00	\$594.28
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70030	X-Ray Eye for Foreign Body			\$8.21	\$7.68
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70120	X-Ray Exam of Mastoids			\$8.59	\$8.00
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70220	X-Ray Exam of Sinuses			\$11.00	\$10.88
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70320	Full Mouth X-Ray of Teeth			\$12.80	\$9.91
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70330	X-Ray Exam of Jaw Joints			\$11.00	\$10.86
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70336	Magnetic Image, Jaw Joint			\$82.00	\$66.80
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70450	CT Head/Brain wo Dye			\$39.60	\$38.66
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70540	MRI Orbit/Face/Neck wo Dye			\$83.00	\$60.72
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70542	MRI Orbit/Face/Neck w Dye			\$97.33	\$72.86
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70543	MRI Orbt/Fac/Nck wo&w Dye			\$174.76	\$96.85
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70544	MR Angiography Head wo Dye			\$84.57	\$53.99

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70545	MR Angiography Head w Dye			\$84.57	\$53.99
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70546	MR Angiograph Head wo&w Dye			\$159.87	\$81.16
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70547	MR Angiography Neck wo Dye			\$84.57	\$53.99
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70548	MR Angiography Neck w Dye			\$84.57	\$53.99
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70549	MR Angiograph Neck wo&w Dye			\$159.87	\$81.16
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70551	MRI Brain wo Dye			\$83.00	\$66.80
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70552	MRI Brain w Dye			\$100.00	\$80.51
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	70553	MRI Brain wo&w Dye			\$177.00	\$106.39
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	71090	X-Ray & Pacemaker Insertion			\$50.00	\$26.08
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	71101	X-Ray Exam of Ribs/Chest			\$15.00	\$11.84
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	71101	X-Ray Exam of Ribs/Chest			\$28.00	\$21.65
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	71101	X-Ray Exam of Ribs/Chest			\$43.00	\$33.48
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	71260	CT Thorax w Dye			\$57.20	\$55.90

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	71550	MRI Chest wo Dye			\$85.00	\$65.50
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	71552	MRI Chest wo&w Dye			\$174.91	\$102.54
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	71555	MRI Angio Chest w/wo Dye			\$86.00	\$82.40
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72010	X-Ray Exam of Spine			\$19.80	\$19.54
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72072	X-Ray Exam of Thoracic Spine			\$11.00	\$9.91
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72072	X-Ray Exam of Thoracic Spine			\$23.10	\$22.90
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72072	X-Ray Exam of Thoracic Spine			\$35.20	\$32.81
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72074	X-Ray Exam of Thoracic Spine			\$18.00	\$9.91
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72074	X-Ray Exam of Thoracic Spine			\$33.88	\$28.39
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72074	X-Ray Exam of Thoracic Spine			\$48.80	\$38.30
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72141	MRI Neck Spine wo Dye			\$85.00	\$71.91
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72142	MRI Neck Spine w Dye			\$102.00	\$86.62
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72146	MRI Chest Spine wo Dye			\$92.00	\$72.21

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72147	MRI Chest Spine w Dye			\$102.00	\$86.92
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72148	MRI Lumbar Spine wo Dye			\$91.00	\$66.80
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72149	MRI Lumbar Spine w Dye			\$100.00	\$80.51
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72156	MRI Neck Spine wo&w Dye			\$179.00	\$115.67
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72157	MRI Chest Spine wo&w Dye			\$179.00	\$115.97
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72158	MRI Lumbar Spine wo&w Dye			\$177.00	\$106.08
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72170	X-Ray Exam of Pelvis			\$8.21	\$7.68
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72190	X-Ray Exam of Pelvis			\$14.50	\$9.59
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72193	CT Pelvis w Dye			\$228.80	\$224.10
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72193	CT Pelvis w Dye			\$279.40	\$276.50
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72195	MRI Pelvis wo Dye			\$82.63	\$65.50
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72196	MRI Pelvis w Dye			\$85.00	\$78.29
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72197	MRI Pelvis wo&w Dye			\$176.42	\$101.93

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	72202	X-Ray Exam Sacroiliac Joints			\$12.00	\$8.63
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72295	X-Ray of Lower Spine Disk			\$130.87	\$100.69
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	72295	X-Ray of Lower Spine Disk			\$152.84	\$137.58
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73040	Contrast X-Ray of Shoulder			\$25.79	\$24.27
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73085	Contrast X-Ray of Elbow			\$25.79	\$23.97
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73115	Contrast X-Ray of Wrist			\$25.79	\$24.27
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73218	MRI Upper Extremity wo Dye			\$81.23	\$60.42
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73219	MRI Upper Extremity w Dye			\$97.33	\$72.86
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73221	MRI Joint Upr Extrem wo Dye			\$82.00	\$60.72
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73222	MRI Joint Upr Extrem w Dye			\$97.33	\$72.86
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73223	MRI Joint Upr Extr wo&w Dye			\$174.76	\$96.85
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73525	Contrast X-Ray of Hip			\$26.14	\$24.62
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	73530	X-Ray Exam of Hip			\$33.00	\$31.55

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73540	X-Ray Exam of Pelvis & Hips			\$9.71	\$8.96
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73562	X-Ray Exam of Knee, 3			\$14.60	\$8.31
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	73562	X-Ray Exam of Knee, 3			\$30.00	\$20.44
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	73562	X-Ray Exam of Knee, 3			\$44.60	\$28.75
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73564	X-Ray Exam, Knee, 4 or More			\$14.60	\$9.91
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	73564	X-Ray Exam, Knee, 4 or More			\$30.00	\$23.45
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	73564	X-Ray Exam, Knee, 4 or More			\$44.60	\$33.36
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73615	Contrast X-Ray of Ankle			\$26.14	\$24.32
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73630	X-Ray Exam of Foot			\$8.21	\$7.68
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73718	MRI Lower Extremity wo Dye			\$81.23	\$60.72
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73719	MRI Lower Extremity w Dye			\$97.33	\$72.86
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73721	MRI Jnt of Lwr Extre wo Dye			\$82.00	\$60.72
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73722	MRI Joint of Lwr Extr w Dye			\$97.33	\$73.16

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73723	MRI Joint Lwr Extr wo&w Dye			\$174.76	\$97.16
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	73725	MR Ang Lwr Ext w/wo Dye			\$86.00	\$82.42
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	74000	X-Ray Exam of Abdomen			\$14.30	\$13.69
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	74000	X-Ray Exam of Abdomen			\$22.00	\$21.70
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74022	X-Ray Exam Series, Abdomen			\$25.00	\$14.36
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	74022	X-Ray Exam Series, Abdomen			\$61.00	\$26.83
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	74022	X-Ray Exam Series, Abdomen			\$86.00	\$41.19
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74150	CT Abdomen wo Dye			\$59.33	\$53.67
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74160	CT Abdomen w Dye			\$64.33	\$57.83
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74170	CT Abdomen wo&w Dye			\$66.16	\$63.25
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74181	MRI Abdomen wo Dye			\$85.00	\$65.81
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74182	MRI Abdomen w Dye			\$98.79	\$78.29
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74183	MRI Abdomen wo&w Dye			\$176.42	\$101.93

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74185	MRI Angio, Abdom w/wo Dye			\$86.00	\$81.47
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74246	Contrst X-Ray Uppr GI Tract			\$31.68	\$31.30
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74247	Contrst X-Ray Uppr GI Tract			\$32.52	\$31.30
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74320	Contrast X-Ray of Bile Ducts			\$24.75	\$24.57
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74328	X-Ray Bile Duct Endoscopy			\$33.26	\$31.93
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74329	X-Ray for Pancreas Endoscopy			\$33.26	\$31.93
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74340	X-Ray Guide for GI Tube			\$25.79	\$24.27
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74475	X-Ray Control, Cath Insert			\$87.00	\$24.57
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	74480	X-Ray Control, Cath Insert			\$87.00	\$24.57
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75625	Contrast X-Ray Exam of Aorta			\$245.40	\$234.95
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75710	Artery X-Rays, Arm/Leg			\$248.98	\$247.99
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75774	Artery X-Ray, Each Vessel			\$30.00	\$16.61
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75774	Artery X-Ray, Each Vessel			\$221.85	\$187.07

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75809	Nonvascular Shunt, X-Ray			\$22.05	\$21.09
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75827	Vein X-Ray, Chest			\$242.81	\$226.43
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75893	Venous Sampling by Catheter			\$32.00	\$24.27
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75898	Follow-Up Angiography			\$125.07	\$114.37
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75940	X-Ray Placement, Vein Filter			\$50.00	\$24.67
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75945	Intravascular US			\$28.00	\$18.91
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75960	Transcath IV Stent Rs&i			\$55.00	\$38.03
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75960	Transcath IV Stent Rs&i			\$336.14	\$230.20
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75962	Repair Arterial Blockage			\$55.00	\$24.62
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75962	Repair Arterial Blockage			\$281.87	\$245.18
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75964	Repair Artery Blockage, Each			\$50.00	\$16.66
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75968	Repair Artery Blockage, Each			\$55.00	\$16.92
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75970	Vascular Biopsy			\$38.50	\$38.01

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75978	Repair Venous Blockage			\$75.00	\$23.97
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75978	Repair Venous Blockage			\$280.00	\$241.20
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75982	Contrast Xray Exam Bile Duct			\$105.00	\$65.46
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75984	Xray Control Catheter Change			\$105.00	\$32.88
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75989	Abscess Drainage Under X-Ray			\$90.00	\$53.97
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	75989	Abscess Drainage Under X-Ray			\$135.00	\$70.61
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75992	Atherectomy, X-Ray Exam			\$55.00	\$25.23
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	75993	Atherectomy, X-Ray Exam			\$50.00	\$16.61
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76000	Fluoroscope Examination			\$8.16	\$7.68
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76001	Fluoroscope Exam, Extensive			\$33.41	\$31.05
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76010	X-Ray, Nose to Rectum			\$18.00	\$8.31
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76010	X-Ray, Nose to Rectum			\$37.00	\$15.51
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76010	X-Ray, Nose to Rectum			\$55.00	\$23.81

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76376	3d Render wo Postprocess			\$69.85	\$58.40
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76376	3d Render wo Postprocess			\$75.80	\$68.00
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76377	3d Rendering w Postprocess			\$74.36	\$61.89
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76506	Echo Exam of Head			\$50.00	\$29.49
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76513	Echo Exam of Eye, Water Bath			\$89.97	\$72.15
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76519	Echo Exam of Eye			\$30.00	\$24.53
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76519	Echo Exam of Eye			\$38.50	\$36.89
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76519	Echo Exam of Eye			\$71.50	\$61.42
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76645	US Exam, Breast(s)			\$25.43	\$24.27
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76818	Fetal Biophys Profile w Nst			\$50.78	\$46.11
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76820	Umbilical Artery Echo			\$34.10	\$25.64
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76820	Umbilical Artery Echo			\$48.86	\$47.75
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76826	Echo Exam of Fetal Heart			\$40.00	\$35.85

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76830	Transvaginal US, Non-Ob			\$62.00	\$30.70
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76857	US Exam, Pelvic, Limited			\$18.30	\$17.57
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76870	US Exam, Scrotum			\$35.00	\$29.07
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76870	US Exam, Scrotum			\$125.00	\$72.69
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76870	US Exam, Scrotum			\$160.00	\$101.77
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76872	US, Transrectal			\$62.00	\$32.26
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76946	Echo Guide for Amniocentesis			\$29.48	\$22.53
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76950	Echo Guidance Radiotherapy			\$36.66	\$35.08
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	76965	Echo Guidance Radiotherapy			\$64.97	\$61.70
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	76977	US Bone Density Measure			\$22.00	\$12.48
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77012	CT Scan for Needle Biopsy			\$140.62	\$120.12
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77021	MR Guidance for Needle Place			\$86.92	\$68.75
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77031	Stereotact Guide for Brst Bx			\$120.52	\$96.92

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77032	Guidance for Needle, Breast			\$45.90	\$25.22
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77032	Guidance for Needle, Breast			\$89.10	\$26.62
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77032	Guidance for Needle, Breast			\$135.00	\$51.84
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77053	X-Ray of Mammary Duct			\$17.18	\$16.31
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77054	X-Ray of Mammary Ducts			\$24.00	\$20.44
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77058	Mri, One Breast			\$125.00	\$73.49
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77059	Mri, Both Breasts			\$165.00	\$73.49
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77074	X-Rays, Bone Survey, Limited			\$21.30	\$20.44
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77075	X-Rays, Bone Survey Complete			\$30.00	\$24.27
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77075	X-Rays, Bone Survey Complete			\$90.00	\$84.78
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77077	Joint Survey, Single View			\$46.20	\$36.73
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77078	CT Bone Density, Axial			\$33.33	\$11.19
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77080	Dxa Bone Density, Axial			\$53.10	\$52.47

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77081	Dxa Bone Density/Peripheral			\$10.83	\$9.60
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77081	Dxa Bone Density/Peripheral			\$25.30	\$16.55
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77081	Dxa Bone Density/Peripheral			\$36.30	\$26.15
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77261	Radiation Therapy Planning			\$79.00	\$62.97
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77262	Radiation Therapy Planning			\$116.00	\$94.69
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77295	Set Radiation Therapy Field			\$475.72	\$394.64
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77305	Teletx Isodose Plan Simple			\$33.21	\$32.85
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77315	Teletx Isodose Plan Complex			\$72.60	\$59.89
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77321	Special Teletx Port Plan			\$70.41	\$64.44
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77333	Radiation Treatment Aid(s)			\$31.61	\$23.48
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77470	Special Radiation Treatment			\$184.15	\$132.40
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77470	Special Radiation Treatment			\$239.01	\$225.54
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	77789	Apply Surface Radiation			\$150.00	\$50.89

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77790	Radiation Handling			\$150.00	\$29.11
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	77790	Radiation Handling			\$180.00	\$75.82
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78007	Thyroid Image, Mult Uptakes			\$23.75	\$22.67
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78010	Thyroid Imaging			\$18.15	\$17.59
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78018	Thyroid Met Imaging, Body			\$68.00	\$38.98
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78070	Parathyroid Nuclear Imaging			\$45.00	\$37.38
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78070	Parathyroid Nuclear Imaging			\$121.00	\$108.10
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78120	Red Cell Mass, Single			\$15.00	\$10.54
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78122	Blood Volume			\$33.00	\$20.44
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78205	Liver Imaging (3D)			\$47.50	\$32.26
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78205	Liver Imaging (3D)			\$243.00	\$168.26
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78220	Liver Function Study			\$23.17	\$22.04
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78264	Gastric Emptying Study			\$36.64	\$35.13

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78267	Breath Tst Attain/Anal C-14			\$10.86	\$10.33
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78268	Breath Test Analysis, C-14			\$93.09	\$76.07
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78278	Acute GI Blood Loss Imaging			\$50.00	\$44.71
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78315	Bone Imaging, 3 Phase			\$61.10	\$45.99
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78320	Bone Imaging (3D)			\$49.35	\$46.94
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78320	Bone Imaging (3D)			\$243.20	\$168.26
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78428	Cardiac Shunt Imaging			Manually Priced	\$36.64
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78466	Heart Infarct Image			\$33.00	\$32.21
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78496	Heart First Pass Add-On			\$114.79	\$78.17
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78496	Heart First Pass Add-On			\$128.54	\$102.04
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78587	Aerosol Lung Image, Multiple			\$50.00	\$22.35
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78593	Vent Image, 1 Proj, Gas			\$33.00	\$22.04
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78594	Vent Image, Mult Proj, Gas			\$50.00	\$23.95

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78601	Brain Image w Flow < 4 Views			\$30.00	\$23.00
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78606	Brain Image w Flow 4 + Views			\$30.28	\$29.07
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78607	Brain Imaging (3D)			\$56.43	\$55.58
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78645	CSF Shunt Evaluation			\$26.55	\$25.85
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78647	Cerebrospinal Fluid Scan			\$47.50	\$40.58
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78701	Kidney Imaging w Flow			\$23.17	\$22.04
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78803	Tumor Imaging (3D)			\$51.94	\$49.52
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78803	Tumor Imaging (3D)			\$308.69	\$247.02
Radiology-Professional and Technical Component: X-ray/Nuclear Medicine/EEG/EKG	78803	Tumor Imaging (3D)			\$360.94	\$296.54
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78805	Abscess Imaging, Ltd Area			\$33.00	\$32.90
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	78806	Abscess Imaging, Whole Body			\$50.00	\$38.98
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	79005	Nuclear RX, oral admin			\$54.41	\$53.24
Independent Lab-Technical Component	80047	Metabolic Panel Ionized CA			\$30.51	\$11.12
Independent Lab-Technical Component	80048	Metabolic Panel Total CA			\$11.83	\$11.12
Independent Lab-Technical Component	80051	Electrolyte Panel			\$9.80	\$9.22

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	80061	Lipid Panel			\$18.72	\$17.61
Independent Lab-Technical Component	80069	Renal Function Panel			\$12.13	\$11.41
Independent Lab-Technical Component	80076	Hepatic Function Panel			\$11.42	\$10.74
Independent Lab-Technical Component	80100	Drug Screen, Qualitate/Multi			\$20.08	\$19.11
Independent Lab-Technical Component	80101	Drug Screen, Single			\$19.24	\$12.56
Independent Lab-Technical Component	80102	Drug Confirmation			\$18.51	\$13.76
Independent Lab-Technical Component	80150	Assay of Amikacin			\$21.06	\$19.81
Independent Lab-Technical Component	80152	Assay of Amitriptyline			\$25.01	\$23.53
Independent Lab-Technical Component	80154	Assay of Benzodiazepines			\$25.84	\$24.30
Independent Lab-Technical Component	80156	Assay, Carbamazepine, Total			\$20.34	\$19.13
Independent Lab-Technical Component	80158	Assay of Cyclosporine			\$25.23	\$11.49
Independent Lab-Technical Component	80160	Assay of Desipramine			\$24.05	\$22.62
Independent Lab-Technical Component	80162	Assay of Digoxin			\$18.55	\$17.45
Independent Lab-Technical Component	80164	Assay, Dipropylacetic Acid			\$18.93	\$17.80
Independent Lab-Technical Component	80166	Assay of Doxepin			\$21.66	\$20.38
Independent Lab-Technical Component	80168	Assay of Ethosuximide			\$22.83	\$21.47
Independent Lab-Technical Component	80170	Assay of Gentamicin			\$22.90	\$21.54
Independent Lab-Technical Component	80173	Assay of Haloperidol			\$20.34	\$19.13
Independent Lab-Technical Component	80174	Assay of Imipramine			\$24.05	\$22.62
Independent Lab-Technical Component	80176	Assay of Lidocaine			\$20.52	\$19.31
Independent Lab-Technical Component	80178	Assay of Lithium			\$9.24	\$8.69
Independent Lab-Technical Component	80184	Assay of Phenobarbital			\$16.01	\$15.05
Independent Lab-Technical Component	80185	Assay of Phenytoin, Total			\$18.52	\$17.42
Independent Lab-Technical Component	80186	Assay of Phenytoin, Free			\$19.23	\$18.09

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	80188	Assay of Primidone			\$23.18	\$21.81
Independent Lab-Technical Component	80192	Assay of Procainamide			\$23.41	\$22.01
Independent Lab-Technical Component	80194	Assay of Quinidine			\$20.39	\$19.18
Independent Lab-Technical Component	80195	Assay of Sirolimus			\$19.17	\$11.49
Independent Lab-Technical Component	80196	Assay of Salicylate			\$9.92	\$9.32
Independent Lab-Technical Component	80197	Assay of Tacrolimus			\$13.30	\$11.49
Independent Lab-Technical Component	80198	Assay of Theophylline			\$19.77	\$18.59
Independent Lab-Technical Component	80200	Assay of Tobramycin			\$22.52	\$21.18
Independent Lab-Technical Component	80201	Assay of Topiramate			\$16.66	\$15.66
Independent Lab-Technical Component	80202	Assay of Vancomycin			\$18.93	\$17.80
Independent Lab-Technical Component	80299	Quantitative Assay, Drug			\$19.13	\$17.99
Independent Lab-Technical Component	81001	Urinalysis, Auto w Scope			\$4.43	\$4.17
Independent Lab-Technical Component	81005	Urinalysis			\$3.03	\$2.84
Independent Lab-Technical Component	81050	Urinalysis, Volume Measure			\$4.19	\$3.93
Independent Lab-Technical Component	82003	Assay of Acetaminophen			\$28.28	\$23.72
Independent Lab-Technical Component	82009	Test for Acetone/Ketones			\$6.31	\$5.93
Independent Lab-Technical Component	82010	Acetone Assay			\$11.42	\$10.74
Independent Lab-Technical Component	82013	Acetylcholinesterase Assay			\$15.61	\$11.49
Independent Lab-Technical Component	82017	Acylcarnitines, Quant			\$23.57	\$22.17
Independent Lab-Technical Component	82024	Assay of Acth			\$53.97	\$50.76
Independent Lab-Technical Component	82042	Assay of Urine Albumin			\$4.52	\$3.78
Independent Lab-Technical Component	82043	Microalbumin, Quantitative			\$7.79	\$3.78
Independent Lab-Technical Component	82044	Microalbumin, Semiquant			\$6.39	\$4.61
Independent Lab-Technical Component	82088	Assay of Aldosterone			\$56.94	\$53.55
Independent Lab-Technical Component	82103	Alpha-1-Antitrypsin, Total			\$18.77	\$15.21

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	82104	Alpha-1-Antitrypsin, Pheno			\$20.20	\$19.00
Independent Lab-Technical Component	82105	Alpha-Fetoprotein, Serum			\$23.44	\$22.04
Independent Lab-Technical Component	82106	Alpha-Fetoprotein, Amniotic			\$23.44	\$22.04
Independent Lab-Technical Component	82107	Alpha-Fetoprotein L3			\$89.99	\$84.64
Independent Lab-Technical Component	82120	Amines, Vaginal Fluid Qual			\$5.25	\$4.94
Independent Lab-Technical Component	82127	Amino Acid, Single Qual			\$19.37	\$18.22
Independent Lab-Technical Component	82131	Amino Acids, Single Quant			\$23.57	\$22.17
Independent Lab-Technical Component	82135	Assay, Aminolevulinic Acid			\$23.00	\$21.64
Independent Lab-Technical Component	82136	Amino Acids, Quant, 2-5			\$23.57	\$22.17
Independent Lab-Technical Component	82139	Amino Acids, Quan, 6 or More			\$23.57	\$22.17
Independent Lab-Technical Component	82157	Assay of Androstenedione			\$39.88	\$38.47
Independent Lab-Technical Component	82164	Angiotensin I Enzyme Test			\$20.39	\$19.18
Independent Lab-Technical Component	82172	Assay of Apolipoprotein			\$21.65	\$20.36
Independent Lab-Technical Component	82180	Assay of Ascorbic Acid			\$7.64	\$5.39
Independent Lab-Technical Component	82205	Assay of Barbiturates			\$16.01	\$15.05
Independent Lab-Technical Component	82232	Assay of Beta-2 Protein			\$22.61	\$21.26
Independent Lab-Technical Component	82247	Bilirubin, Total			\$7.02	\$6.60
Independent Lab-Technical Component	82248	Bilirubin, Direct			\$7.02	\$6.60
Independent Lab-Technical Component	82261	Assay of Biotinidase			\$23.57	\$22.17
Independent Lab-Technical Component	82272	Occult Bld Feces, 1-3 Tests			\$4.54	\$3.93
Independent Lab-Technical Component	82306	Assay of Vitamin D			\$41.36	\$38.90
Independent Lab-Technical Component	82308	Assay of Calcitonin			\$37.41	\$35.19
Independent Lab-Technical Component	82330	Assay of Calcium			\$11.93	\$8.43
Independent Lab-Technical Component	82340	Assay of Calcium in Urine			\$8.25	\$7.93
Independent Lab-Technical Component	82375	Assay, Carboxyhb, Quant			\$17.22	\$7.58

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	82378	Carcinoembryonic Antigen			\$26.51	\$24.93
Independent Lab-Technical Component	82379	Assay of Carnitine			\$23.57	\$22.17
Independent Lab-Technical Component	82380	Assay of Carotene			\$12.89	\$12.12
Independent Lab-Technical Component	82491	Chromotography, Quant, Sing			\$25.23	\$11.51
Independent Lab-Technical Component	82492	Chromotography, Quant, Mult			\$25.23	\$11.51
Independent Lab-Technical Component	82507	Assay of Citrate			\$38.85	\$36.54
Independent Lab-Technical Component	82520	Assay of Cocaine			\$21.17	\$19.92
Independent Lab-Technical Component	82533	Total Cortisol			\$22.78	\$21.43
Independent Lab-Technical Component	82542	Column Chromotography, Quant			\$25.23	\$11.51
Independent Lab-Technical Component	82543	Column Chromotograph/Isotope			\$25.23	\$11.51
Independent Lab-Technical Component	82544	Column Chromotograph/Isotope			\$25.23	\$11.51
Independent Lab-Technical Component	82552	Assay of Cpk in Blood			\$18.71	\$11.36
Independent Lab-Technical Component	82553	Creatine, Mb Fraction			\$16.13	\$11.25
Independent Lab-Technical Component	82565	Assay of Creatinine			\$7.16	\$6.73
Independent Lab-Technical Component	82607	Vitamin B-12			\$21.06	\$19.81
Independent Lab-Technical Component	82608	B-12 Binding Capacity			\$20.01	\$18.82
Independent Lab-Technical Component	82626	Dehydroepiandrosterone			\$35.31	\$33.21
Independent Lab-Technical Component	82627	Dehydroepiandrosterone			\$31.07	\$29.21
Independent Lab-Technical Component	82633	Desoxycorticosterone			\$43.28	\$40.71
Independent Lab-Technical Component	82634	Deoxycortisol			\$40.90	\$38.47
Independent Lab-Technical Component	82651	Assay of Dihydrotestosterone			\$36.07	\$23.72
Independent Lab-Technical Component	82652	Assay of Dihydroxyvitamin D			\$53.78	\$50.58
Independent Lab-Technical Component	82656	Pancreatic Elastase, Fecal			\$16.12	\$15.17
Independent Lab-Technical Component	82657	Enzyme Cell Activity			\$25.23	\$11.51

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	82672	Assay of Estrogen			\$30.30	\$28.49
Independent Lab-Technical Component	82679	Assay of Estrone			\$34.88	\$32.81
Independent Lab-Technical Component	82728	Assay of Ferritin			\$19.03	\$17.90
Independent Lab-Technical Component	82747	Assay of Folic Acid, RBC			\$23.09	\$22.76
Independent Lab-Technical Component	82785	Assay of Gammaglobulin Ige			\$23.01	\$8.07
Independent Lab-Technical Component	82803	Blood Gases: Ph, Po2 & Pco2			\$27.04	\$7.58
Independent Lab-Technical Component	82805	Blood Gases w O2 Saturation			\$24.78	\$15.17
Independent Lab-Technical Component	82945	Glucose Other Fluid			\$5.48	\$5.16
Independent Lab-Technical Component	82947	Assay, Glucose, Blood Quant			\$5.23	\$5.16
Independent Lab-Technical Component	82962	Glucose Blood Test			\$3.27	\$3.08
Independent Lab-Technical Component	82980	Assay of Glutethimide			\$25.60	\$24.08
Independent Lab-Technical Component	82985	Glycated Protein			\$21.06	\$19.81
Independent Lab-Technical Component	83001	Gonadotropin (Fsh)			\$25.97	\$24.43
Independent Lab-Technical Component	83003	Assay, Growth Hormone (Hgh)			\$23.29	\$21.91
Independent Lab-Technical Component	83013	H Pylori (C-13), Breath			\$94.11	\$76.07
Independent Lab-Technical Component	83014	H Pylori Drug Admin			\$10.98	\$10.33
Independent Lab-Technical Component	83020	Hemoglobin Electrophoresis			\$16.50	\$8.43
Independent Lab-Technical Component	83021	Hemoglobin Chromotography			\$25.23	\$11.51
Independent Lab-Technical Component	83036	Glycosylated Hemoglobin Test			\$13.56	\$12.75
Independent Lab-Technical Component	83037	Glycosylated Hb, Home Device			\$14.75	\$12.75
Independent Lab-Technical Component	83050	Blood Methemoglobin Assay			\$10.23	\$9.62
Independent Lab-Technical Component	83051	Assay of Plasma Hemoglobin			\$10.21	\$5.39
Independent Lab-Technical Component	83090	Assay of Homocystine			\$23.57	\$22.17
Independent Lab-Technical Component	83491	Assay of Corticosteroids			\$24.47	\$23.01

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	83499	Assay of Progesterone			\$35.22	\$33.12
Independent Lab-Technical Component	83516	Immunoassay, Nonantibody			\$16.12	\$15.17
Independent Lab-Technical Component	83519	Immunoassay, Nonantibody			\$18.88	\$17.76
Independent Lab-Technical Component	83520	Immunoassay, Ria			\$18.09	\$17.02
Independent Lab-Technical Component	83540	Assay of Iron			\$9.05	\$8.51
Independent Lab-Technical Component	83586	Assay 17-Ketosteroids			\$17.69	\$16.82
Independent Lab-Technical Component	83615	Lactate (Ld) (Ldh) Enzyme			\$8.44	\$7.93
Independent Lab-Technical Component	83625	Assay of Ldh Enzymes			\$11.18	\$8.52
Independent Lab-Technical Component	83655	Assay of Lead			\$16.50	\$15.90
Independent Lab-Technical Component	83663	Fluoro Polarize, Fetal Lung			\$16.52	\$3.78
Independent Lab-Technical Component	83664	Lamellar Bdy, Fetal Lung			\$16.52	\$3.78
Independent Lab-Technical Component	83695	Assay of Lipoprotein(A)			\$18.09	\$17.02
Independent Lab-Technical Component	83700	Lipopro Bld, Electrophoretic			\$15.73	\$11.49
Independent Lab-Technical Component	83701	Lipoprotein Bld, Hr Fraction			\$34.68	\$11.49
Independent Lab-Technical Component	83704	Lipoprotein, Bld, by Nmr			\$44.08	\$22.99
Independent Lab-Technical Component	83718	Assay of Lipoprotein			\$11.44	\$10.76
Independent Lab-Technical Component	83721	Assay of Blood Lipoprotein			\$13.33	\$12.54
Independent Lab-Technical Component	83788	Mass Spectrometry Qual			\$25.23	\$11.51
Independent Lab-Technical Component	83789	Mass Spectrometry Quant			\$25.23	\$11.51
Independent Lab-Technical Component	83872	Assay Synovial Fluid Mucin			\$7.92	\$7.70
Independent Lab-Technical Component	83873	Assay of CSF Protein			\$24.04	\$22.61
Independent Lab-Technical Component	83883	Assay, Nephelometry Not Spec			\$19.00	\$17.87
Independent Lab-Technical Component	83887	Assay of Nicotine			\$33.09	\$31.12
Independent Lab-Technical Component	83890	Molecule Isolate			\$5.60	\$3.07
Independent Lab-Technical Component	83891	Molecule Isolate Nucleic			\$5.60	\$3.07

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	83892	Molecular Diagnostics			\$5.60	\$3.07
Independent Lab-Technical Component	83893	Molecule Dot/Slot/Blot			\$5.60	\$3.07
Independent Lab-Technical Component	83894	Molecule Gel Electrophor			\$5.60	\$3.07
Independent Lab-Technical Component	83896	Molecular Diagnostics			\$5.60	\$3.07
Independent Lab-Technical Component	83897	Molecule Nucleic Transfer			\$5.60	\$3.07
Independent Lab-Technical Component	83900	Molecule Nucleic Ampli 2 Seq			\$46.84	\$44.06
Independent Lab-Technical Component	83901	Molecule Nucleic Ampli Addon			\$23.42	\$22.02
Independent Lab-Technical Component	83902	Molecular Diagnostics			\$19.83	\$18.65
Independent Lab-Technical Component	83903	Molecule Mutation Scan			\$23.42	\$22.02
Independent Lab-Technical Component	83904	Molecule Mutation Identify			\$23.42	\$22.02
Independent Lab-Technical Component	83907	Lyse Cells for Nucleic Ext			\$18.66	\$17.55
Independent Lab-Technical Component	83908	Nucleic Acid, Signal Ampli			\$23.42	\$22.02
Independent Lab-Technical Component	83909	Nucleic Acid, High Resolute			\$23.42	\$22.02
Independent Lab-Technical Component	83912	Genetic Examination			\$5.60	\$3.07
Independent Lab-Professional Component	83912	Genetic Examination			\$19.40	\$15.69
Independent Lab-Technical Component	83913	Molecular, RNA Stabilization			\$18.66	\$17.55
Independent Lab-Technical Component	83914	Mutation Ident Ola/SBCE/Aspe			\$23.42	\$22.02
Independent Lab-Technical Component	83916	Oligoclonal Bands			\$28.09	\$26.42
Independent Lab-Technical Component	83918	Organic Acids, Total, Quant			\$23.00	\$21.64
Independent Lab-Technical Component	83919	Organic Acids, Qual, Each			\$23.00	\$21.64
Independent Lab-Technical Component	83921	Organic Acid, Single, Quant			\$23.00	\$21.64
Independent Lab-Technical Component	83925	Assay of Opiates			\$27.19	\$25.57
Independent Lab-Technical Component	83930	Assay of Blood Osmolality			\$9.24	\$8.69
Independent Lab-Technical Component	83986	Assay of Body Fluid Acidity			\$5.00	\$4.70
Independent Lab-Technical Component	83993	Assay for Calprotectin Fecal			\$27.42	\$25.79

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	84022	Assay of Phenothiazine			\$21.76	\$20.47
Independent Lab-Technical Component	84066	Assay Prostate Phosphatase			\$13.50	\$12.69
Independent Lab-Technical Component	84081	Amniotic Fluid Enzyme Test			\$23.09	\$21.71
Independent Lab-Technical Component	84144	Assay of Progesterone			\$29.15	\$27.41
Independent Lab-Technical Component	84146	Assay of Prolactin			\$27.08	\$25.47
Independent Lab-Technical Component	84152	Assay of Psa, Complexed			\$25.70	\$24.17
Independent Lab-Technical Component	84153	Assay of Psa, Total			\$25.70	\$24.17
Independent Lab-Technical Component	84154	Assay of Psa, Free			\$25.70	\$24.17
Independent Lab-Technical Component	84156	Assay of Protein, Urine			\$5.12	\$4.82
Independent Lab-Technical Component	84157	Assay of Protein, Other			\$5.12	\$4.82
Independent Lab-Technical Component	84165	Protein E-Phoresis, Serum			\$15.01	\$14.11
Independent Lab-Professional Component	84165	Protein E-Phoresis, Serum			\$19.75	\$15.98
Independent Lab-Professional Component	84166	Protein E-Phoresis/Urine/CSF			\$19.40	\$15.98
Independent Lab-Technical Component	84166	Protein E-Phoresis/Urine/CSF			\$24.92	\$23.44
Independent Lab-Technical Component	84202	Assay RBC Protoporphyrin			\$20.05	\$18.86
Independent Lab-Technical Component	84235	Assay of Endocrine Hormone			\$73.12	\$68.77
Independent Lab-Technical Component	84238	Assay, Nonendocrine Receptor			\$51.09	\$48.05
Independent Lab-Technical Component	84260	Assay of Serotonin			\$43.28	\$24.45
Independent Lab-Technical Component	84270	Assay of Sex Hormone Globul			\$30.36	\$23.72
Independent Lab-Technical Component	84305	Assay of Somatomedin			\$29.70	\$27.94
Independent Lab-Technical Component	84311	Spectrophotometry			\$9.77	\$9.18
Independent Lab-Technical Component	84376	Sugars, Single, Qual			\$7.69	\$7.24
Independent Lab-Technical Component	84377	Sugars, Multiple, Qual			\$7.69	\$7.24
Independent Lab-Technical Component	84378	Sugars, Single, Quant			\$16.10	\$15.15
Independent Lab-Technical Component	84379	Sugars Multiple Quant			\$16.10	\$15.15

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	84392	Assay of Urine Sulfate			\$6.64	\$6.24
Independent Lab-Technical Component	84402	Assay of Testosterone			\$35.57	\$33.46
Independent Lab-Technical Component	84403	Assay of Total Testosterone			\$36.08	\$33.93
Independent Lab-Technical Component	84432	Assay of Thyroglobulin			\$22.44	\$21.11
Independent Lab-Technical Component	84436	Assay of Total Thyroxine			\$9.61	\$7.58
Independent Lab-Technical Component	84439	Assay of Free Thyroxine			\$12.60	\$11.85
Independent Lab-Technical Component	84442	Assay of Thyroid Activity			\$20.66	\$19.43
Independent Lab-Technical Component	84443	Assay Thyroid Stim Hormone			\$23.47	\$22.08
Independent Lab-Technical Component	84446	Assay of Vitamin E			\$19.80	\$18.63
Independent Lab-Technical Component	84478	Assay of Triglycerides			\$8.04	\$7.56
Independent Lab-Technical Component	84479	Assay of Thyroid (T3 or T4)			\$9.04	\$8.51
Independent Lab-Technical Component	84481	Free Assay (Ft-3)			\$23.10	\$22.27
Independent Lab-Technical Component	84482	T3 Reverse			\$22.02	\$20.71
Independent Lab-Technical Component	84484	Assay of Troponin, Quant			\$13.75	\$11.25
Independent Lab-Technical Component	84585	Assay of Urine Vma			\$21.66	\$20.38
Independent Lab-Technical Component	84630	Assay of Zinc			\$15.91	\$14.97
Independent Lab-Technical Component	84681	Assay of C-Peptide			\$29.07	\$27.34
Independent Lab-Technical Component	85002	Bleeding Time Test			\$6.29	\$5.91
Independent Lab-Technical Component	85004	Automated Diff WBC Count			\$9.04	\$8.51
Independent Lab-Technical Component	85008	BI Smear wo Diff WBC Count			\$4.81	\$4.52
Independent Lab-Technical Component	85013	Spun Microhematocrit			\$3.31	\$3.11
Independent Lab-Technical Component	85025	Complete CBC w Auto Diff WBC			\$10.86	\$10.22
Independent Lab-Technical Component	85027	Complete CBC, Automated			\$9.04	\$8.51
Independent Lab-Technical Component	85032	Manual Cell Count, Each			\$5.95	\$5.65
Independent Lab-Technical Component	85045	Automated Reticulocyte Count			\$5.59	\$5.27

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	85049	Automated Platelet Count			\$6.25	\$5.88
Independent Lab-Technical Component	85245	Blood Clot Factor VIII Test			\$32.06	\$30.16
Independent Lab-Technical Component	85246	Blood Clot Factor VIII Test			\$32.06	\$30.16
Independent Lab-Technical Component	85247	Blood Clot Factor VIII Test			\$32.06	\$30.16
Independent Lab-Technical Component	85300	Antithrombin III Test			\$5.94	\$3.78
Independent Lab-Technical Component	85301	Antithrombin III Test			\$15.11	\$14.21
Independent Lab-Technical Component	85302	Blood Clot Inhibitor Antigen			\$16.80	\$15.80
Independent Lab-Technical Component	85303	Blood Clot Inhibitor Test			\$18.19	\$18.17
Independent Lab-Technical Component	85305	Blood Clot Inhibitor Assay			\$16.20	\$15.24
Independent Lab-Technical Component	85307	Assay Activated Protein C			\$21.41	\$20.13
Independent Lab-Technical Component	85335	Factor Inhibitor Test			\$12.60	\$11.49
Independent Lab-Technical Component	85378	Fibrin Degrade, Semiquant			\$9.97	\$9.37
Independent Lab-Technical Component	85384	Fibrinogen			\$11.87	\$11.16
Independent Lab-Technical Component	85385	Fibrinogen			\$11.87	\$11.16
Independent Lab-Technical Component	85410	Fibrinolytic Antiplasmin			\$10.77	\$9.19
Independent Lab-Technical Component	85415	Fibrinolytic Plasminogen			\$24.02	\$22.59
Independent Lab-Technical Component	85420	Fibrinolytic Plasminogen			\$9.13	\$8.60
Independent Lab-Technical Component	85549	Muramidase			\$26.21	\$24.65
Independent Lab-Technical Component	85612	Viper Venom Prothrombin Time			\$13.37	\$12.57
Independent Lab-Technical Component	85613	Russell Viper Venom, Diluted			\$12.85	\$12.57
Independent Lab-Technical Component	86001	Allergen Specific Igg			\$7.30	\$6.86
Independent Lab-Technical Component	86003	Allergen Specific Ige			\$7.30	\$6.86
Independent Lab-Technical Component	86005	Allergen Specific Ige			\$11.14	\$10.48
Independent Lab-Technical Component	86023	Immunoglobulin Assay			\$17.40	\$16.37
Independent Lab-Technical Component	86038	Antinuclear Antibodies			\$16.89	\$15.89

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	86039	Antinuclear Antibodies (Ana)			\$15.60	\$14.67
Independent Lab-Technical Component	86060	Antistreptolysin O, Titer			\$8.58	\$7.58
Independent Lab-Technical Component	86141	C-Reactive Protein, Hs			\$18.09	\$17.02
Independent Lab-Technical Component	86146	Glycoprotein Antibody			\$35.54	\$26.45
Independent Lab-Technical Component	86148	Phospholipid Antibody			\$22.44	\$21.11
Independent Lab-Technical Component	86160	Complement, Antigen			\$16.78	\$15.78
Independent Lab-Technical Component	86161	Complement/Function Activity			\$16.78	\$15.78
Independent Lab-Technical Component	86200	Ccp Antibody			\$18.09	\$17.02
Independent Lab-Technical Component	86255	Fluorescent Antibody, Screen			\$16.84	\$15.84
Independent Lab-Professional Component	86255	Fluorescent Antibody, Screen			\$20.10	\$16.29
Independent Lab-Technical Component	86300	Immunoassay, Tumor, CA 15-3			\$29.07	\$12.99
Independent Lab-Technical Component	86301	Immunoassay, Tumor, CA 19-9			\$29.07	\$12.99
Independent Lab-Technical Component	86304	Immunoassay, Tumor, CA 125			\$29.07	\$12.99
Independent Lab-Technical Component	86309	Heterophile Antibodies			\$9.04	\$8.51
Independent Lab-Technical Component	86316	Immunoassay, Tumor Other			\$23.95	\$12.99
Independent Lab-Technical Component	86317	Immunoassay, Infectious Agent			\$20.95	\$19.70
Independent Lab-Technical Component	86318	Immunoassay, Infectious Agent			\$18.09	\$17.02
Independent Lab-Technical Component	86331	Immunodiffusion Ouchterlony			\$15.84	\$15.75
Independent Lab-Professional Component	86334	Immunofix E-Phoresis, Serum			\$19.75	\$16.29
Independent Lab-Technical Component	86334	Immunofix E-Phoresis, Serum			\$31.21	\$26.45
Independent Lab-Professional Component	86335	Immunifix E-Phorsis/Urine/CSF			\$19.40	\$15.98
Independent Lab-Technical Component	86335	Immunifix E-Phorsis/Urine/CSF			\$41.00	\$38.30
Independent Lab-Technical Component	86336	Inhibin A			\$21.77	\$12.99
Independent Lab-Technical Component	86337	Insulin Antibodies			\$29.92	\$28.14
Independent Lab-Technical Component	86340	Intrinsic Factor Antibody			\$21.06	\$19.81

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	86376	Microsomal Antibody			\$20.33	\$19.13
Independent Lab-Technical Component	86403	Particle Agglutination Test			\$14.24	\$13.39
Independent Lab-Technical Component	86406	Particle Agglutination Test			\$14.87	\$13.98
Independent Lab-Technical Component	86431	Rheumatoid Factor, Quant			\$7.93	\$7.46
Independent Lab-Technical Component	86480	TB Test, Cell Immun Measure			\$86.59	\$81.44
Independent Lab-Technical Component	86510	Histoplasmosis Skin Test			\$5.97	\$5.83
Independent Lab-Technical Component	86603	Adenovirus Antibody			\$13.94	\$6.61
Independent Lab-Technical Component	86612	Blastomyces Antibody			\$13.94	\$6.61
Independent Lab-Technical Component	86615	Bordetella Antibody			\$13.94	\$10.96
Independent Lab-Technical Component	86635	Coccidioides Antibody			\$13.94	\$6.61
Independent Lab-Technical Component	86671	Fungus Antibody			\$11.35	\$6.61
Independent Lab-Technical Component	86689	Htlv/HIV Confirmatory Test			\$26.40	\$25.43
Independent Lab-Technical Component	86696	Herpes Simplex Type 2			\$27.05	\$25.43
Independent Lab-Technical Component	86701	HIV-1			\$12.41	\$11.66
Independent Lab-Technical Component	86704	Hep B Core Antibody, Total			\$16.84	\$15.84
Independent Lab-Technical Component	86705	Hep B Core Antibody, Igm			\$16.44	\$15.46
Independent Lab-Technical Component	86706	Hep B Surface Antibody			\$15.01	\$14.11
Independent Lab-Technical Component	86707	Hep Be Antibody			\$16.16	\$15.20
Independent Lab-Technical Component	86708	Hep A Antibody, Total			\$17.31	\$16.28
Independent Lab-Technical Component	86709	Hep A Antibody, Igm			\$15.73	\$14.80
Independent Lab-Technical Component	86720	Leptospira Antibody			\$13.94	\$10.50
Independent Lab-Technical Component	86753	Protozoa Antibody NOS			\$8.18	\$7.58
Independent Lab-Technical Component	86757	Rickettsia Antibody			\$27.05	\$25.43
Independent Lab-Technical Component	86759	Rotavirus Antibody			\$13.94	\$6.61
Independent Lab-Technical Component	86788	West Nile Virus Ab, Igm			\$23.54	\$22.14

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	86789	West Nile Virus Antibody			\$20.11	\$18.92
Independent Lab-Technical Component	86800	Thyroglobulin Antibody			\$22.22	\$20.90
Independent Lab-Technical Component	86803	Hepatitis C Ab Test			\$19.94	\$18.76
Independent Lab-Technical Component	86804	Hep C Ab Test, Confirm			\$21.64	\$20.35
Independent Lab-Technical Component	86812	Hla Typing, A, B, or C			\$36.06	\$33.91
Independent Lab-Technical Component	86813	Hla Typing, A, B, or C			\$81.02	\$76.19
Independent Lab-Technical Component	86900	Blood Typing, Abo			\$4.17	\$3.92
Independent Lab-Technical Component	86901	Blood Typing, Rh (D)			\$6.67	\$3.92
Independent Lab-Technical Component	86905	Blood Typing, RBC Antigens			\$5.34	\$5.02
Independent Lab-Technical Component	86906	Blood Typing, Rh Phenotype			\$10.83	\$10.18
Independent Lab-Technical Component	87084	Culture of Specimen by Kit			\$12.03	\$11.31
Independent Lab-Technical Component	87101	Skin Fungi Culture			\$8.69	\$7.58
Independent Lab-Technical Component	87107	Fungi Identification, Mold			\$14.42	\$13.56
Independent Lab-Technical Component	87109	Mycoplasma			\$21.50	\$19.07
Independent Lab-Technical Component	87110	Chlamydia Culture			\$23.95	\$13.93
Independent Lab-Technical Component	87149	Culture Type, Nucleic Acid			\$28.02	\$15.31
Independent Lab-Technical Component	87158	Culture Typing, Added Method			\$7.31	\$6.85
Independent Lab-Technical Component	87164	Dark Field Examination			\$15.01	\$14.11
Independent Lab-Technical Component	87168	Macroscopic Exam Arthropod			\$5.96	\$5.61
Independent Lab-Technical Component	87169	Macroscopic Exam Parasite			\$5.96	\$5.61
Independent Lab-Technical Component	87172	Pinworm Exam			\$5.96	\$5.61
Independent Lab-Technical Component	87176	Tissue Homogenization, Cultr			\$7.92	\$7.73
Independent Lab-Technical Component	87207	Smear, Special Stain			\$8.37	\$7.88
Independent Lab-Technical Component	87209	Smear, Complex Stain			\$25.11	\$23.62

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	87220	Tissue Exam for Fungi			\$5.96	\$5.61
Independent Lab-Technical Component	87230	Assay, Toxin or Antitoxin			\$27.59	\$25.95
Independent Lab-Technical Component	87252	Virus Inoculation, Tissue			\$36.42	\$34.25
Independent Lab-Technical Component	87253	Virus Inoculate Tissue, Addl			\$28.22	\$26.54
Independent Lab-Technical Component	87255	Genet Virus Isolate, Hsv			\$47.31	\$44.50
Independent Lab-Technical Component	87260	Adenovirus Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87272	Cryptosporidium Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87273	Herpes Simplex 2, Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87274	Herpes Simplex 1, Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87275	Influenza B, Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87276	Influenza A, Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87279	Parainfluenza, Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87280	Respiratory Syncytial Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87290	Varicella Zoster, Ag, If			\$16.76	\$15.77
Independent Lab-Technical Component	87299	Antibody Detection, NOS, If			\$16.76	\$15.77
Independent Lab-Technical Component	87324	Clostridium Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87327	Cryptococcus Neoform Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87328	Cryptosporidium Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87329	Giardia Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87339	H Pylori Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87340	Hepatitis B Surface Ag, Eia			\$14.17	\$13.57
Independent Lab-Technical Component	87341	Hepatitis B Surface, Ag, Eia			\$14.17	\$13.57
Independent Lab-Technical Component	87350	Hepatitis Be Ag, Eia			\$16.10	\$15.15
Independent Lab-Technical Component	87385	Histoplasma Capsul Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87420	Resp Syncytial Ag, Eia			\$16.76	\$15.77

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	87425	Rotavirus Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87427	Shiga-Like Toxin Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87430	Strep A Ag, Eia			\$16.76	\$15.77
Independent Lab-Technical Component	87449	Ag Detect NOS, Eia, Mult			\$16.76	\$15.77
Independent Lab-Technical Component	87471	Bartonella, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87480	Candida, DNA, Dir Probe			\$28.02	\$15.31
Independent Lab-Technical Component	87481	Candida, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87490	Chylmd Trach, DNA, Dir Probe			\$28.02	\$15.31
Independent Lab-Technical Component	87491	Chylmd Trach, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87496	Cytomeg, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87497	Cytomeg, DNA, Quant			\$59.85	\$56.29
Independent Lab-Technical Component	87498	Enterovirus, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87510	Gardner Vag, DNA, Dir Probe			\$28.02	\$15.31
Independent Lab-Technical Component	87511	Gardner Vag, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87516	Hepatitis B, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87517	Hepatitis B, DNA, Quant			\$59.85	\$56.29
Independent Lab-Technical Component	87521	Hepatitis C, RNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87522	Hepatitis C, RNA, Quant			\$59.85	\$56.29
Independent Lab-Technical Component	87529	Hsv, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87530	Hsv, DNA, Quant			\$59.85	\$56.29
Independent Lab-Technical Component	87532	Hhv-6, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87535	HIV-1, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87536	HIV-1, DNA, Quant			\$118.89	\$98.66
Independent Lab-Technical Component	87538	HIV-2, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87590	N.gonorrhoeae, DNA, Dir Prob			\$28.02	\$15.31

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Technical Component	87591	N.gonorrhoeae, DNA, Amp Prob			\$49.04	\$36.97
Independent Lab-Technical Component	87621	HPV, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87641	Mr-Staph, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87650	Strep A, DNA, Dir Probe			\$28.02	\$15.31
Independent Lab-Technical Component	87653	Strep B, DNA, Amp Probe			\$49.04	\$36.97
Independent Lab-Technical Component	87660	Trichomonas Vagin, Dir Probe			\$28.02	\$15.31
Independent Lab-Technical Component	87798	Detect Agent NOS, DNA, Amp			\$49.04	\$36.97
Independent Lab-Technical Component	87799	Detect Agent NOS, DNA, Quant			\$59.85	\$56.29
Independent Lab-Technical Component	87800	Detect Agnt Mult, DNA, Direc			\$35.02	\$30.63
Independent Lab-Technical Component	87803	Clostridium Toxin A w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87804	Influenza Assay w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87807	RSV Assay w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87808	Trichomonas Assay w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87809	Adenovirus Assay w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87880	Strep A Assay w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87899	Agent NOS Assay w Optic			\$16.76	\$15.77
Independent Lab-Technical Component	87900	Phenotype, Infect Agent Drug			\$182.11	\$171.28
Independent Lab-Technical Component	87901	Genotype, DNA, HIV Reverse T			\$359.69	\$338.29
Independent Lab-Technical Component	87902	Genotype, DNA, Hepatitis C			\$359.69	\$338.29
Independent Lab-Technical Component	87903	Phenotype, DNA HIV w Culture			\$682.72	\$642.09
Independent Lab-Technical Component	88112	Cytopath, Cell Enhance Tech			\$52.15	\$37.57
Independent Lab-Professional Component	88112	Cytopath, Cell Enhance Tech			\$63.92	\$49.58
Independent Lab-Professional and Technical Component	88112	Cytopath, Cell Enhance Tech			116.07	\$87.15
Independent Lab-Professional Component	88141	Cytopath, C/V, Interpret			\$26.91	\$23.70

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Professional Component	88182	Cell Marker Study			\$37.35	\$31.48
Independent Lab-Professional Component	88187	Flowcytometry/Read, 2-8			\$68.03	\$56.89
Independent Lab-Professional Component	88188	Flowcytometry/Read, 9-15			\$84.84	\$70.01
Independent Lab-Professional Component	88189	Flowcytometry/Read, 16 & >			\$111.76	\$89.35
Independent Lab-Technical Component	88230	Tissue Culture, Lymphocyte			\$162.77	\$31.95
Independent Lab-Technical Component	88233	Tissue Culture, Skin/Biopsy			\$122.89	\$31.95
Independent Lab-Technical Component	88235	Tissue Culture, Placenta			\$165.00	\$31.95
Independent Lab-Technical Component	88237	Tissue Culture, Bone Marrow			\$110.29	\$31.95
Independent Lab-Technical Component	88239	Tissue Culture, Tumor			\$192.50	\$31.95
Independent Lab-Technical Component	88240	Cell Cryopreserve/Storage			\$14.11	\$13.28
Independent Lab-Technical Component	88261	Chromosome Analysis, 5			\$246.93	\$232.25
Independent Lab-Technical Component	88262	Chromosome Analysis, 15-20			\$165.00	\$163.78
Independent Lab-Technical Component	88264	Chromosome Analysis, 20-25			\$174.14	\$163.78
Independent Lab-Technical Component	88271	Cytogenetics, DNA Probe			\$29.93	\$28.14
Independent Lab-Technical Component	88273	Cytogenetics, 10-30			\$44.89	\$42.22
Independent Lab-Technical Component	88274	Cytogenetics, 25-99			\$48.63	\$45.74
Independent Lab-Technical Component	88275	Cytogenetics, 100-300			\$56.11	\$52.78
Independent Lab-Technical Component	88280	Chromosome Karyotype Study			\$35.07	\$32.98
Independent Lab-Technical Component	88285	Chromosome Count, Additional			\$26.54	\$24.97
Independent Lab-Professional Component	88291	Cyto/Molecular Report			\$25.76	\$25.13
Independent Lab-Professional Component	88300	Surgical Path, Gross			\$4.09	\$3.85
Independent Lab-Technical Component	88300	Surgical Path, Gross			\$11.01	\$9.74
Independent Lab-Professional Component	88302	Tissue Exam by Pathologist			\$9.20	\$5.78
Independent Lab-Technical Component	88302	Tissue Exam by Pathologist			\$25.39	\$23.60

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Professional Component	88304	Tissue Exam by Pathologist			\$15.13	\$9.60
Independent Lab-Technical Component	88304	Tissue Exam by Pathologist			\$30.11	\$26.84
Independent Lab-Professional Component	88318	Chemical Histochemistry			\$61.15	\$18.26
Independent Lab-Technical Component	88318	Chemical Histochemistry			\$48.50	\$42.89
Independent Lab-Professional Component	88319	Enzyme Histochemistry			\$86.67	\$23.04
Independent Lab-Technical Component	88319	Enzyme Histochemistry			\$70.74	\$64.27
Independent Lab-Technical Component	88332	Path Consult Intraop, Addl			\$9.07	\$8.86
Independent Lab-Professional Component	88332	Path Consult Intraop, Addl			\$17.79	\$15.02
Independent Lab-Professional Component	88333	Intraop Cyto Path Consult, 1			\$63.09	\$52.74
Independent Lab-Professional and Technical Component	88333	Intraop Cyto Path Consult, 1			83.45	\$79.22
Independent Lab-Technical Component	88334	Intraop Cyto Path Consult, 2			\$13.67	\$11.80
Independent Lab-Professional Component	88334	Intraop Cyto Path Consult, 2			\$34.11	\$31.64
Independent Lab-Professional Component	88358	Analysis, Tumor			\$82.55	\$40.98
Independent Lab-Professional and Technical Component	88358	Analysis, Tumor			90.14	\$67.90
Independent Lab-Professional Component	88360	Tumor Immunohistochem/M anual			\$60.68	\$47.77
Independent Lab-Professional and Technical Component	88360	Tumor Immunohistochem/M anual			106.56	\$102.26
Independent Lab-Professional Component	88361	Tumor Immunohistochem/C omput			\$58.81	\$51.77
Independent Lab-Technical Component	88361	Tumor Immunohistochem/C omput			\$86.55	\$77.69
Independent Lab-Professional and Technical Component	88361	Tumor Immunohistochem/C omput			132.14	\$129.46
Independent Lab-Technical Component	88362	Nerve Teasing Preparations			\$93.46	\$63.78
Independent Lab-Professional Component	88362	Nerve Teasing Preparations			\$100.87	\$94.13
Independent Lab-Professional Component	88367	Insitu Hybridization, Auto			\$70.77	\$54.87
Independent Lab-Professional Component	88368	Insitu Hybridization, Manual			\$76.71	\$57.82

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Independent Lab-Professional and Technical Component	88368	Insitu Hybridization, Manual			182.81	\$178.67
Independent Lab-Professional Component	88372	Protein Analysis w Probe			\$20.10	\$15.98
Independent Lab-Technical Component	88372	Protein Analysis w Probe			\$27.61	\$27.46
Independent Lab-Technical Component	89051	Body Fluid Cell Count			\$7.70	\$7.24
Independent Lab-Technical Component	89055	Leukocyte Assessment, Fecal			\$5.84	\$5.61
Independent Lab-Professional Component	89060	Exam,Synovial Fluid Crystals			\$20.10	\$16.29
Independent Lab-Technical Component	89125	Specimen Fat Stain			\$6.03	\$5.67
Independent Lab-Technical Component	89190	Nasal Smear for Eosinophils			\$6.64	\$6.24
Independent Lab-Technical Component	89300	Semen Analysis w Huhner			\$8.71	\$7.58
Independent Lab-Technical Component	89320	Semen Anal Vol/Count/Mot			\$16.84	\$15.84
Independent Lab-Technical Component	89321	Semen Anal, Sperm Detection			\$16.84	\$15.84
Medical	92070	Fitting of Contact Lens			\$80.00	\$52.13
Optical Services	92070	Fitting of Contact Lens			\$80.00	\$52.13
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	92543	Caloric Vestibular Test			\$11.90	\$4.81
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	92543	Caloric Vestibular Test			\$23.10	\$18.47
Hearing Aid and Audiology Services	92543	Caloric Vestibular Test			\$35.00	\$23.28
Medical	92543	Caloric Vestibular Test			\$35.00	\$23.28
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	92547	Supplemental Electrical Test			\$10.00	\$5.11
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	92584	Electrocochleography			\$58.30	\$57.20
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	92585	Auditor Evoke Potent, Compre			\$75.00	\$22.72
Medical	92953	Temporary External Pacing			\$125.00	\$10.58

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Medical	92975	Dissolve Clot, Heart Vessel			\$425.00	\$360.95
Medical	93000	Electrocardiogram, Complete			\$18.15	\$18.05
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93005	Electrocardiogram, Tracing			\$11.00	\$10.06
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93014	Report on Transmitted ECG			\$26.50	\$24.53
Medical	93015	Cardiovascular Stress Test			\$99.00	\$86.35
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93017	Cardiovascular Stress Test			\$55.00	\$50.38
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93018	Cardiovascular Stress Test			\$40.00	\$14.32
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93225	ECG Monitor/Record, 24 Hrs			\$58.67	\$30.29
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93226	ECG Monitor/Report, 24 Hrs			\$64.54	\$46.89
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93227	ECG Monitor/Review, 24 Hrs			\$29.34	\$25.13
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93231	ECG Monitor/Record, 24 Hrs			\$58.67	\$30.74
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93232	ECG Monitor/Report, 24 Hrs			\$64.54	\$49.87
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93233	ECG Monitor/Review, 24 Hrs			\$29.34	\$24.23
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93237	ECG Monitor/Review, 24 Hrs			\$29.34	\$21.65
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93270	ECG Recording			\$25.61	\$18.50

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93278	ECG/Signal-Averaged			\$17.40	\$11.48
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93308	Tte, F-Up or Lmtd			\$33.33	\$25.76
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93308	Tte, F-Up or Lmtd			\$73.34	\$69.81
Medical	93308	Tte, F-Up or Lmtd			\$105.33	\$95.57
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93320	Doppler Echo Exam, Heart			\$55.00	\$18.13
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93320	Doppler Echo Exam, Heart			\$110.00	\$48.92
Medical	93320	Doppler Echo Exam, Heart			\$165.00	\$67.04
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93321	Doppler Echo Exam, Heart			\$33.33	\$7.34
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93321	Doppler Echo Exam, Heart			\$66.67	\$22.73
Medical	93321	Doppler Echo Exam, Heart			\$100.00	\$30.07
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93325	Doppler Color Flow Add-On			\$30.33	\$3.53
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93325	Doppler Color Flow Add-On			\$66.74	\$42.98
Medical	93325	Doppler Color Flow Add-On			\$95.50	\$46.51
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93350	Stress Tte Only			\$76.67	\$70.89
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93350	Stress Tte Only			\$123.33	\$110.61
Medical	93350	Stress Tte Only			\$200.00	\$181.50
Medical	93541	Injection for Lung Angiogram			\$28.00	\$14.00
Medical	93542	Injection for Heart X-Rays			\$125.00	\$122.18

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Medical	93543	Injection for Heart X-Rays			\$125.00	\$67.19
Medical	93544	Injection for Aortography			\$63.00	\$48.96
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93555	Imaging, Cardiac Cath			\$131.87	\$62.94
Medical	93555	Imaging, Cardiac Cath			\$227.70	\$102.37
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	93556	Imaging, Cardiac Cath			\$207.47	\$102.11
Medical	93556	Imaging, Cardiac Cath			\$410.92	\$142.49
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93561	Cardiac Output Measurement			\$21.56	\$21.16
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93600	Bundle of His Recording			\$145.08	\$105.53
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93610	Intra-Atrial Pacing			\$156.79	\$149.62
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93621	Electrophysiology Evaluation			\$110.04	\$104.83
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93622	Electrophysiology Evaluation			\$176.20	\$153.33
Medical	93650	Ablate Heart Dysrhythm Focus			\$558.34	\$531.28
Medical	93720	Total Body Plethysmography			\$40.00	\$39.39
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93722	Plethysmography Report			\$8.33	\$7.38
Medical	93798	Cardiac Rehab/Monitor			\$26.35	\$22.43
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	93875	Extracranial Study			\$10.83	\$9.91
Medical	94004	Vent Mgmt Nf Per Day			\$66.00	\$41.11
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94240	Residual Lung Capacity			\$16.67	\$10.91

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94250	Residual Lung Capacity			\$6.67	\$4.82
Medical	94250	Residual Lung Capacity			\$26.59	\$20.58
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94260	Thoracic Gas Volume			\$8.33	\$5.47
Medical	94260	Thoracic Gas Volume			\$27.50	\$26.82
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94350	Lung Nitrogen Washout Curve			\$11.00	\$10.91
Medical	94350	Lung Nitrogen Washout Curve			\$33.00	\$29.83
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94360	Measure Airflow Resistance			\$11.97	\$10.91
Medical	94640	Airway Inhalation Treatment			\$12.10	\$11.28
Medical	94664	Evaluate Pt Use of Inhaler			\$27.00	\$12.57
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94681	Exhaled Air Analysis, O2/Co2			\$16.67	\$8.35
Medical	94681	Exhaled Air Analysis, O2/Co2			\$55.00	\$53.64
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94750	Pulmonary Compliance Study			\$10.85	\$9.63
Medical	94760	Measure Blood Oxygen Level	EP		\$5.00	\$2.51
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	94760	Measure Blood Oxygen Level			\$5.00	\$2.51
Medical	94761	Measure Blood Oxygen Level	EP		\$10.00	\$5.11
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	94761	Measure Blood Oxygen Level			\$10.00	\$5.11
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	94770	Exhaled Carbon Dioxide Test			\$7.50	\$6.43
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	95070	Bronchial Allergy Tests			\$38.45	\$35.76

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Radiology-Technical Component: X-ray/Nuclear Medicine/EEG/EKG	95805	Multiple Sleep Latency Test			\$287.13	\$278.41
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95807	Sleep Study, Attended			\$165.10	\$71.18
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95808	Polysomnography, 1-3			\$165.10	\$114.13
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95810	Polysomnography, 4 or More			\$166.68	\$150.41
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95925	Somatosensory Testing			\$27.50	\$24.36
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95926	Somatosensory Testing			\$40.86	\$24.01
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95927	Somatosensory Testing			\$40.86	\$24.67
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95930	Visual Evoked Potential Test			\$32.07	\$15.69
Radiology-Professional Component: X-ray/Nuclear Medicine/EEG/EKG	95950	Ambulatory EEG Monitoring			\$100.00	\$66.62
Medical	97605	Neg Press Wound Tx, < 50 Cm			\$35.00	\$30.34
Medical	97606	Neg Press Wound Tx, > 50 Cm			\$50.00	\$32.61
Medical	99211	Office/Outpatient Visit, Est	EP		\$16.50	\$16.15
Medical	99211	Office/Outpatient Visit, Est	GE	EP	\$16.50	\$16.15
Medical	99354	Prolonged Service, Office			\$100.00	\$81.40
Medical	99356	Prolonged Service, Inpatient			\$100.00	\$74.27
Medical	99463	Same Day NB Discharge			\$73.56	\$66.80
Certified Nurse Midwife	99463	Same Day NB Discharge			\$73.56	\$66.80
Medical	99465	NB Resuscitation			\$150.00	\$128.61
Medical	99469	Neonate Crit Care, Subsq			\$369.22	\$337.31
Medical	G0108	Diab Manage Trn Per Indiv			\$22.00	\$19.39

Program Type	Procedure Code	Procedure Code Description	Modifier	Modifier	Fee for dates of service prior to January 1, 2010	Fee for dates of service on or after January 1, 2010
Medical	G0108	Diab Manage Trn Per Indiv	UB		\$22.00	\$19.39
Medical	G0109	Diab Manage Trn Ind/Group			\$11.00	\$10.93
Medical	G0109	Diab Manage Trn Ind/Group	UB		\$11.00	\$10.93
Independent Lab-Technical Component	G0306	CBC/DiffWBC wo Platelet			\$10.86	\$10.22
Independent Lab-Technical Component	G0307	CBC wo Platelet			\$9.04	\$8.51
Independent Lab-Technical Component	Q0112	Potassium Hydroxide Preps			\$6.38	\$5.61